State of Alabama Unified Judicial System Form CS-42 Rev. 1/09	**CHILD-SUPPORT GUIDELINES**	Case Number

IN THE _____ **COURT OF** _____ **COUNTY, ALABAMA**
(Circuit or District) (Name of County)

_____ **v.** _____
Plaintiff Defendant

Children	Date of Birth	Children	Date of Birth

	Plaintiff	Defendant	Combined
1. MONTHLY GROSS INCOME	$	$	
a. Minus Preexisting Child-Support Payment	-	-	
b. Minus Preexisting Periodic Alimony Payment	-	-	
2. MONTHLY ADJUSTED GROSS INCOME	$	$	$
3. PERCENTAGE SHARE OF INCOME (Each parent's income on Line 2 divided by the Combined Income)	%	%	
4.BASIC CHILD-SUPPORT OBLIGATION (Apply Line 2 Combined to "Schedule of Basic Child-Support Obligations" (Appendix to Rule 32))			$
5. WORK-RELATED CHILD-CARE COSTS			+
6. HEALTH-INSURANCE COSTS			+
7. TOTAL CHILD-SUPPORT OBLIGATION (Add lines 4, 5, and 6)			$
8. EACH PARENT'S CHILD-SUPPORT OBLIGATION (Multiply Line 7 by Line 3)	$	$	
9. ADJUSTMENT FOR PAYMENT OF HEALTH INSURANCE (If obligor pays health insurance, enter amount in Line 6 in obligor's column)	-	-	
10. RECOMMENDED CHILD-SUPPORT ORDER (Subtract Line 9 from the amount on Line 8. Leave custodial parent's column blank.)	$	$	

Comments, Calculations, or Rebuttals to Guidelines:

PREPARED BY:	DATE: