



**FAMILY COURT
CHILD SUPPORT GUIDELINE
WORKSHEET**

COUNTY _____ CIVIL ACTION-FILE NO.: _____

PLAINTIFF: _____ VS. DEFENDANT: _____

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

<u>Number of children:</u> _____	<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	- _____	- _____	XXX
d. Work related Child Care Cost Share	- _____	- _____	XXX
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 parents' income divided by line 4 combined income)	_____	_____	100%
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:	\$ _____	per _____	
		<small>wk./bi-wk., /mo</small>	
12. Cash Medical Ordered:	\$ _____	per _____	
		<small>wk./bi-wk., /mo</small>	
13. TOTAL AMOUNT ORDERED: (add lines 11 and 12)	\$ _____	per _____	
		<small>wk./bi-wk., /mo.</small>	

Prepared and presented by/for plaintiff _____ by/for defendant _____
Date _____ Date _____

Prepared and presented by the Office of Child Support Services (if applicable): _____
Date _____

Approved as presented: _____

Enter: _____

