Case Name _____        Date Prepared _____

Docket Number _____        Name of Preparer _____

# CHILD SUPPORT GUIDELINES WORKSHEET

All dollar amounts are weekly.  Round all numbers to the nearest whole dollar or percentage.

## 1. NUMBER AND AGES OF CHILDREN

a. Number of children under age 18

b. Number of children 18 years or older who may be eligible to be covered by this order

c. Total number of children to be covered by this order        =

## 2. INCOME

| | | | Recipient | Payor |
|---|---|---|---|---|
| a. | Gross weekly income | | $ | $ |
| b. | *Minus* Child care cost paid | | $ (          ) | $ (          ) |
| c. | *Minus* Health care cost paid | | $ (          ) | $ (          ) |
| d. | *Minus* Dental/vision insurance cost paid | | $ (          ) | $ (          ) |
| e. | *Minus* Other support obligations paid | | $ (          ) | $ (          ) |
| f. | Available income | 2(a) - Sum of 2(b) through 2(e) | = $ | $ |
| g. | Combined available income | Recipient 2(f) + Payor 2(f) | = $ | |
| h. | Share of combined available income | 2(f) ÷ 2(g)  (Min 0%, Max 100%) | = _____ % | _____ % |

## 3. PROPORTIONAL SUPPORT AMOUNTS

| | | | |
|---|---|---|---|
| a. | Applicable available income | 2(g) or $4,808, whichever is less | $ |
| b. | Support amount for one child | From Table A or Guidelines Chart for 3(a) | $ |
| c. | Adjustment for number and ages of children covered by this order | From Table B | x  ___ . ___ |
| d. | Combined support amount | 3(b) x 3(c) | = $ |
| e. | *Minus* Recipient's share of support | 3(d) x Recipient 2(h) | $ (          ) |
| f. | Payor's share of support | 3(d) - 3(e) or $25, whichever is more | = $ |

## 4. ADJUSTMENT FOR CHILD CARE AND HEALTH CARE COSTS

| | | | Recipient | Payor |
|---|---|---|---|---|
| a. | Child care and health care cost paid | 2(b) + 2(c) + 2(d) | $ | $ |
| b. | Payor's share of Recipient's cost | Payor 2(h) x Recipient 4(a) | $ | |
| c. | *Minus* Recipient's share of Payor's cost | Recipient 2(h) x Payor 4(a) | $ (          ) | |
| d. | Payor's net cost | 4(b) - 4(c) | = $ | |
| e. | Maximum adjustment amount | If 4(a) > $0, enter 3(f) x 0.15, otherwise enter 0 | $ | |

Adjustment applied to order

f. *If 4(d) is ≥ $0, enter 4(d) or 4(e), whichever is less; otherwise enter zero*        $

g. *If 4(d) is < $0, enter the positive value of 4(d) or 4(e), whichever is less; otherwise enter zero*        $ (          )

h. Payor's adjusted share of support        3(f) + 4(f) - 4(g) or $25, whichever is more        = $

| Case Name _____ | Docket No. |
|---|---|

## 5. ADJUSTED WEEKLY SUPPORT AMOUNT

a.  Support as % of Recipient income   4(h) ÷ Recipient 2(f)   [     % ]

b.  Payor's adjusted weekly support amount   = [ $     ]

*If 5(a) is ≥ 10%, enter 4(h) or $25, whichever is more*
*Otherwise enter 4(h) or (5(a) + 10%) x Payor 2(f), whichever is less but not less than $25*

## 6. ADDITIONAL INCOME ABOVE $4,808

a.  Combined additional income   *2(g) - $4,808 or $0, whichever is more*   = [ $     ]

b.  *Share of combined additional income*   6(a) x 2(h)   = [ $     ]   [ $     ]

---

### TABLE A:  CHILD SUPPORT OBLIGATION SCHEDULE
*All dollar amounts are weekly and rounded to the nearest dollar.*

| INCOME FROM LINE 2(g) | | CHILD SUPPORT AMOUNT (1 CHILD) | | | |
|---|---|---|---|---|---|
| Minimum | Maximum | | | | |
| $- | → $115 | $25 per week, unless the court deviates | | | |
| $116 | → $750 | | 22% | | |
| $751 | → $1250 | $165 | + 21% | above | $750 |
| $1251 | → $2,000 | $270 | + 19% | above | $1250 |
| $2,001 | → $3,000 | $413 | + 15% | above | $2,000 |
| $3,001 | → $4,000 | $563 | + 12% | above | $3,000 |
| $4,001 | → $4,808 | $683 | + 11% | above | $4,000 |

---

### TABLE B: ADJUSTMENT FOR NUMBER AND AGES OF CHILDREN

CHILDREN 18 OR OLDER

| CHILDREN UNDER 18 | 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 0 | | .75 | .94 | 1.04 | 1.09 | 1.11 |
| 1 | 1.00 | 1.09 | 1.15 | 1.18 | 1.18 | |
| 2 | 1.25 | 1.27 | 1.27 | 1.26 | | |
| 3 | 1.38 | 1.36 | 1.33 | | | |
| 4 | 1.45 | 1.41 | | | | |
| 5 | 1.48 | | | | | |