



COUNTY _____

CIVIL ACTION-FILE NO. _____

To be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

Number of children: _____	<u>Plaintiff</u>	<u>Defendant</u>	<u>Combined</u>
1. Monthly Gross Income	\$ _____	\$ _____	XXX
2. <u>Required Deductions:</u>			
a. Preexisting Child Support Payments	- _____	- _____	XXX
b. Health Insurance Premiums or Medical Cash Contributions	- _____	- _____	XXX
c. Additional Minor Dependents	- _____	- _____	
3. <u>Optional Adjustments in the Discretion of the Court</u>			
a. Pension/Retirement Payments	- _____	- _____	XXX
b. Life Insurance Premium Payments	- _____	- _____	XXX
c. Parent's Extraordinary Medical Exp.	- _____	- _____	XXX
d. Income Tax Exemptions Adjustment	+/- _____	+/- _____	XXX
e. Payments of Assigned Marital Debts	- _____	- _____	XXX
4. Monthly Adjusted Gross Income (line 1 minus lines 2 and 3)	\$ _____	\$ _____	\$ _____
5. Percentage Share of Income (line 4 parent's income divided by line 4 combined income)	_____	_____	<u>100%</u>
6. Basic Child Support Obligation (apply line 4 combined income to child support table)	XXX	XXX	_____
7. Work-Related Child Care Costs (actual costs minus federal tax credit)	XXX	XXX	_____
8. Total Child Support Obligation (add lines 6 and 7)	XXX	XXX	\$ _____
9. Parent's Child Support Obligation (for each parent, line 5 percentage X line 8)	\$ _____	\$ _____	XXX
10. Recommended Child Support Order (enter line 9 amount for <u>non-custodial parent</u> only; leave other column blank)	\$ _____	\$ _____	XXX
11. Basic Child Support Amount Ordered:	\$ _____	\$ _____	
12. Cash Medical Ordered	\$ _____	\$ _____	
13. TOTAL AMOUNT ORDERED: (add lines 11 and 12)	\$ _____	per _____ wk./bi-wk./mo.	

Prepared and presented by/for plaintiff: _____

Date

by/for defendant _____

Date

Approved as presented _____

RI OCSS Attorney

Enter _____

(over)

