

Child Support Guidelines Worksheet

Court: _____

Docket No. _____

In the matter of: _____ and _____

Child's Name	DOB	Child's Name	DOB
1. Total Number Of Children		2. Child Support Guidelines Percent (1 child-25%; 2 children-33%; 3 children-40%; 4 or more children-45%)	%
3. Obligor's Medical Support Reasonable Cost <small>(4% of Obligor's Monthly Gross Income, rounded to nearest dollar)</small>		4. Obligee's Medical Support Reasonable Cost <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)	
5. Monthly gross income			
6A. Court/Admin. ordered support for other children			
6B. 50% of actual self-employment taxes paid			
6C. Mandatory retirement			
6D. Actual state income taxes paid			
6E. Allowable child care expenses (obligor) <small>(The maximum allowable monthly child care expense is \$416.66 for one child, \$750.00 for two children, and \$1,000.00 for three or more children.)</small>			
6F. Medical support for children (obligor)			
6G. Total deductions <small>(Add lines 6A through 6F)</small>			
7. Adjusted monthly gross income <small>(Subtract line 6G from line 5)</small>			
8. Child support guideline amount <small>(From Guideline Calculation Table - see instructions on back)</small>			
9A. Allowable child care expenses (obligee) <small>(The maximum allowable monthly child care expense is \$416.66 for one child, \$750.00 for two children, and \$1,000.00 for three or more children.)</small>			
9B. Medical support for children (obligee)			
9C. Total allowable obligee expenses <small>(Add line 9A and 9B)</small>			
10. Total adjusted monthly gross income			
11. Proportional share of income <small>(With child care/health insurance adjustment)</small>			
12. Parental support obligation <small>(Line 11 times line 8)</small>			
ABILITY TO PAY CALCULATION			
13. Self-support reserve			
14. Income available for support <small>(Subtract line 13 from line 10, column 1)</small>			
15. Monthly support payable <small>(Enter the smaller of line 12, column 1 or line 14, column 1. If line 14, column 1 is less than \$50.00, then a minimum order of \$50.00 is entered.)</small>			
16. Child support order <small>(If weekly, divide line 15 by 4.33; if bi-weekly, divide line 15 by 2.17; if monthly, enter same amount as in line 15.)</small>	\$	Frequency (circle one): Weekly Bi-Weekly Monthly	

Prepared by: _____

Title: _____

Date: _____