

STATE OF HAWAII FAMILY COURT OF THE CIRCUIT	EXTENSIVE TIME-SHARING WORKSHEET to be attached to CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)	CASE NUMBER: FC- No.
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This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.

EQUAL TIME-SHARING CALCULATION

LINE		FATHER (A)	MOTHER (B)	(C)
18	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent			
19	YEARLY SUPPORT OBLIGATION UNDER EQUAL TIME-SHARING [Line 18(A) x 6 months] and [Line 18(B) x 6 months]			
20	Difference between lines 19(A) and 19(B) [larger amount - lesser amount]			
21	EQUAL TIME-SHARING CHILD SUPPORT [Line 20(C) ÷ 12] Enter result in column for parent with larger support obligation on Lines 18 & 19.			<i>Round to nearest dollar.</i>

EXTENSIVE TIME-SHARING CALCULATION

IF BOTH PARENTS HAVE MORE THAN 143 OVERNIGHT VISITS PER YEAR COMPLETE LINES 22 - 29 BELOW.

		FATHER (A)	MOTHER (B)	(C)
22	NUMBER OF OVERNIGHT VISITS for <u>only</u> the parent with fewer overnights.			
23	CSGW LINE 17 SUPPORT AMOUNT for the parent with fewer overnight visits.			
24	EQUAL TIME-SHARING SUPPORT. Enter the amount from Line 21 above.			
25	DIFFERENCE BETWEEN REGULAR & EQUAL TIME-SHARING SUPPORT: If the child support obligations in Lines 23 and 24 are for the <u>same parent</u> , then subtract Line 24 from Line 23. [Line 23 - Line 24] If the child support obligations in Lines 23 and 2			
26	ADJUSTMENT RATE (for each night over 143 nights) [Line 25 ÷ 40]			
27	NUMBER OF OVERNIGHTS EXCEEDING 143 PER YEAR. [Line 22 - 143]			x
28	CREDIT FOR NIGHTS EXCEEDING REGULAR SUPPORT [Line 26 x Line 27]			=
29	EXTENSIVE TIME-SHARING CHILD SUPPORT for the parent with fewer overnight visits. [Line 23 - Line 28]		<i>Round to nearest dollar.</i>	

SPLIT CUSTODY CALCULATION

	Number of children with Father:		Number of children with Mother:		FATHER (A)	MOTHER (B)	(C)
30	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent						
31	TOTAL NUMBER OF CHILDREN IN THIS CASE [from CSGW Line 4]						
32	EACH PARENT'S SUPPORT PER CHILD [Line 30 ÷ Line 31]						
33	NUMBER OF CHILDREN EACH PARENT IS OBLIGATED TO PAY SUPPORT FOR (the number of children with the other parent)						
34	SUPPORT OBLIGATION OF EACH PARENT [Line 32 x Line 33]						
35	REMAINING SUPPORT OBLIGATION AFTER OFFSET Subtract the smaller amount in Line 34 from the larger amount; enter the result in the column of the parent with the larger amount on Line 34.						<i>Round to nearest dollar.</i>

SUMMARY OF CHILD SUPPORT PAYMENTS

___ Mother ___ Father pays monthly child support of _____ to the other parent, _____ per child per month.
 ___ Mother ___ Father pays health insurance/cash medical. ___ Mother ___ Father pays child care expense.