

PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT

Prepared By (1): Petitioner Respondent Judiciary Court Staff IV-D Agency

Name of person filing: (2) _____ Date prepared (3) _____

Petitioner (4) _____ (6) Case No. _____

Respondent (5) _____ (7) ATLAS No. _____

Time-sharing arrangement (8): Mostly with Father Mostly with Mother

(9) Child(ren)'s names (First, middle initial, and last name)	Date of birth (mo/day/year)	Age

Presumptive termination date _____ Actual termination date _____ Youngest grade _____

Number of minor children _____ Number of children age 12 or over _____

	Father	Mother
Gross Income (10)	\$ _____	\$ _____
Spousal maintenance paid (11)	\$- _____	\$- _____
Spousal maintenance received (12)	\$+ _____	\$+ _____
Custodial parent of other children subject of court order(s) (13)		
<input type="checkbox"/> Father <input type="checkbox"/> Mother	\$- _____	\$- _____
Court-ordered child support paid for children of other relationships (14)	\$- _____	\$- _____
Other natural or adopted children not subject of court order(s) (15)		
<input type="checkbox"/> Father <input type="checkbox"/> Mother	\$- _____	\$- _____
Standard deduction	\$- _____	\$- _____
Alternate Deduction (only if less than standard deduction)	\$- _____	\$- _____
Adjusted Gross Income (16)	\$ _____	\$ _____
Combined Adjusted Gross Income (17)	\$ _____	
Basic Child Support Obligation (18)	\$ _____	
Additions:		
Children age 12 or over <input type="checkbox"/> adjustment 10% (19)	\$ _____	
Medical, dental and vision insurance paid (20)	\$ _____	\$ _____
Monthly childcare costs (21) for <input type="checkbox"/> child(ren)	\$ _____	\$ _____
Less federal tax credit allowed to custodian	\$ _____	\$ _____
Extra education expenses (22)	\$ _____	\$ _____
Extraordinary (gifted or handicapped) child expenses paid (23)	\$ _____	\$ _____
Subtotal (24)	\$ _____	\$ _____
Total Adjustments for Costs (25)	\$ _____	
Total Child Support Obligation (26)	\$ _____	
Each parent's proportionate percentage of combined income (27)	_____ %	_____ %

Each parent's proportionate share of the total support obligation (28)	\$ _____	\$ _____
Less paying parent's costs (29)	\$ _____	\$ _____

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Costs associated with parenting time (30): Table A Table B

No. of days _____

Line (18) x _____%	\$ _____	\$ _____
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Adjustments subtotal (31)	\$ _____	\$ _____
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Preliminary Child Support Amount (32)	\$ _____	\$ _____
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Self Support Reserve Test for Payor (33)

Line (16) \$ _____ Less paid arrears \$ _____ Less \$903	\$ _____	\$ _____
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Child support amount to be paid by (34): <input type="checkbox"/> Father <input type="checkbox"/> Mother	\$ _____	\$ _____
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Travel related to parenting time (35)	_____ %	_____ %
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Medical, dental, and vision costs not paid by insurance (36)	_____ %	_____ %
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