

This packet assumes both parties can agree on everything. Write "None" if a section does not apply. The person filing is the Plaintiff.

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	COMPLAINT FOR DIVORCE	CASE NUMBER FC-D NO.								
_____ <div style="text-align: right;">PLAINTIFF (Your Full Name)</div> <p style="text-align: center;">VS.</p> _____ <div style="text-align: right;">DEFENDANT (Your Spouse's Full Name)</div>	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name _____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Address _____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">City, State, Zip _____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Phone _____</td> <td style="border: none;">_____</td> </tr> </table>			Name _____	_____	Address _____	_____	City, State, Zip _____	_____	Phone _____	_____
Name _____	_____									
Address _____	_____									
City, State, Zip _____	_____									
Phone _____	_____									
<p>I, the Plaintiff, in support of this Complaint for Divorce, allege:</p> <p>1. Jurisdiction: I and/or my spouse, the Defendant, have lived or have been physically present in the State of Hawai'i for a continuous period of at least six (6) months and I have lived and/or been physically present on the Island of O'ahu for a continuous period of at least three (3) months immediately preceding this application.</p> <p>2. Marriage: The parties (plaintiff and spouse) are lawfully married to each other.</p> <p>3. Children:</p> <p>a. <input type="checkbox"/> The parties have no children together.</p> <p>b. <input type="checkbox"/> The parties have _____ (enter number) child(ren) under 18 together.</p> <p>c. <input type="checkbox"/> The parties have _____ (enter number) child(ren) 18 or older together, who are dependent on them for support.</p> <p>d. <input type="checkbox"/> The parties have _____ (enter number) child(ren) 18 or older together, who are <u>not</u> dependent on them for support.</p> <p>e. <input type="checkbox"/> Wife has _____ (enter number) child(ren) born during the marriage, not fathered by Husband.</p> <p>f. <input type="checkbox"/> Wife is pregnant.</p> <p>4. Custody and Visitation:</p> <p>a. Legal custody of the minor child(ren) should be awarded to: <input type="checkbox"/> Me, Plaintiff <input type="checkbox"/> My spouse, Defendant <input type="checkbox"/> Both parties jointly</p> <p>b. Physical custody of the minor child(ren) should be awarded to: <input type="checkbox"/> Me, Plaintiff <input type="checkbox"/> My spouse, Defendant <input type="checkbox"/> Both parties jointly</p> <p>c. The parent not awarded physical custody should have: <input type="checkbox"/> Reasonable visitation <input type="checkbox"/> Supervised visitation <input type="checkbox"/> _____</p> <p>d. Child support should be awarded in accordance with the child support guidelines.</p> <p>5. Division of Assets: All assets my spouse and I own should be divided in a just and equitable way.</p> <p>6. Division of Debts: All debts my spouse and I owe should be divided in a just and equitable way.</p> <p>7. Spousal Support (Alimony):</p> <p>a. <input type="checkbox"/> I am entitled to an order that my spouse pay spousal support (alimony) to me.</p> <p>b. <input type="checkbox"/> My spouse <input type="checkbox"/> is <input type="checkbox"/> is not entitled to an order that I pay spousal support (alimony) to him/her.</p> <p>8. Grounds: Pursuant to HRS Section 580-41, I allege that the grounds for divorce are as follows (check one only):</p> <p>a. <input type="checkbox"/> The marriage is irretrievably broken.</p> <p>b. <input type="checkbox"/> The parties have lived separate and apart for a period of two (2) or more years under a decree of separation from bed and board or under a decree of separate maintenance.</p> <p>c. <input type="checkbox"/> The parties have lived separate and apart for a continuous period of two (2) or more years immediately preceding the application, there is no reasonable likelihood that cohabitation will be resumed, and it would not be harsh and oppressive to Defendant, or contrary to the public interest, to grant a divorce on this ground on the complaint of Plaintiff.</p>										
<p>It is requested of the Court: That a decree be entered granting a divorce from the bonds of matrimony and granting the relief requested above, all as alleged and as may be appropriate and in accordance with the evidence and the law, and other relief as the Court deems proper in this case.</p> <p>I declare, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information and belief.</p>										
DATE	PLAINTIFF'S SIGNATURE									

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	SUMMONS TO ANSWER COMPLAINT	CASE NUMBER FC-D NO.
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_____ PLAINTIFF (Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff Name _____ Address _____ City, State, Zip _____ Phone _____
VS.	
_____ DEFENDANT (Spouse's Full Name)	

TO THE DEFENDANT

You are hereby summoned and required to serve a written answer to the attached Complaint within 20 days after service of this Summons upon you, exclusive of the date of service.

Your written answer must be filed with the Chief Clerk of this Circuit at the following location or address.

Kapolei Court Complex or Ka'ahumanu Hale
 4675 Kapolei Parkway 777 Punchbowl St
 Kapolei, HI 96707-3272 Hon., HI 96813

A copy of your answer should also be served upon the Plaintiff's attorney, or in the event Plaintiff is not represented by an attorney, upon the Plaintiff at the address shown on the Complaint.

If you fail to file your written answer within the 20-day time limit, further action may be taken in this case, including judgment for the relief demanded in the Complaint, without further notice to you.

THIS SUMMONS SHALL NOT BE PERSONALLY DELIVERED BETWEEN 10:00 P.M. AND 6:00 A.M. ON PREMISES NOT OPEN TO THE PUBLIC, UNLESS A JUDGE OF THE DISTRICT OR CIRCUIT COURTS PERMITS, IN WRITING ON THE SUMMONS, PERSONAL DELIVERY DURING THOSE HOURS.

FAILURE TO OBEY THE SUMMONS MAY RESULT IN AN ENTRY OF A DEFAULT AND DEFAULT JUDGMENT AGAINST THE PERSON SUMMONED.

