

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 <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>		OBLIGOR (Column 1)	OBLIGEE (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	

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

Prepared by: _____

Title: _____

Date: _____