

Case Name _____

Date Prepared _____

Docket Number _____

Name of Preparer _____

CHILD SUPPORT GUIDELINES WORKSHEET

All amounts are \$ / week, rounded to the nearest dollar

1. INCOME

- a. Gross Weekly income
- b. Minus Child Care cost paid
- c. Minus Health insurance cost paid
- d. Minus Dental/Vision insurance cost paid
- e. Minus Other Support Obligations paid

Recipient	Payor
\$ _____	\$ _____
\$ (_____)	\$ (_____)
\$ (_____)	\$ (_____)
\$ (_____)	\$ (_____)
\$ (_____)	\$ (_____)

- f. Available income
- g. Combined Available Income *Recipient 1(f) + Payor 1(f)*
- h. Percent of Combined Available Income *1(f) / 1(g)*

= \$ _____	\$ _____
= \$ _____	
= _____ %	_____ %

2. CHILD SUPPORT CALCULATION

- a. Maximum combined available income *maximum 1(g) but not more than \$4808*
- b. Combined support amount for one child *from Table A of Guidelines Chart for 2(a)*
- c. Adjustment for number of children covered by this order *from Table B*
 Number of children _____ x _____
- d. Total combined support amount *2(b) x 2(c)*
- e. Minus Recipient's proportional share of support *2(d) x Recipient 1(h)*
- f. Payor's proportional weekly support amount *2(d) - 2(e)*
- g. Weekly support amount as % of Recipient income *2(f) ÷ Recipient 1(f)*
- h. Payor's adjusted weekly support amount
If 2(g) is 10% or more, then enter 2(f) here
Otherwise, enter the lesser of 2(f) OR (10% + 2(g)) x Payor 1(f)

_____ x _____
= \$ _____
\$ (_____)
= \$ _____
_____ %
= \$ _____

3. AVAILABLE INCOME ABOVE \$4,808

- a. Combined *Maximum of \$0 or 1(g)-\$4,808*
- b. Proportional share for the recipient and payor *3(a) x 1(h)*

	\$ _____
= \$ _____	\$ _____

TABLE A: CHILD SUPPORT OBLIGATION SCHEDULE		
<i>All amounts are \$ / week, rounded to the nearest dollar</i>		
COMBINED AVAILABLE INCOME FROM LINE 1(g)		CHILD SUPPORT AMOUNT (1 CHILD)
Minimum	Maximum	
\$-	→ \$150	At court discretion, but not less than \$80/month
\$151	→ \$319	22%
\$320	→ \$750	\$70 + 22% above \$319
\$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 OF CHILDREN	
CHILDREN	ADJUSTMENT
1	1.00
2	1.25
3	1.38
4	1.45
5	1.48

Child Support Guidelines
Child Support Guidelines Chart

INSTRUCTIONS FOR COMPLETING THE CHILD SUPPORT GUIDELINES WORKSHEET

At the top of the Worksheet, enter the **Case Name** (the names of the plaintiff/petitioner and defendant/respondent) and the **Docket Number** assigned by the court. Enter the **Date Prepared** and the **Name of the Preparer** (self, attorney, IV-D Agency, etc.)

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE CHILD SUPPORT GUIDELINES WORKSHEET

Use financial information rounded to the nearest dollar in making these calculations. All dollar entries are weekly.

To convert data to weekly figures,

- Divide annual financial data by 52
- Divide monthly financial data by 4.33
- Divide bi-weekly financial data by 2

SECTION 1. INCOME

Line 1a. Gross Weekly income- Enter the total gross (before tax) weekly income in column 1 for the Recipient and in column 2 for the Payor. **The Recipient is the person who will receive child support. The Payor is the person who will pay child support.** (For an explanation of income, see the Child Support Guidelines text, § I. A, B, C, D, E, & F).

Line 1b. Minus Child Care cost paid - Enter the actual amount paid for work-related child care costs for the child(ren) covered by this order in column 1 for the Recipient and in column 2 for the Payor. (For an explanation of child care costs, see the Child Support Guidelines text, § II. E).

Line 1c. Minus Health Insurance cost paid - Enter the actual amount paid for the reasonable cost of individual or family health insurance for the child(ren) covered by this order in column 1 for the Recipient and in column 2 for the Payor. (For an explanation of health insurance, see the Child Support Guidelines text, § II. G (1)).