DATE	CLERK OF COURT
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"Hawaii Resident" means how long you have lived in Hawaii and "Circuit Resident" means how long you have lived on Oahu.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT		MATRIMONIAL ACTION INFORMATION			CASE NUMBER		
PLAINTIFF		PREPARED: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> ATTORNEY FOR PLAINTIFF <input type="checkbox"/> ATTORNEY FOR DEFENDANT			DATE FILED		
DEFENDANT							
NATURE OF CASE <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> ANNULMENT <input type="checkbox"/> OTHER							
ITEM	WIFE			HUSBAND			
FULL NAME							
BIRTH OR MAIDEN NAME							
ADDRESS STREET, APT. NO.							
TOWN, STATE, ZIP COUNTY							
PHONE	HOME	WORK	HOME	WORK			
SOCIAL SECURITY NUMBER							
DATE OF BIRTH							
PLACE OF BIRTH (State or Country)							
RACE							
HIGHEST GRADE COMPLETED							
HAWAII RESIDENT SINCE							
CIRCUIT RESIDENT SINCE							
PRIMARY EMPLOYER (Name and Address)							
JOB TITLE							
WORK SCHEDULE							
LENGTH OF SERVICE							
GROSS MONTHLY INCOME (All Sources)	Primary	Secondary	Welfare	Primary	Secondary	Welfare	
DATE OF THIS MARRIAGE	DATE			COUNTY / STATE			
DATE OF SEPARATION <input type="checkbox"/> NOT SEPARATED	DATE			COUNTY / STATE			

MATRIMONIAL ACTION INFORMATION (Continued)						CASE NUMBER
						FC-D NO.
	FROM	TO	TERMINATED BY			STATE
	MONTH/YEAR	MONTH/YEAR	DIVORCE	ANNULMENT	DEATH	
WIFE'S PRIOR MARRIAGES						
HUSBAND'S PRIOR MARRIAGES						
CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST						
CHILD'S FULL NAME	M/F	BIRTHDATE	LEGAL PARENT (HUSBAND, WIFE OR OTHER)	PRESENT CUSTODY	SCHOOL AND GRADE	
INFORMATION REQUIRED FOR CUSTODY						
CHILDREN'S PRESENT ADDRESS:						
PLACES WHERE AND PERSONS WITH WHOM THE CHILDREN HAVE LIVED WITHIN THE LAST FIVE YEARS AND DATES						
ADDRESS	CARETAKERS			FROM	TO	
				MONTH/YEAR	MONTH/YEAR	
WIFE <input type="checkbox"/> IS <input type="checkbox"/> IS NOT PREGNANT. EXPECTED DELIVERY DATE:						
THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.						
DATE	SIGNATURE					

STATE OF HAWAII
FAMILY COURT
FIRST CIRCUIT

**NOTICE TO ATTEND
KIDS FIRST**

CASE NUMBER
FC-D NO.

PLAINTIFF

Name:

Address:

Telephone: (home)

(work)

Cellular:

(Staff Use Only)

Date Attended:

ATTORNEY (Name, Address, and Telephone Number)

Plaintiff Pro Se

DEFENDANT

Name:

Address:

Telephone: (home)

(work)

Cellular:

(Staff Use Only)

Date Attended:

ATTORNEY (Name, Address, and Telephone Number)

Defendant Pro Se

DO NOT BRING CHILDREN UNDER THE AGE OF 6 YEARS OLD

CHILDREN: List all children ages 6 to 17 years old from this and any other relationship:

(STAFF USE ONLY)

Name	Birthdate and Age	Living With:	Date Attended
_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other	_____
_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other	_____
_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other	_____
_____	_____	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other	_____

NOTE: Plaintiff and Defendant must attend. Children, ages 6-17, who have lived as a family with this Plaintiff and Defendant must attend.

Choose one location only:

KAPOLEI

Time: 5:00 p.m. Registration
5:30 p.m. - 7:30 p.m. Program

Place: Kapolei Court Complex
4675 Kapolei Parkway

Date: **Wednesday**, _____

HONOLULU

Time: 5:00 p.m. Registration
5:30 p.m. - 7:30 p.m. Program

Place: Circuit Court, Jury Pool Lounge
777 Punchbowl Street, Honolulu

Date: **Wednesday**, _____

DATE

CLERK'S SIGNATURE

KIDS FIRST INSTRUCTIONS

KIDS FIRST is a program designed to help parents understand the effects of separation and divorce on their children and to help children cope with changes in their families. BOTH parents **must attend**. Children (ages 6-17) of either Plaintiff or Defendant, from this and any other relationship who have lived with Plaintiff's and Defendant's current family **must attend** Kids First, unless excused by the Judge.

Failure to attend may cause you to be brought before the Court to explain your non-attendance and may be considered as a factor in custody decisions. Non-attendance may also delay the granting of your divorce decree.

You and your children will watch a video. Parents will have their own program presented by psychologists who specialize in paternity and divorce. The children and teens will be grouped by age and led by trained facilitators. They will play games, see the courtroom, role play, and may express their feelings about the divorce.

DO NOT BRING CHILDREN UNDER AGE 6 or any child not listed on page 1 of this notice. Babies and minor children are not allowed in the parents' program. If you bring a child under age 6, you will be required to reschedule to another day.

KAPOLEI COURT COMPLEX

Metered Parking is available.

Enter through the front door at 4675 Kapolei Parkway.

CIRCUIT COURT (HONOLULU)

Parking is available at **Restaurant Row** at a reduced rate with validation.

Caution: Halekauwila Street, makai side (ocean side), is a tow-away zone.

Enter through the front door at 777 Punchbowl Street.

