<b>Case Name</b>	

**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.

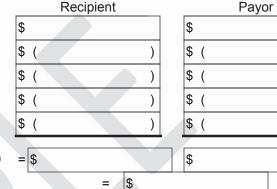
#### **NUMBER AND AGES OF CHILDREN**

- Number of children under age 18
- Number of children 18 years or older who may be eligible to be covered by this order

Total number of children to be covered by this order

#### INCOME 2.

- Gross weekly income
- Minus Child care cost paid
- Minus Health care cost paid
- Minus Dental/vision insurance cost paid
- Minus Other support obligations paid



%

\$

\$

\$

\$ (

f. Available income

- 2(a) Sum of 2(b) through 2(e)
- Combined available income Recipient 2(f) + Payor 2(f)
- Share of combined available income
- $2(f) \div 2(g)$ (Min 0%, Max 100%)

## PROPORTIONAL SUPPORT AMOUNTS

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

- ADJUSTMENT FOR CHILD CARE AND HEALTH CARE COSTS
  - Child care and health care cost paid
- 2(b) + 2(c) + 2(d)

From Table B

\$

Recipient

Payor \$

)

)

%

- Payor's share of Recipient's cost b.
- Payor 2(h) x Recipient 4(a)
- Minus Recipient's share of Payor's cost Recipient 2(h) x Payor 4(a)
  - \$

\$

\$

d. Payor's net cost

- 4(b) 4(c)
- Maximum adjustment amount  $3(f) \times 0.15$

#### Adjustment applied to order

- If 4(d) is  $\geq \$0$ , enter 4(d) or 4(e), whichever is less; otherwise enter zero f.
- If 4(d) is < \$0, enter the positive value of 4(d) or 4(e), whichever is less; otherwise enter zero
- \$ Payor's adjusted share of support 3(f) + 4(f) - 4(g) or \$25, whichever is more

#### 5. ADJUSTED WEEKLY SUPPORT AMOUNT

Support as % of Recipient income

4(h) ÷ Recipient 2(f)

\$

b. Payor's adjusted weekly support amount

If 5(a) is  $\geq 10\%$ , 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)

		(3)		- 4		(		
Minimum		Maximum	005					
\$-	$\rightarrow$	\$115	\$25 per we	eek,		the court of	leviates	
\$116	$\rightarrow$	\$750			22%			
\$751	$\rightarrow$	\$1250	\$165	+	21%	above	\$750	
\$1251	$\rightarrow$	\$2,000	\$270	+	19%	above	\$1250	
\$2,001	$\rightarrow$	\$3.000	\$413	+	15%	above	\$2,000	
\$3,001	$\rightarrow$	\$4,000	\$563	+	12%	above	\$3,000	
\$4,001	$\rightarrow$	\$4,808	\$683	+	11%	above	\$4,000	

# TABLE B: ADJUSTMENT FOR NUMBER AND AGES OF CHILDREN

CHILDREN 18 OR OLDER

		0	1	2	3	4	5
18	0		.75	.94	1.04	1.09	1.11
ER	1	1.00	1.09	1.15	1.18	1.18	
CHILDREN UNDER 18	2	1.25	1.27	1.27	1.26		
	3	1.38	1.36	1.33			
	4	1.45	1.41				
공	5	1 48					