Line 1d. Minus Dental/Vision insurance cost paid - Enter the actual amount paid for the reasonable cost of dental/vision insurance for the child(ren) covered by this order in column 1 for the Recipient and in column 2 for the Payor. (For an explanation of dental/vision insurance, see the Child Support Guidelines text, § II. G (2)).

Line 1e. Minus Other Support Obligations paid - Enter the actual amount paid to support a former

spouse or a child not covered by this order in column 1 for the Recipient and in column 2 for the Payor. (For an explanation of other orders and obligations, see the Child Support Guidelines text, § II. H).

Line 1f. Available Income - Subtract Lines 1b., 1c., 1d., and 1e. from Line 1a. in column 1 for the Recipient. Subtract Lines 1b., 1c., 1d., and 1e. from Line 1a. in column 2 for the Payor.

Line 1g. Combined Available Income - Add Line 1f. in column 1 for the Recipient and Line 1f. in column 2 for the Payor. Enter the result. (See also Worksheet line instructions).

Line 1h. Percent of Combined Available Income - Divide Line 1f. in column 1 for the Recipient by Line 1g. Multiply the result by 100 and enter the result in column 1 for the Recipient. Divide Line 1f. in column 2 for the Payor by Line 1g. Multiply the result by 100 and enter the final percent in column 2 for the Payor. (See also Worksheet line instructions).

SECTION 2. CHILD SUPPORT CALCULATION

Line 2a. Maximum combined available income - Enter the amount from Line 1g. up to a maximum of \$4,808. (See also Worksheet line instructions).

Line 2b. Combined support amount for one child - From the Child Support Guidelines Chart, find the row containing the Recipient's and Payor's Combined Available Income (as provided in Line 1g. of the

Worksheet). Enter the corresponding Combined Support Amount from the Chart. *(See also Worksheet line instructions).*

Line 2c. Adjustments for number of children covered by this order - Enter the number of children covered by this order and the corresponding adjustment factor from Table B of the Worksheet. *(For an explanation of the age of children covered by the Guidelines, see the Child Support Guidelines text, § II.F. For families with more than five children, see the Child Support Guidelines text, § II.I).*

Line 2d. Total combined support amount - Multiply Line 2b. times the adjustment factor in Line 2c. Enter the result. *(See also Worksheet line instructions).*

Line 2e. Minus Recipient's proportional share of support - Multiply Line 2d. times Line 1h. in the Recipient's column 1. Enter the result. *(See also Worksheet line instructions).*

Line 2f. Payor's proportional weekly support amount - Subtract Line 2d. from Line 2e. Enter the result. *(See also Worksheet line instructions).*

Line 2g. Weekly support amount as % of Recipient income - Divide Line 2f. by Line 1f. in the Recipient's column 1. Multiply the result by 100 and enter the final percent. *(See also Worksheet line instructions).*

Line 2h. Payor's adjusted weekly support amount - If Line 2g. is **10% or more**, then enter the amount from Line 2f.

This is the Payor's presumptive child support order.

If Line 2g. is **less than 10%**, then enter the **lesser of** Line 2f. **or** the following:

Multiply Line 2g. times Line 1.f from Recipient column 1. Multiply the result times .10 (i.e., 10%). Sum the total. *(See also Worksheet line instructions).*

This is the Payor's presumptive child support order.

The child support amount entered must not be lower than the minimum order of \$18.47 per week (i.e., \$80.00 per month).

SECTION 3. AVAILABLE INCOME ABOVE \$4,808

(If Applicable Only)

(For an explanation of the treatment of income above \$4,808, see the Child Support Guidelines text, § II. C).

Line 3a. Combined - Enter the combined available income greater than \$4,808. The combined available income is the total gross (before tax) weekly income greater than \$4,808 for both the Recipient and the Payor.

Line 3b. Proportional share for the recipient and payor - Multiply Line 3a. times Line 1h in column 1, and enter the result in column 1 for the Recipient. Multiply Line 3a. times Line 1h in column 2, and enter the result in column 2 for the Payor.

In cases where income exceeds \$4,808, the Court should consider the award of support at the \$250,000 level as the minimum presumptive order *(see Line 2h.)*.

The child support obligation for the portion of combined available income that exceeds \$4,808 (\$250,000 annually) shall be in the discretion of the Court.