You must call (808) 954-8280 if any of the following apply:

- ▶ **Restraining Order**
- ▶ **Moving off island**
- ▶ **Child Protective Service Case**
- ▶ **Child with special needs (physical, mental, language difficulties)**
- ▶ **You received this notice after your scheduled date**
- ▶ **If you require an interpreter**
- ▶ **Any scheduling questions**

Leave your name, daytime telephone/cellular phone number and a detailed message on this recording. Your call will be returned as soon as possible.



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Office of the Chief Administrator at PHONE NO. 954-8200, FAX 954-8308, or TTY 539-4853 at least ten (10) working days prior to your hearing or appointment date.

Must be notarized and pre-approved. You may bring this form to the Legal Assistance Office during regular business hours for notary services.

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	MOTION FOR SERVICE BY MAIL AND AFFIDAVIT; ORDER FOR SERVICE BY MAIL	CASE NUMBER FC-D NO.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">PLAINTIFF (Your Full Name)</p> <hr/> <p style="text-align: center;">VS.</p> <hr/> <p style="text-align: center;">DEFENDANT (Your Spouse's Full Name)</p> </div> <div style="width: 50%;"> <p>This document is prepared by</p> <p><input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty for Plaintiff</p> <hr/> <p>Name</p> <hr/> <p>Address</p> <hr/> <p>City, State, Zip Code</p> <hr/> <p>Telephone No.</p> </div> </div>		
MOTION FOR SERVICE BY MAIL AND AFFIDAVIT		
<p>The undersigned party to this action for an order authorizing service by registered or certified mail. In support of this motion the undersigned states that to his/her best information and belief the adverse party is outside the Circuit and receives mail at the following address:</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>		
MOVANT'S SIGNATURE _____		
Document Title: <u>Motion for Service by Mail and Affidavit</u> Document Date: _____ No. of Pages: _____ was subscribed and sworn to before me in the First Circuit, State of Hawai'i, by _____ Notary Public's Signature: _____ Date: _____ Print Notary Public's Name: _____ L.S. (Seal) My commission expires: _____		
ORDER FOR SERVICE BY MAIL		
<p>It appears that service by mail is appropriate and reasonable. IT IS HEREBY ORDERED that service herein may be made by forwarding <u>certified</u> copies of the</p> <p> <input type="checkbox"/> Complaint <input type="checkbox"/> Summons <input type="checkbox"/> Motion and Affidavit for Pre-Decree Relief and Attachments <input type="checkbox"/> Motion and Affidavit for Post-Decree Relief and Attachments <input type="checkbox"/> Income and Expense Statement; Asset and Debt Statement <input type="checkbox"/> _____ </p> <p>and of this Order to the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant by registered or certified mail with return receipt requested and a direction to deliver to addressee only and that actual receipt by the <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant of the above document(s) sent in accordance with this Order shall be equivalent to personal service by an authorized process server as of the date process server as of the date of receipt.</p>		
DATE	JUDGE'S SIGNATURE: _____ PRINT JUDGE'S NAME: _____	(Court Use Only)

STATE OF HAWAII
FAMILY COURT
FIRST CIRCUIT

APPEARANCE AND WAIVER

CASE NUMBER

FC-D NO.

VS.

PLAINTIFF
(Full Name)

DEFENDANT
(Full Name)

This document is prepared by

Plaintiff Defendant Atty. for Plaintiff Atty. for Defendant

Name

Address

City, State, Zip

Phone

I, the Defendant, acknowledge receipt of a filed copy of the Complaint and Summons in the above-entitled action, submit myself to the Court's jurisdiction, and have agreed with the Plaintiff on the matters set forth in

- a signed agreement incident to divorce.
- a form of Decree which I have approved by signature.

I consent to a hearing of the complaint by a judge at any time without further notice and without my presence so long as the Decree issued incorporates the provisions I have approved. If such Decree is not entered by the Court, I request to be notified.

I understand that I am not required to sign this paper and that by doing so I am permitting the Court without opposition from me to proceed with the above-entitled matter at this time unless there is reason for the Court to alter our agreement.

- I am not in the military service of the United States.
- I am in the military service of the United States, but I do not request a stay of proceedings herein, and I do waive any rights I may have under the Soldiers' and Sailors' Civil Relief Act, 50 U.S.C. Sec. 521, et. seq.

DATE

DEFENDANT'S SIGNATURE

Use if having someone serve your spouse.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	PROOF OF SERVICE	CASE NUMBER FC-D NO.	
_____ PLAINTIFF (Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff Name _____ Address _____ City, State, Zip _____ Phone _____		
VS.	_____ DEFENDANT (Full Name)		
I served a certified copy of each document identified below by delivering to the following person(s):			
PERSON(S) SERVED	DATE	TIME	PLACE
DOCUMENTS SERVED			
<input type="checkbox"/> Complaint <input type="checkbox"/> Summons <input type="checkbox"/> Notice to Attend Kids First II <input type="checkbox"/> Motion and Affidavit for Pre-Decree Relief and Attachements <input type="checkbox"/> Motion and Affidavit for Post-Decree Relief and Attachments <input type="checkbox"/> _____			
PLEASE EXPEDITE RETURN OF SERVICE TO FAMILY COURT			
DATE	POLICE OFFICER'S SIGNATURE	BADGE ID NUMBER	
DATE	OTHER SERVING OFFICER'S SIGNATURE	NAME OF SERVING OFFICER	
<input type="checkbox"/> UNSERVED DOCUMENTS: I certify that, despite due and diligent search, I was unable to locate the person to be served, and therefore the attached documents are being returned as unserved.			

Physically tape the two receipts to the next page.

