

Case Name _____

Date Prepared _____

Docket Number _____

Name of Preparer _____

CHILD SUPPORT GUIDELINES WORKSHEET

All dollar amounts are weekly. Round all numbers to the nearest whole dollar or percentage.

1. NUMBER AND AGES OF CHILDREN

- a. Number of children under age 18
- b. Number of children 18 years or older who may be eligible to be covered by this order
- c. Total number of children to be covered by this order =

2. INCOME

- | | Recipient | Payor |
|---|---|--------------|
| a. Gross weekly income | \$ _____ | \$ _____ |
| b. <i>Minus</i> Child care cost paid | \$ (_____) | \$ (_____) |
| c. <i>Minus</i> Health care cost paid | \$ (_____) | \$ (_____) |
| d. <i>Minus</i> Dental/vision insurance cost paid | \$ (_____) | \$ (_____) |
| e. <i>Minus</i> Other support obligations paid | \$ (_____) | \$ (_____) |
| f. Available income | <i>2(a) - Sum of 2(b) through 2(e)</i> = \$ _____ | \$ _____ |
| g. Combined available income | <i>Recipient 2(f) + Payor 2(f)</i> = \$ _____ | |
| h. Share of combined available income | <i>2(f) ÷ 2(g)</i> = _____ %
<i>(Min 0%, Max 100%)</i> | _____ % |

3. PROPORTIONAL SUPPORT AMOUNTS

- a. Applicable available income *2(g) or \$4,808, whichever is less* \$ _____
- b. Support amount for one child *From Table A or Guidelines Chart for 3(a)* \$ _____
- c. Adjustment for number and ages of children covered by this order *From Table B* _____ . _____
- d. Combined support amount *3(b) x 3(c)* = \$ _____
- e. *Minus* Recipient's share of support *3(d) x Recipient 2(h)* \$ (_____)
- f. Payor's share of support *3(d) - 3(e) or \$25, whichever is more* = \$ _____

4. ADJUSTMENT FOR CHILD CARE AND HEALTH CARE COSTS

- | | Recipient | Payor |
|--|--------------|--------------|
| a. Child care and health care cost paid <i>2(b) + 2(c) + 2(d)</i> | \$ _____ | \$ _____ |
| b. Payor's share of Recipient's cost <i>Payor 2(h) x Recipient 4(a)</i> | \$ _____ | |
| c. <i>Minus</i> Recipient's share of Payor's cost <i>Recipient 2(h) x Payor 4(a)</i> | \$ (_____) | |
| d. Payor's net cost <i>4(b) - 4(c)</i> = | \$ _____ | |
| e. Maximum adjustment amount <i>If 4(a) > \$0, enter 3(f) x 0.15, otherwise enter 0</i> | \$ _____ | |
| Adjustment applied to order | | |
| f. <i>If 4(d) is > \$0, enter 4(d) or 4(e), whichever is less; otherwise enter zero</i> | | \$ _____ |
| g. <i>If 4(d) is < \$0, enter the positive value of 4(d) or 4(e), whichever is less; otherwise enter zero</i> | | \$ (_____) |
| h. Payor's adjusted share of support <i>3(f) + 4(f) - 4(g) or \$25, whichever is more</i> = | | \$ _____ |

5. ADJUSTED WEEKLY SUPPORT AMOUNT

- a. Support as % of Recipient $4(h) \div \text{Recipient } 2(f)$ %
- b. Payor's adjusted weekly support amount =
- If 5(a) is $\geq 10\%$, enter 4(h) or \$25, whichever is more*
- Otherwise enter 4(h) or $(5(a) + 10\%) \times \text{Payor } 2(f)$, whichever is less but not less than \$25*

6. ADDITIONAL INCOME ABOVE \$4,808

- a. Combined additional income $2(g) - \$4,808$ or \$0, whichever is more =
- b. Share of combined additional income $6(a) \times 2(h)$ =

TABLE A: CHILD SUPPORT OBLIGATION SCHEDULE		
<i>All dollar amounts are weekly and rounded to the nearest dollar.</i>		
INCOME FROM LINE 2(g)		CHILD SUPPORT AMOUNT (1 CHILD)
Minimum	Maximum	
\$-	\$115	\$25 per week, unless the court deviates 22%
\$116	\$750	
\$751	\$1250	\$165 + 21% above \$750
\$1251	\$2,000	\$270 + 19% above \$1250
\$2,001	\$3,000	\$413 + 15% above \$2,000
\$3,001	\$4,000	\$563 + 12% above \$3,000
\$4,001	\$4,808	\$683 + 11% above \$4,000

TABLE B: ADJUSTMENT FOR NUMBER AND AGES OF CHILDREN							
CHILDREN 18 OR OLDER							
		0	1	2	3	4	5
CHILDREN UNDER 18	0	.75	.94	1.04	1.09	1.11	
	1	1.00	1.09	1.15	1.18	1.18	
	2	1.25	1.27	1.27	1.26		
	3	1.38	1.36	1.33			
	4	1.45	1.41				
	5	1.48					