

STATE OF HAWAII FAMILY COURT OF THE _____ CIRCUIT	CHILD SUPPORT GUIDELINES WORKSHEET FOR JOINT CUSTODY/EXTENSIVE VISITATION	CASE NUMBER FC-___ NO.		
_____ PLAINTIFF/PETITIONER <input type="checkbox"/> Mother <input type="checkbox"/> Father VS. _____ DEFENDANT/RESPONDENT <input type="checkbox"/> Mother <input type="checkbox"/> Father		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	JOINT CUSTODY CALCULATION	FATHER(A)	MOTHER(B)	(C)
1	SUPPORT (From Child Support Guidelines Worksheet Line 17) no less than \$50/child			
2	YEARLY SUPPORT OBLIGATION UNDER JOINT CUSTODY [Line 1(A) x 6 months] and [Line 1(B) x 6 months]			
3	Difference between lines 2(A) and 2(B) (larger amount - lesser amount)			
4	JOINT CUSTODY CHILD SUPPORT = [Line 3(C) ÷ 12] rounded to nearest \$10.00 Enter this amount in either Line 4(A) or Line 4(B) for the parent who has the larger child support obligation from Line 1 above.			
IF JOINT CUSTODY, STOP HERE AND ENTER AMOUNT FROM LINE 4(A) or 4(B) OF THIS WORKSHEET TO CHILD SUPPORT GUIDELINES WORKSHEET LINE 18.				
EXTENSIVE VISITATION CALCULATION				
The Custodial Parent is <input type="checkbox"/> Father <input type="checkbox"/> Mother. The Non-Custodial Parent is <input type="checkbox"/> Father <input type="checkbox"/> Mother. The Non-Custodial Parent has visitation of _____ days per year.				
IF THE NON-CUSTODIAL PARENT HAS OVER 143 DAYS OF VISITATION PER YEAR COMPLETE LINES 5 -11 BELOW.				
5	REGULAR SUPPORT: Enter the child support obligation for the non-custodial parent from Line 1 above.			
6	JOINT CUSTODY CHILD SUPPORT: Enter the amount from Line 4(A) or 4(B) above.			
7	Difference: If the child support obligations in Lines 5 and 6 are for the same parent, then subtract Line 6 from Line 5. [Line 5 - Line 6] If the child support obligations in Lines 5 and 6 are for different parents, then add Lines 5 and 6. [Line 5 + Line 6]			
8	ADJUSTMENT RATE [Line 7 ÷ 40 days]			
9	NUMBER OF VISITATION DAYS OVER 143 DAYS PER YEAR			x
10	CREDIT FOR DAYS EXCEEDING NORMAL SUPPORT [Line 8 x Line 9]			=
11	EXTENSIVE VISITATION CHILD SUPPORT [NON-CUSTODIAL PARENT'S SUPPORT] [Line 5 - Line 10] Rounded to nearest \$10.00.			
ENTER SUPPORT AMOUNT FROM LINE 11 OF THIS WORKSHEET ON LINE 18 ON THE CHILD SUPPORT GUIDELINES WORKSHEET.				

ATTACHMENT C