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	STATEMENT OF MAILING EXHIBITS "1" AND "2"	CASE NUMBER FC-D NO.
_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff Name _____ Address _____ City, State, Zip _____ Phone _____	
STATEMENT OF MAILING I REPRESENT THAT I caused one <u>certified</u> copy each of the Complaint For Divorce; Summons to Answer Complaint; and Motion for Service by Mail and Affidavit; Order for Service by Mail; and _____, to be mailed by certified or registered mail, return receipt requested, restricted delivery to: _____ Defendant's Name _____ Defendant's Address _____ City/State/Zip Defendant At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.		
DATE	PLAINTIFF'S SIGNATURE	

EXHIBIT "1"

EXHIBIT "2"

Even if BAH is taken automatically, include it in "gross income" you deduct it on the next page.
 If you do not work, put 0 (zero) where applicable.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	INCOME AND EXPENSE STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	CASE NUMBER FC-D NO.
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_____ PLAINTIFF (Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty. for Plaintiff <input type="checkbox"/> Atty. for Defendant
VS.	Name _____ Address _____ City, State, Zip _____ Phone _____
_____ DEFENDANT (Full Name)	

Occupation: _____
Job title

Employer: _____

Address: _____

Length of service: _____ months/years.

Income Tax Withholding based on: _____ dependents.

INCOME

Gross income. Paid: monthly, 2 times per month, every 2 weeks, weekly or other _____

Gross per pay period \$ _____ Per month \$ _____

Payroll deductions per pay period:

- Fed. income tax \$ _____
- State income tax \$ _____
- FICA (Social Security) \$ _____
- Union dues \$ _____

a) Net per pay period \$ _____ Per month \$ _____

Other:

- Retirement/401K \$ _____
- Credit Union \$ _____
- Direct Deposit \$ _____
- Income Assignments \$ _____
- Support Payments \$ _____
- Medical Insurance \$ _____

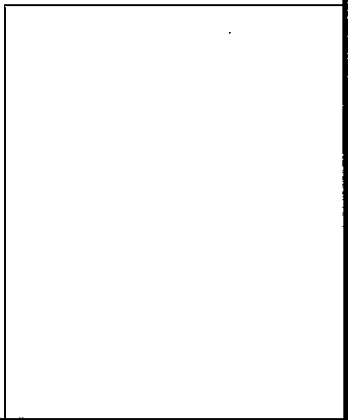
b) Take home per pay period \$ _____ Per month \$ _____

Other regular monthly income, (rental income, 2nd job, interest, child support, welfare, food stamps, and any other source.)

- Gross monthly receipt \$ _____
- Taxes paid IRS and State on above \$ _____

c) Total other income net \$ _____

Total Monthly Income (Add per month income from lines a and c above) \$ _____



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, elec., telephone etc. \$ _____

Transportation, expenses per month:

Car payment, lease, rental \$ _____
 Insurance on vehicle \$ _____
 Maintenance (repairs) \$ _____
 Operating (gas, oil & tires) \$ _____

Total Housing and Transportation expenses \$ _____

Debt service (all monthly payments, eg. credit cards, charges, finance company, 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 Totals \$ _____

Total Personal expenses \$ _____

Grand Total expenses: Housing, Trans., Debt & personal \$ _____

Savings, <Deficiency>: Income minus Expenses \$ _____

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 the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

DATE

PLAINTIFF'S DEFENDANT'S SIGNATURE

You may both use one of these sheets, but be sure you both sign on last page.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	ASSET AND DEBT STATEMENT <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Both Parties	CASE NUMBER _____ FC-D NO. _____																																																								
_____ <div style="text-align: right;">PLAINTIFF (Full Name)</div> VS.	This document is 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 _____ Phone _____																																																									
_____ <div style="text-align: right;">DEFENDANT (Full Name)</div>																																																										
<p>1. Cash (on hand or held by others for me) \$ _____</p> <p>2. CREDIT UNION ACCOUNTS:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title (H,W,J)</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Credit Balance</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Debt Balance</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>3. BANK AND SAVINGS ACCOUNTS: (Include Trustee Accounts)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Company & Branch</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Type of Account</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title (H,W,J)</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Current Balance</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>4. SECURITIES: (Stocks, Bonds, Mutual Funds, Certificates of Deposit, etc.)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Company</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title (H,W,J)</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Date of Acquisition</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Cost</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Market Value</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Debt Owed Against</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			<u>Name</u>	<u>Title (H,W,J)</u>	<u>Credit Balance</u>	<u>Debt Balance</u>													<u>Company & Branch</u>	<u>Type of Account</u>	<u>Title (H,W,J)</u>	<u>Current Balance</u>													<u>Company</u>	<u>Title (H,W,J)</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Market Value</u>	<u>Debt Owed Against</u>																		
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5. **VEHICLES:** (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.)

<u>Year</u>	<u>Make</u>	<u>Title (H,W,J)</u>	<u>Current Market Value</u>	<u>Debt Owed Against</u>

6. **REAL PROPERTY:**

<u>Address</u>	<u>Fee or Lease</u>	<u>Title (H,W,J)</u>	<u>Date of Acquisition</u>	<u>Cost</u>	<u>Current Gross Value</u>	<u>Total Debt Owed</u>

7. **LIFE INSURANCE:**

<u>Company</u>	<u>Person Insured</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Title (H,W,J)</u>	<u>Cash Value</u>	<u>Debt Owed Against</u>

8. **RETIREMENT; PENSION; PROFIT SHARING ACCOUNTS:**

<u>Employer or Company</u>	<u>Title (H,W,J)</u>	<u>Type of Plan</u>	<u>Years in Plan</u>	<u>Total Value</u>

9. **ALL OTHER MAJOR ASSETS:** (Furniture, Household Effects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetary Plots or Niches, Tax Refunds Due, etc.)

