| STATE OF HAWAII OFFICE OF CHILD SUPPORT HEARINGS | **EXHIBIT LIST**<br>For: [ ] CUSTODIAL PARENT [ ] RESPONSIBLE PARENT | CSEA NUMBER:<br>_____ |
|---|---|---|

| | |
|---|---|
| IN THE MATTER OF<br><br>_____<br><br>RESPONSIBLE PARENT. | This document is prepared by:<br>[ ] Custodial Parent [ ]Responsible Parent<br><br>Name: _____<br><br>If represented, Representative Name:<br><br>_____ |
| Date of Hearing: | |

| EXHIBIT NUMBER | DATE | DESCRIPTION OF EXHIBITS | NUMBER OF PAGES |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |