

CHILD SUPPORT WORKSHEET

Case Information

Case Name: _____

Case Number: _____

Date of Calculation: _____ day of _____, 20 _____

Parties Involved

Parent 1 (Petitioner/Plaintiff): _____

Parent 1 Street Address: _____

Parent 1 City, State ZIP: _____

Parent 1 Phone: _____

Parent 1 Email: _____

Parent 2 (Respondent/Defendant): _____

Parent 2 Street Address: _____

Parent 2 City, State ZIP: _____

Parent 2 Phone: _____

Parent 2 Email: _____

Children Subject to Support Order

Number of Children: _____

| Child's Name | Date of Birth |
|--------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I. Parent 1 Income and Deductions (Monthly)

Gross Monthly Income: _____

Deductions:

Federal Income Tax: _____

State Income Tax: _____

FICA (Social Security & Medicare): _____

Health Insurance Premium (Self-Only): _____

Mandatory Retirement Contributions: _____

Other Court-Ordered Support Paid: _____

Total Deductions: _____

Net Monthly Income: _____

II. Parent 2 Income and Deductions (Monthly)

Gross Monthly Income: _____

Deductions:

Federal Income Tax: _____

State Income Tax: _____

FICA (Social Security & Medicare): _____

Health Insurance Premium (Self-Only): _____

Mandatory Retirement Contributions: _____

Other Court-Ordered Support Paid: _____

Total Deductions: _____

Net Monthly Income: _____

III. Combined Net Monthly Income

Combined Net Monthly Income: _____

IV. Child-Related Expenses (Monthly)

Health Insurance Premium for Children (Paid by Parent 1): _____

Health Insurance Premium for Children (Paid by Parent 2): _____

Work-Related Childcare Costs (Paid by Parent 1): _____

Work-Related Childcare Costs (Paid by Parent 2): _____

Uninsured Medical Expenses (Average Monthly): _____

Other Extraordinary Expenses: Description: Amount: _____

V. Parenting Time / Overnight Schedule

Parent 1 Overnights per Year: _____

Parent 2 Overnights per Year: _____

VI. Child Support Calculation Summary

Basic Child Support Obligation (from State Guidelines): _____

Adjustments for Health Insurance Premiums: _____

Adjustments for Work-Related Childcare Costs: _____

Adjustments for Uninsured Medical Expenses: _____

Adjustments for Other Extraordinary Expenses: _____

Total Adjusted Child Support Obligation: _____

Parent 1's Percentage Share of Combined Net Income: _____ %

Parent 2's Percentage Share of Combined Net Income: _____ %

Parent 1's Share of Total Adjusted Obligation: _____

Parent 2's Share of Total Adjusted Obligation: _____

Recommended Monthly Child Support Payment

Payor: _____

Payee: _____

Amount: _____

VII. Additional Notes/Comments

Not applicable.