STATE OF HAWAI'I FAMILY COURT OF THE _____ CIRCUIT	**CHILD SUPPORT GUIDELINES WORKSHEET**	CASE NUMBER: FC-__ No. _____

This worksheet, and any attachments, was prepared by:

___ Att'y for: ___ Plaintiff ___ Defendant

_____ Plaintiff

vs.

_____ Defendant

Name: _____
Address: _____
City,St,Zip: _____
Phone No: _____

PARENTS' INCOMES

	FATHER (A)	MOTHER (B)	TOTAL (C)
1. Monthly Gross Income from all sources			
2. Monthly Net Income (from Table of Incomes)	+	=	
3. Percentage of Total Net Income on Line 2 from each parent	%	%	*Round to nearest %*
	[Line 2(A) ÷ 2(C)] x 100	[Line 2(B) ÷ 2(C)] x 100	

CHILD SUPPORT NEED

		TOTAL (C)
4. Base Primary Support: ($360) x ___ (# of children) . . . . =		
5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training) . . . . +		
6. Plus Monthly Health Insurance Expense (for the child(ren) and paid by parents). If no insurance, +		
use State Cash Medical support amount (10% of Net Income on Line 2)		
7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6) . . . . =		

STANDARD OF LIVING ADJUSTMENT

	FATHER (A)	MOTHER (B)	TOTAL (C)
8. Parent's SOLA income (from Table of Incomes)	+	=	
9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7) . . . . -		
10. Parents' Remaining SOLA income (Line 8(c) - Line 9; but if result is negative enter 0) . . . . =		
11. SOLA Percentage (10% per child, up to 30% maximum) x		%
12. SOLA Amount (Line 10 x Line 11) . . . . =		
13. CHILD SUPPORT CALCULATION (Line 7 + Line 12) . . . . =		

CHILD SUPPORT OBLIGATIONS / CREDITS

	FATHER (A)	MOTHER (B)	70% of Net Income:
14. Total Support Obligation for each parent (Line 13 x % in Line 3) . . .			Father:
Minimum: $70 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds $70 per child.			
15. Credit for Child Care Expense (for parent who pays) . . . . -	-		Mother:
16. Credit for Health Ins./Cash Medical amount (for parent who pays) . . . -	-		
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS =	=	*Round to nearest dollar*	

SUMMARY OF CHILD SUPPORT PAYMENTS

___ Mother ___ Father pays monthly child support of _____ to other parent, _____ per child per mo.

___ Mother ___ Father pays health ins./cash medical. ___ Mother ___ Father pays child care expense.

___ Extensive Time-sharing Worksheet attached.

___ Exceptional Circumstances Form attached.

For Court Use Only

CERTIFICATION: I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete.

_____
Father   Date

_____
Mother   Date