<u>General Description</u>	<u>Title (H,W,J)</u>	<u>Estimated Gross Value</u>	<u>Debt Owed Against</u>

10. PROPERTY HELD IN TRUST FOR OR BY THIRD PERSON/S: (Aside from Bank & Savings Accounts Noted in paragraph 3)

<u>Description</u>	<u>Trustee/s</u>	<u>Beneficiaries</u>	<u>Value</u>	<u>Debt Owed Against</u>

11. ALL OUTSTANDING DEBTS: (Include those listed parts in 2, 4, 5, 6, 7, 9, and 10 above, in addition to all credit cards, charges, finance companies, and personal loans.)

<u>Creditor</u>	<u>Debtor (H,W,J or Other)</u>	<u>Security</u>	<u>Mo./Yr. Debt Incurred</u>	<u>Total Balance Owed</u>	<u>Minimum Monthly Payment</u>

Total Debt in Wife's Name Alone: _____

Total Debt in Husband's Name Alone: _____

Total Debt in Joint Names: _____

CERTIFICATION

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

DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE
DATE	<input type="checkbox"/> PLAINTIFF'S <input type="checkbox"/> DEFENDANT'S SIGNATURE

Much of this you cannot fill out until after all documents have been signed because it asks for dates.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	AFFIDAVIT OF PLAINTIFF (FOR UNCONTESTED DIVORCE)	CASE NUMBER FC-D NO.
_____ PLAINTIFF (Your Full Name) VS. _____ DEFENDANT (Your Spouse's Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff Name _____ Address _____ City, State, Zip _____ Phone _____	
<p>STATE OF HAWAII) CITY AND COUNTY OF HONOLULU) SS.</p> <p>Plaintiff in the above-entitled action, being first duly sworn on oath, deposes and says that:</p> <p>1. Plaintiff's full name and address is: _____ _____ _____</p> <p>2. <u>Legal Representation</u>: 2a. <input type="checkbox"/> Plaintiff is representing him/herself. 2b. <input type="checkbox"/> Plaintiff is represented by the attorney named above.</p> <p>3. Service of process on Defendant was made by: 3a. <input type="checkbox"/> <u>Personal Service</u>: A Proof of Service or Affidavit of Service has been filed showing that the Defendant was personally served with the Complaint and Summons on _____ (Mo/Day/Yr) by a person authorized to serve of legal documents. 3b. <input type="checkbox"/> <u>Certified or Registered Mail</u>: The Complaint and Summons was served upon Defendant by certified or registered mail. A Statement of Mailing or Affidavit of Mailing and an original return receipt signed by the Defendant on _____ (Mo/Day/Yr) have been filed. Plaintiff recognizes Defendant's signature on the return receipt. 3c. <input type="checkbox"/> <u>Appearance and Waiver</u>: Defendant acknowledged receipt of a filed copy of the Complaint and Summons and signed an Appearance and Waiver on _____ (Mo/Day/Yr). Plaintiff recognizes Defendant's signature on the Appearance and Waiver. 3d. <input type="checkbox"/> <u>Publication</u>: The Affidavit of Publication was filed on _____ (Mo/Day/Yr).</p> <p>4. <input type="checkbox"/> <u>Default</u>. 4a. <input type="checkbox"/> More than twenty (20) days have passed since the service of the Complaint and Summons on the Defendant. No responsive pleading has been filed. Neither Plaintiff nor Plaintiff's attorney has received any communication from Defendant or Defendant's attorney concerning this case since the Complaint was served. 4b. <input type="checkbox"/> An order granting the Motion for Entry of Default was filed on _____ (Mo/Day/Yr).</p>		

5. Jurisdiction: (Check all that apply)

- 5a. Plaintiff had been domiciled or physically present on the Island of O'ahu for a continuous period of at least 3 months prior to the filing of the Complaint for Divorce.
- 5b. Plaintiff had been domiciled or physically present in the State of Hawai'i for a continuous period of at least 6 months prior to the filing of the Complaint for Divorce.
- 5c. Defendant had been domiciled or physically present in the State of Hawai'i for a continuous period of at least 6 months prior to the filing of the Complaint for Divorce.

6. Defendant resides in (city, state) _____, _____ on _____
(City) (State)

7. The parties were married on _____
(Mo/Day/Yr)

8. The parties last lived together in (city, state) _____, _____ on _____
(City) (State) (Mo/Day/Yr)

9. Plaintiff believes that the marriage is irretrievably broken because:

10. Financial statements:

10a. Plaintiff signed Income and Expense and Asset and Debt Statements on _____ (Mo/Day/Yr). To the best of Plaintiff's knowledge there have been no substantial changes in Plaintiff's financial circumstances since that date.

10b. Defendant signed Income and Expense and Asset and Debt Statements on _____ (Mo/Day/Yr). Plaintiff recognizes Defendant's signature on said documents.

10c. Defendant's Income and Expense Statement and Asset and Debt Statement are not filed because:

11. Plaintiff has carefully reviewed the proposed decree and agrees to the alimony, division of property and other provisions as provided in the proposed decree.

12. Plaintiff signed the proposed decree. Plaintiff recognizes Defendant's signature on the decree.

13. Wife wishes to resume the use of her birth surname former married name and be known as:

14. Husband wishes to resume the use of his birth surname former married name and be known as:

15. Language Comprehension:

15a. Plaintiff fully understands the English language.

15b. Although Plaintiff does not fully comprehend written English, this document has been explained to him/her by _____ and based on that explanation Plaintiff understands this document.

16. Plaintiff requests that the court grant this divorce and enter the decree without his/her appearance in court.

17. Plaintiff has read this document and signs it voluntarily and without coercion and duress and not because he/she was told to sign it.

18. Pregnancy:

18a. Wife is not pregnant.

18b. Wife is pregnant and her expected date of delivery is _____ (Mo/Day/Yr). Husband is is not the father of said child.

19. Child(ren):

19a. Plaintiff and Defendant have no children together.

