

Case Name _____

Date Prepared _____

Docket Number _____

Name of Preparer _____

CHILD SUPPORT GUIDELINES WORKSHEET

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

1. INCOME

	Recipient	Payor
a. Gross Weekly income	\$	\$
b. <i>Minus</i> Child Care cost paid	\$ ()	\$ ()
c. <i>Minus</i> Health insurance cost paid	\$ ()	\$ ()
d. <i>Minus</i> Dental/Vision insurance cost paid	\$ ()	\$ ()
e. <i>Minus</i> Other Support Obligations paid	\$ ()	\$ ()
f. Available income	= \$	\$
g. Combined Available Income <i>Recipient 1(f) + Payor 1(f)</i>		= \$

2. CHILD SUPPORT CALCULATION

a. Combined amount for one child (<i>See Table A</i>)		x	
b. Adjustment for number of children covered by this order (<i>See Table B</i>)	Number of children _____		
c. Combined support amount 2(a) x 2(b)		=	\$
d. Recipient's % of combined income <i>Recipient 1(f) ÷ 1(g)</i>	%		
e. <i>Minus</i> Recipient's share of combined support amount 2(c) x 2(d)			\$ ()
f. Payor's proportional weekly support amount 2(c) - 2(e)		=	\$
g. Weekly support amount as % of Recipient income <i>2(f) ÷ Recipient 1(f)</i>	%		
h. Payor's final weekly support amount <i>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)</i>		=	\$

**TABLE A:
CHILD SUPPORT OBLIGATION SCHEDULE**
All amounts are \$ / week, rounded to the nearest dollar

COMBINED AVAILABLE INCOME FROM LINE 1(g)		CHILD SUPPORT AMOUNT (1 CHILD)			
Minimum	Maximum				
\$-	→ \$100	At court discretion, but not less than \$80/month			
\$101	→ \$200	21%			
\$201	→ \$320	24%			
\$321	→ \$500	\$77	+	26%	above \$320
\$501	→ \$1,000	\$124	+	25%	above \$500
\$1,001	→ \$1,500	\$249	+	22%	above \$1,000
\$1,501	→ \$2,500	\$359	+	19%	above \$1,500
\$2,501	→ \$3,500	\$549	+	17%	above \$2,500
\$3,501	→ \$4,808	\$719	+	15%	above \$3,500

**TABLE B:
ADJUSTMENT FOR NUMBER OF CHILDREN**

CHILDREN	ADJUSTMENT
1	1.00
2	1.20
3	1.27
4	1.32
5	1.35