STATE OF HAWAI'I	INCOME AND EXPE	NSE STATEMENT	CASE NUMBER	
FAMILY COURT FIRST CIRCUIT	🗌 Plaintiff	Defendant	FC-D No.	
		This document is pre		
		Plaintiff Defendant	Atty for Plaintiff Atty for Defendant	
(Full Na	<sup>me)</sup> PLAINTIFF,	Name		
V.		Address		
		City, State, Zip Code		
(Full Name) DEFENDANT.		Telephone No.		
Employer:				
Occupation (Job Title):				
Address:				
Length of Service: months/years. Income Tax Withholding based on: dependents.				
Longaror Corvice.	-	COME		
Gross income paid:				
Gross per pay period \$ Per month\$				
Payroll deductions per pay pe				
Fed. income tax	\$			
State income tax	\$			
FICA (Social Security)	\$			
Union dues	\$			
a) Net per pay period	\$ F	Per month\$		
Other: Retirement/401 K	\$			
Credit Union	\$			
Direct Deposit	\$			
Income Assignments				
Support Payments	\$			
Medical Insurance	\$			
b) Take home per pay period	\$ P	er month \$		
Other regular monthly income food stamps, and any other so Gross monthly receipt	ource).	terest, child support, we	elfare,	
Taxes paid IRS and State on	above \$			
c) Total other income net	\$ P	er month \$		
Total Monthly Income (Add pe	r month from lines <b>a</b> and	<i>c</i> above) \$		
L			COURT USE ONLY	

	EXPENSES	
Do not list expenses which are paid by payroll	deduction.	
Housing expenses per month:		
Rent, mortgage, agreement of sale	\$	
Insurance if not included above	\$	
Real property taxes (if paid separately)	\$	
Utilities, gas, water, electricity, phone, etc.	\$	
Transportation expenses per month:		
Car payment, lease, rental	\$	
Insurance on vehicle	\$	
Maintenance (repairs)	\$	
Operating (gas, oil & tires)	\$	
Total Housing and Transportation		\$
-		
Debt service (all monthly payments, e.g. credit card	ls, charges, finance compan	y, personal loans)\$
Personal Expenses per month:	Self	Children No. ()
Food	\$	\$
Clothing	\$	\$
Medical and Dental	\$	\$
Laundry & Cleaning	\$	\$
Personal articles	\$	\$
Recreation (movies, etc.)	\$	\$
School (include food)	\$	\$
Household	\$	\$
Bus (on monthly basis)	\$	\$
Other ()	\$	\$
Payment to others for dependent care	\$	\$
Sub-Total	\$	\$
Total Personal Expenses	\$_	
Grand Total Expenses: Housing, Transpo	\$	
Savings (Deficiency): Income minus Ex	nansas	\$

Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed.)

## **CERTIFICATION**

I hereby declare under the penalty of perjury that I have supplied and reviewed the information used in this Income and Expense Statement and I certify that the information is accurate, complete, and correct.

DATE

PLANTIFF'S DEFENDANT'S SIGNATURE



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8303, or via email at <u>adarequest@courts.hawaii.gov</u> at least ten (10) working days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions about forms or procedures.