19b. The parties have _____ children together. The complete name and birthdate of each are listed as follows from the oldest to the youngest child (including adult child(ren)):

<u>Name</u>	<u>Date of Birth</u>
_____	(Mo/Day/Yr)
_____	(Mo/Day/Yr)
_____	(Mo/Day/Yr)
_____	(Mo/Day/Yr)
_____	(Mo/Day/Yr)

19c. There is/are child(ren) conceived during the marriage fathered by someone other than husband. Their name(s) and date of birth is/are listed as follows:

<u>Name</u>	<u>Date of Birth</u>	<u>Judgment of Paternity entered</u>
_____	(Mo/Day/Yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	(Mo/Day/Yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Prior or Pending Custody Proceedings:

20a. I have not participated in any capacity in any law suit or proceeding in any state concerning custody of any of the minor children of the Plaintiff and Defendant together. I have no information of any pending custody proceeding or of any person not a party to this proceeding who has physical custody or claims to have custody or visitation rights concerning any minor children of the Plaintiff and Defendant together.

20b. Prior court case involving the subject children:

Case Name: _____

Case Number: _____

Location of Court: _____

Date Filed: (Mo/Day/Yr) _____

Date Concluded: (Mo/Day/Yr) _____

Type of Case: _____

20c. Other court case involving the subject children which is still pending:

Case Name: _____

Case Number: _____

Location of Court: _____

Date Filed: (Mo/Day/Yr) _____

Date Concluded: (Mo/Day/Yr) _____

Type of Case: _____

- If you want to pay spouse directly for child support and not utilize child support enforcement agency.

<p>FAMILY COURT FIRST CIRCUIT STATE OF HAWAII</p>	<p>SUPPLEMENTAL AFFIDAVIT RE: DIRECT PAYMENT CHILD SUPPORT</p>	<p>CASE NUMBER FC-D NO.</p>
<p>_____ PLAINTIFF, vs. _____ DEFENDANT.</p>		<p>Preparer's Name, Address and Telephone Number</p>
<p>1. My spouse and I have agreed that I shall pay child support directly to my spouse and <u>not</u> through the Child Support Enforcement Agency (CSEA).</p> <p>2. Such an arrangement is in the best interest of our child(ren) because:</p> <hr/> <p>3. <input type="checkbox"/> I affirm that all prior child support, ordered by the court or administratively, has been paid in a timely fashion. <input type="checkbox"/> I have not been previously ordered to pay child support.</p> <p>4. Our child(ren) do/does not receive public assistance, welfare, foster care, Social Security or other governmental assistance.</p> <p>5. There are no outstanding debts owed to the Department of Human Services or other public assistance agencies by myself or my spouse.</p> <p>6. I understand that at any time after the entry of our Divorce Decree, either party may void the direct payment arrangement and apply for services from the Child Support Enforcement Agency (CSEA) to receive payment through the agency.</p> <p>7. I further understand that if our child(ren) receive(s) public assistance from the Department of Human Services, foster care payments or Social Security or if either parent applies to the CSEA for services, CSEA may immediately void the direct payment arrangement by sending written notice by regular mail to both parents at their last known addresses as set forth in our Divorce Decree or subsequent child support order.</p> <p>8. Based upon the facts set forth herein, I ask this Court to approve direct payments of child support rather than requiring that child support payments be made through the CSEA.</p> <p>I declare that I understand that my signature under oath before a notary public is my solemn statement that I have read this affidavit and I know and understand the contents and that the statements are true, correct and complete to the best of my knowledge and belief.</p>		
<p>SIGNATURE</p>		
<p>SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE:</p>	<p>NOTARY PUBLIC'S SIGNATURE</p> <p>STATE OF HAWAII</p>	<p>MY COMMISSION EXPIRES:</p> <p>FOR COURT USE ONLY</p>

Fill out just as you would like. Much of it can be tailored to your individual needs.

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	DIVORCE DECREE (With Children)	CASE NUMBER FC-D NO.										
_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Full Name)	This document is 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 _____ Phone _____											
Presiding Judge _____		Date of Hearing/Review by Judge _____										
<p>A hearing was held before the Presiding Judge or an affidavit was submitted and the Court waived hearing on this matter. After full consideration of the evidence, the Court finds the material allegations of the Complaint for Divorce to be true. Plaintiff is entitled to a divorce from the bonds of matrimony. The Court has jurisdiction to enter this Divorce Decree. In this Divorce Decree, Plaintiff is referred to as <input type="checkbox"/> Husband <input type="checkbox"/> Wife, and Defendant is referred to as <input type="checkbox"/> Husband <input type="checkbox"/> Wife.</p> <p>IT IS HEREBY ORDERED, ADJUDGED AND DECREED that:</p> <p>1. Decree: A decree of divorce is granted to <input type="checkbox"/> Husband <input type="checkbox"/> Wife. The bonds of matrimony between Husband and Wife are hereby dissolved. The parties are restored to the status of single persons. Either party is permitted to marry after the effective date of this Divorce Decree.</p> <p>2. Effective Date: This Divorce Decree is effective after it is signed and filed by the Court.</p> <p>3. Alimony: <input type="checkbox"/> 3A. Neither party shall be required to pay alimony to the other party. <input type="checkbox"/> 3B. Beginning with a first payment on the ____ day of _____ (Month/Year) <input type="checkbox"/> Husband <input type="checkbox"/> Wife shall pay to <input type="checkbox"/> Husband <input type="checkbox"/> Wife alimony of \$ _____ per month, to be paid <input type="checkbox"/> in one amount of \$ _____ by the ____ day of each month. <input type="checkbox"/> in two equal installments of \$ _____ by the ____ and ____ days of each month. Alimony shall continue for ____ months and terminate with the payment due _____ (Mo/Day/Yr). Alimony shall terminate upon the death of either Husband or Wife. Alimony <input type="checkbox"/> shall <input type="checkbox"/> shall not terminate upon the recipient's remarriage.</p> <p>4. The parties have ____ child(ren) together:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name (first, middle, last)</th> <th style="text-align: left; border-bottom: 1px solid black;">Date of Birth</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>			Name (first, middle, last)	Date of Birth								
Name (first, middle, last)	Date of Birth											
<p>5. Custody: 5A. Legal Custody of the above-named minor child(ren) is: <input type="checkbox"/> Awarded to Husband <input type="checkbox"/> Awarded to Wife <input type="checkbox"/> Awarded to Husband and Wife, jointly. <input type="checkbox"/> Reserved for a court of competent jurisdiction.</p>												

