

(1) Name of Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_  
 Attorney Name: \_\_\_\_\_  
 State Bar Number (if applicable): \_\_\_\_\_  
 Representing:  Self  Petitioner  Respondent  
 (If Attorney, include State Bar Number)

**SUPERIOR COURT OF ARIZONA**  
**(2) GILA COUNTY**

**PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner \_\_\_\_\_ (4) Case No. \_\_\_\_\_  
 (3) Respondent \_\_\_\_\_ (4) ATLAS No. \_\_\_\_\_  
 (5) Total Number of Children: \_\_\_\_\_  
 (6) Parent with Primary Legal Decision-Making Authority:  Father  Mother  
 (7) Parent who is filing this form:  Father  Mother  
 (8) Gross Income figures for the OTHER PARENT are:

ACTUAL, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.  
 ESTIMATED, based on facts or knowledge of pay before promotion or of others in similar job.  
 ATTRIBUTED, based on what other party could and should be earning (see Guidelines 5e).

	<b>Father</b>	<b>Mother</b>
<b>(9) Gross Income</b> (Pre-Tax Income. Before deductions)	\$ _____	\$ _____
<b>(10) Spousal Maintenance Paid</b>	\$ - _____	\$ - _____
<b>(11) Spousal Maintenance Received</b>	\$ + _____	\$ + _____
<b>(12) Child Support Paid/Contributed</b>	\$ - _____	\$ - _____
<b>(13) Support of Other Children Paid</b>	\$ - _____	\$ - _____
<b>(14) Adjusted Gross Income</b>	\$ _____	\$ _____
<b>(15) Combined Adjusted Gross Income</b>	\$ _____	
<b>(16) Basic Child Support Obligation</b>	\$ _____	
<i>Plus Costs for:</i>		
<b>(17) Medical/Dental/vision Insurance</b>	\$ _____	\$ _____
<b>(18) Childcare for</b> <input type="checkbox"/> One Child <input type="checkbox"/> More Than One Child	\$ _____	\$ _____
<b>(19) Education Expenses</b>	\$ _____	\$ _____
<b>(20) Extraordinary/Special Needs Child Expenses</b>	\$ _____	\$ _____
<b>(21) No. of Children Age 12 or Over</b> _____ <b>Adj.%</b> _____	\$ _____	
<b>(22) Total Adjustments for Costs</b>	\$ _____	
<b>(23) Total Child Support Obligation</b>	\$ _____	

Case No. \_\_\_\_\_

	<b>Father</b>	<b>Mother</b>
(24) Each Parent's % of Combined Income	_____ %	_____ %
(25) Each Parent's share of the Total Support Obligation	\$ _____	\$ _____

**Adjustment for Non-Custodial Parent's Costs Associated with Parenting Time:**

(26) Using  Table A  Table B

(27) No. of Days _____ = _____ % Adjustment (from table)		
x Line (16) \$ _____ (Basic Child Support Obligation)	\$ _____	\$ _____

**Less Non-Custodial Parent's Costs for:**

(28) Medical/Dental/Vision Insurance*	\$ _____	\$ _____
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(29) Childcare*	\$ _____	\$ _____
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(30) Education Expenses*	\$ _____	\$ _____
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(31) Extraordinary/Special Needs Child Expenses*	\$ _____	\$ _____
*Subtract here ONLY if Added-in items 17-20 above		

(32) Adjustments Subtotal	\$ _____	\$ _____
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(33) Preliminary Child Support Amount	\$ _____	\$ _____
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(34) Self Support Reserve Test for Parent Who Will Pay	\$ _____	\$ _____
Amount from Line (14) \$ _____ (Adj. Gross Inc.)		
Minus Reserve Amount - \$903.00		
<b>Total</b>	\$ _____	\$ _____

(35) Child Support Amount to be Paid By: <input type="checkbox"/> Father <input type="checkbox"/> Mother	\$ _____	\$ _____
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(36) Share of Travel Expenses Related to Parenting Time*	_____ %	_____ %
* Only for expenses related to travel over 100 miles, one way.		

(37) Share of Medical/Dental/Vision costs Not Paid by Insurance	_____ %	_____ %
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I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent