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| STATE OF HAWAII FAMILY COURT OF THE _____ CIRCUIT | CHILD SUPPORT GUIDELINES WORKSHEET | CASE NUMBER FC-___ NO. | |
| <p>_____</p> <p style="text-align:center;">PLAINTIFF/PETITIONER <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p style="text-align:center;">VS.</p> <p>_____</p> <p style="text-align:center;">DEFENDANT/RESPONDENT <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> | | This document was prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant Name _____ Address _____ City, State, Zip _____ Telephone _____ | |
| Line 1 | BASE PRIMARY SUPPORT \$250 x _____ (# of children) | | |
| 2 | Plus Monthly Child Care Expenses | | + |
| 3 | Plus Monthly Health/Dental Insurance for the Child(ren) | | + |
| 4 | PRIMARY SUPPORT NEED (add lines 1, 2 and 3) | | = |
| | | FATHER (A) | MOTHER (B) |
| 5 | Parents' SOLA Income (from Table) | | + |
| 6 | Less PRIMARY SUPPORT NEED (from line 4) | | - |
| 7 | Parents' Net SOLA Income (line 5 - line 6) | | |
| 8 | SOLA Percentage, 10% per child, up to 30% | | x % |
| 9 | SOLA OBLIGATION (line 7 x line 8) | | |
| 10 | TOTAL SUPPORT NEED (line 4 + line 9) | | |
| | | FATHER (A) | MOTHER (B) |
| 11 | Monthly Gross Income | | + |
| 12 | Monthly Net Income (from Table) | | + |
| 13 | Income Percentage (line 12(A) ÷ line 12(C)) or (line 12(B) ÷ line 12(C)) | % | % |
| 14 | Support Payable By Each Parent (line 10) x Parent's (line 13) % | | |
| 15 | Less Monthly Child Care Expense for Parent Who Pays | - | |
| 16 | Less Monthly Health Insurance Cost for Parent Who Pays | - | |
| 17 | REMAINING CHILD SUPPORT PAYABLE BY EACH PARENT (Round to nearest \$10.00) | | |
| 18 | <input type="checkbox"/> Mother <input type="checkbox"/> Father pays to <input type="checkbox"/> Mother <input type="checkbox"/> Father in child support for a total of \$_____ per month (\$_____ per child per month). <input type="checkbox"/> Mother <input type="checkbox"/> Father pays health insurance. <input type="checkbox"/> Mother <input type="checkbox"/> Father pays child care expenses. | | |

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.

For Court Use Only

Father

Date

Mother

Date

- For exceptional circumstances see attached Exceptional Circumstance Form.
- For joint physical custody calculations or visitation 143 days or over per year, see Child Support Guidelines Worksheet For Joint Custody/Extensive Visitation and enter amounts on line 18.

CSG.11/98

ATTACHMENT B-1