5B. Physical Custody of the above-named minor child(ren) is:

- Awarded to Husband with a detailed visitation/time sharing schedule to Wife as described in paragraph 6.
- Awarded to Wife with a detailed visitation/time sharing schedule to Husband as described paragraph 6.
- Awarded to Husband and Wife, jointly, with a visitation/time sharing schedule as described in paragraph 6B below.
- Reserved for a court of competent jurisdiction.

6. Visitation/Time Sharing Schedule shall be as follows:

6A. The parties shall arrange reasonable visitation.

6B. Visitation/time sharing schedule shall be as follows: _____

6C. Supervised visitation: _____

6D. There shall be no visitation until further order of the Family Court.

7. Unless specified in paragraph 24 of this decree, Husband and Wife shall keep each other informed of his/her residence address and telephone number for so long as any child of the parties is a minor and for so long thereafter as there is a support order.

8. Child Support:

8A. Beginning with the first payment on the _____ day of _____, Husband shall pay to Wife for the support of the parties' child(ren) \$ _____ per child, for a total of \$ _____ per month.

8B. Beginning with the first payment on the _____ day of _____, Wife shall pay to Husband for the support of the parties' child(ren) \$ _____ per child, for a total of \$ _____ per month.

8C. Child support is reserved for a court of competent jurisdiction.

8D. Payments of child support shall continue for each child until the child attains the age of eighteen years, or graduates from high school, or discontinues high school, whichever occurs last. Child support shall further continue uninterrupted (including during regular school vacation periods) until the age of 23 as long as the child continues his or her education post-high school on a full-time basis at an accredited college or university or in a vocational or trade school.

8E. The Child Support Enforcement Agency (CSEA) is made a party for the limited issue of child support.

9. Method of Child Support Payment (Check either 9a OR 9b):

9A. All payments shall be made payable to and through the Child Support Enforcement Agency (CSEA), P.O. Box 1860, Honolulu, Hawai'i 96805-1860, and pursuant to the Order of Income Withholding which shall be filed with this decree.

9B. Direct Payment

- Child support payments shall be paid by Husband directly to Wife.
- Child support payments shall be paid by Wife directly to Husband.

In all direct payment cases, either Husband or Wife may void the direct payment arrangement at any time and apply for services from the CSEA to receive payments through the agency. If the child(ren) of the parties receive(s) public assistance from the Department of Human Services, foster care payments or Social Security or if either parent applies to the CSEA, CSEA may immediately void a direct payment arrangement by sending notice by regular mail to both parents at their last known addresses as set forth in this Divorce Decree.

10. Post-High School Education Support:

10A. Husband shall pay _____% and Wife shall pay _____% of the educational expenses of the child(ren) for so long as the child(ren) is/are a full-time student at an accredited college or university or vocational or trade school and under the age of 23.

- 10B. For payment of expenses related to the child(ren) attending private school see paragraph 24 below.
- 10C. For these purposes, educational expenses shall be defined to include tuition, fees and the costs of necessary books and other course materials.

11. Child Health Care: For so long as Husband or Wife has an obligation to pay child support and/or educational support:

- 11A. Husband shall maintain medical and dental insurance for the benefit of the child(ren).
- 11B. Wife shall maintain medical and dental insurance for the benefit of the child(ren).
- 11C. Husband shall pay the medical and dental expenses of the child(ren) not paid by insurance up to \$ _____ per calendar year. Any additional medical and dental expenses not covered by insurance shall be paid ____ % by Husband and ____ % by Wife.
- 11D. Wife shall pay the medical and dental expenses of the child(ren) not paid by insurance up to \$ _____ per calendar year. Any additional medical and dental expenses not covered by insurance shall be paid ____ % by Husband and ____ % by Wife.

12. Life Insurance for the Benefit of Child(ren):

- 12A. Husband shall maintain life insurance on his life with a minimum death benefit of \$ _____ for the benefit of the child(ren) so long as there is a child support and/or educational support obligation.
- 12B. Wife shall maintain life insurance on her life with a minimum death benefit of \$ _____ for the benefit of the child(ren) so long as there is a child support and/or educational support obligation.
- 12C. If Husband or Wife dies without the required insurance, Husband's or Wife's estate shall be liable to the child(ren) to the extent that the required insurance was not maintained. Such obligation on the part of Husband's or Wife's estate shall be accorded the highest possible priority.

13. All provisions in paragraphs 3, 5, 6, 7, 8, 9, 10, 11 and 12 are subject to further order of the court.

14. Bank Savings, Checking, Credit Union Accounts and Securities (Stocks, Bonds, Mutual Funds, etc.):

- 14A. There are none.
- 14B. Each is awarded those titled in their name alone.
- 14C. Husband is awarded: _____

- 14D. Wife is awarded: _____

15. Vehicles (Autos, Trucks, Motorcycles, Trailers, Campers, Boats, etc.):

- 15A. There are none.
- 15B. Each party is awarded the vehicles titled in their name alone.
- 15C. Husband is awarded: _____

- 15D. Wife is awarded: _____

- 15E. Necessary transfer documents shall be signed no later than ten days following the filing of this Divorce Decree. If either party fails to do so, the Director of Finance of the City and County of Honolulu is authorized and directed to transfer the ownership of vehicle(s) if requested to do so.

