Child-Support Information Worksheet

Input	Petitioner	Respondent
Gross monthly income		
Number of overnights per year with each parent		
Health insurance cost for the children (monthly)		
Work-related childcare cost (monthly)		
Support paid for other children		
Other adjustments (per state rules)		

Number of children covered: .

Estimated monthly support: $, payable by ☐ Petitioner ☐ Respondent .

PREVIEW
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