

Child Support Guidelines Worksheet

Court Name: _____

Case Number: _____

In the matter of: _____ and _____

| Child's Name | DOB | Child's Name | DOB |
|---|-----|--|---|
| | | | |
| | | | |
| 1. Total Number of Children | | | |
| 2. Obligor's Reasonable Medical Support Obligation <small>(4% of Obligor's Monthly Gross Income, rounded to nearest dollar)</small> | | 3. Obligee's Reasonable Medical Support Obligation <small>(4% of Obligee's Monthly Gross Income, rounded to nearest dollar)</small> | |
| PAYMENT CALCULATIONS | | OBLIGOR | OBLIGEE |
| <small>NOTE: All income and expenses must be converted to monthly amounts (multiply weekly amounts by 4.33; bi-weekly amounts by 2.17).</small> | | (Column 1) | (Column 2) |
| | | COMBINED | |
| | | (Column 3) | |
| 4. Monthly gross income | | | |
| 5A. Court/Admin. ordered support for other children | | | |
| 5B. 50% of actual self-employment taxes paid | | | |
| 5C. Mandatory retirement | | | |
| 5D. Actual state income taxes paid | | | |
| 5E. Allowable child care expenses (obligor) <small>(See LINE 5E instructions)</small> | | | |
| 5F. Medical support for children (obligor) | | | |
| 5G. Total deductions <small>(Add lines 5A through 5F)</small> | | | |
| 6. Adjusted monthly gross income <small>(Subtract line 5G from line 4)</small> | | | |
| 7A. Child support guideline amount <small>(From Guideline Calculation Table)</small> | | | |
| 7B. Guideline percentage <small>(From Guideline Calculation Table)</small> | | | |
| 8A. Allowable child care expenses (obligee) <small>(See LINE 8A instructions)</small> | | | |
| 8B. Medical support for children (obligee) | | | |
| 8C. Total allowable obligee expenses <small>(Add line 8A and 8B)</small> | | | |
| 9. Total adjusted monthly gross income | | | |
| 10. Proportional share of income | | | |
| 11. Parental support obligation <small>(Line 10 times line 7A)</small> | | | |
| ABILITY TO PAY CALCULATION | | | |
| 12. Self-support reserve <small>(From Guideline Calculation Table)</small> | | | |
| 13. Income available for support <small>(Subtract line 12 from line 9, column 1)</small> | | | |
| 14. Monthly support payable <small>(Enter the smaller of line 11, column 1, or line 13, column 1. If line 13, column 1, is less than \$50.00, then a minimum order of \$50.00 is entered.)</small> | | | |
| 15. Presumptive child support obligation <small>(If weekly, divide line 14 by 4.33; if bi-weekly, divide line 14 by 2.17; if monthly, enter same amount as in line 14.)</small> | \$ | | Frequency (circle one): Weekly Bi-Weekly Monthly |

Prepared by: _____

Title: _____

Date: _____

**** ROUND THE RESULT TO THE NEAREST WHOLE DOLLAR ****