16. Real Property:

16A. Neither party owns any interest of any kind in any real property.

16B. The real property shall be divided as follows: _____

17. Life Insurance:

17A. There is none.

17B. Each party is awarded the life insurance policy(ies) now held on his/her life, together with any cash value therein and subject to any debt thereon.

17C. The life insurance shall be divided as follows: _____

18. Retirement Accounts/Benefits:

18A. There are none.

18B. Each party shall keep their own.

18C. The retirement accounts/benefits of the parties shall be divided as follows: _____

19. All Other Assets (Personal Belongings, Furniture, Household Effects, Art, Stamps, Coins, Tools, Equipment, Jewelry, Accounts Receivable, Investment Assets, Business Assets, Cemetary Plots or Niches, Tax Refunds Due, etc.):

19A. Each party is awarded the personal belongings and the household effects in his/her possession.

19B. Husband is awarded: _____

19C. Wife is awarded: _____

20. All Outstanding Debts:

20A. Each party shall pay all of the credit card and other debt, if any, now in his/her name alone.

20B. There are no joint debts.

20C. Husband shall pay: _____

20D. Wife shall pay: _____

21. Name Change:

21A. Wife shall resume the use of her birth surname former married name and shall be known hereafter as _____
(first, middle, last name)

21B. Husband shall resume the use of his birth surname former married name and shall be known hereafter as _____
(first, middle, last name)

22. There is a supplemental order filed concurrently with this Divorce Decree.

- Divorce is not final until it has been **Filed** with the court after all parties and Judge have signed.

23. **Failure of Party to Perform:** If either party fails to execute any document in compliance with this decree, the other party may submit a motion to the Court, requesting that the Court appoint the Chief Clerk of the Court to execute said document on behalf of the non-compliant party. Said motion may be done without further notice to the non-compliant party. Such execution by the Chief Clerk shall have the same effect as if executed by the non-compliant party.

24. Other:

Date	Judge
------	-------

APPROVED AS TO FORM AND CONTENT:

X _____
Signature of Plaintiff
SS#: _____
Address: _____

Employer's Name and Address: _____

Date Plaintiff Signed Decree: _____

X _____
Signature of Defendant
SS# _____
Address: _____

Employer's Name and Address: _____

Date Defendant Signed Decree: _____

APPROVED AS TO FORM:

X _____
Signature of Attorney for Plaintiff
Name: _____

X _____
Signature of Attorney for Defendant
Name: _____

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	ORDER FOR INCOME WITHHOLDING	CASE NUMBER FC-D NO.
_____ PLAINTIFF, VS. _____ DEFENDANT.	Preparer's Name, Address and Telephone Number Hearing Date: Judge: Date Support Order Filed:	
<p>TO THE EMPLOYER OR SUCCESSOR EMPLOYER OF:</p> <p>Employee/Obligor: Address: Social Security Number:</p> <p>IT IS HEREBY ORDERED that:</p> <p>I. Pursuant to <u>Hawai'i Revised Statutes</u> (HRS) §§ 571-52.2 and 52.3, the employer or successor employer shall:</p> <p>A. Withhold from any salary, wages or any entitlement of money payable to the above employee/obligor, the amount of \$ _____ per month. The amount to be withheld may be apportioned from each pay period in the month. The withholding, including a \$2.00 administrative fee charged to the employee/obligor, shall not exceed the maximum permitted by section 303(b) Consumer Credit Protection Act (15 USC 1673(b));</p> <p>B. Begin withholding the above amount no later than the first pay period within seven (7) days after a certified copy of this order is mailed to the employer.</p> <p>C. Deliver the withheld amount payable to the Child Support Enforcement Agency (CSEA), P.O. Box 1860, Honolulu, Hawai'i 96805-1860 no later than five (5) business days after the employee/obligor has been paid. If employer is ordered to withhold amounts for more than one employee/obligor, the total withholdings may be paid in one check with a list of amounts applicable to each employee/obligor by case number, name and social security number.</p> <p>II. The employer is notified that:</p> <p>A. It may charge the employee/obligor a \$2.00 administrative fee for each payment made to CSEA. Said fee shall not be deducted from the amount paid the CSEA (HRS §571-52.2(f));</p> <p>B. This withholding order has priority over any other garnishment, attachment, execution or assignment and is not subject to exemptions or restrictions under HRS Chapter 651, 652 and 653 (HRS §571-52.2(f));</p> <p>C. It is unlawful for an employer to ignore this order. Failure to comply with this order will result in the employer being responsible for the full amount ordered to be withheld (HRS §571-52.2(g));</p> <p>D. It is a crime for an employer to refuse to hire, discharge or discipline a (prospective) employee/obligor due in any part to this order. (HRS §§571-52(c), 710-1077(1)(g), 706-640, and 706-663. Penalties include imprisonment and fines.</p>		

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	STATEMENT OF MAILING EXHIBITS "1" AND "2" (Re: Order for Income Withholding)	CASE NUMBER FC-D NO.
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_____ PLAINTIFF (Full Name) VS. _____ DEFENDANT (Full Name)	This document is prepared by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Atty. for Plaintiff Name _____ Address _____ City, State, Zip _____ Phone _____
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STATEMENT OF MAILING

I REPRESENT THAT I caused one certified copy of the Order for Income Withholding to be mailed by certified or registered mail, return receipt requested to:

Child Support Payor's Employer
Employer's Address
City/State/Zip

At the time of mailing, the receipt attached hereto as Exhibit "1" was postmarked and dated. Thereafter, the return receipt attached as Exhibit "2" was received.

DATE	PLAINTIFF'S SIGNATURE	
------	-----------------------	--

EXHIBIT "1"

EXHIBIT "2"