

<p>_____ Plaintiff</p> <p style="text-align: center;">vs.</p> <p>_____ Defendant</p>	<p>This worksheet, and any attachments, was prepared by:</p> <p>____ Att'y for: _____ Plaintiff _____ Defendant</p> <p>Name: _____</p> <p>Address: _____</p> <p>City,St,Zip: _____</p> <p>Phone No: _____</p>
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PARENTS' INCOMES	FATHER (A)	MOTHER (B)	TOTAL (C)
1. Monthly Gross Income from all sources .....	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
2. Monthly Net Income (from Table of Incomes) .....	<input style="width: 100px; height: 20px;" type="text"/>	+ <input style="width: 100px; height: 20px;" type="text"/>	= <input style="width: 100px; height: 20px;" type="text"/>
3. Percentage of Total Net Income on Line 2 from each parent .....	<input style="width: 100px; height: 20px;" type="text"/> %	<input style="width: 100px; height: 20px;" type="text"/> %	Round to nearest %
	<small>[Line 2(A) ÷ 2(C)] x 100</small>	<small>[Line 2(B) ÷ 2(C)] x 100</small>	

CHILD SUPPORT NEED	FATHER (A)	MOTHER (B)	TOTAL (C)
4. Base Primary Support: (\$360) x <input style="width: 40px; height: 20px;" type="text"/> (# of children) .....			<input style="width: 100px; height: 20px;" type="text"/>
5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training) .....			+ <input style="width: 100px; height: 20px;" type="text"/>
6. Plus Monthly Health Insurance Expense (for the child(ren) and paid by parents). If no insurance, use State Cash Medical support amount (10% of Net Income on Line 2) <span style="border: 1px dashed black; padding: 2px;"> </span> <span style="border: 1px dashed black; padding: 2px;"> </span> .....			+ <input style="width: 100px; height: 20px;" type="text"/>
7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6) .....			= <input style="width: 100px; height: 20px;" type="text"/>
<b>STANDARD OF LIVING ADJUSTMENT</b>			
8. Parent's SOLA income (from Table of Incomes) .....	<input style="width: 100px; height: 20px;" type="text"/>	+ <input style="width: 100px; height: 20px;" type="text"/>	= <input style="width: 100px; height: 20px;" type="text"/>
9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7) .....			- <input style="width: 100px; height: 20px;" type="text"/>
10. Parents' Remaining SOLA income (Line 8(c) - Line 9; but if result is negative enter 0) .....			= <input style="width: 100px; height: 20px;" type="text"/>
11. SOLA Percentage (10% per child, up to 30% maximum) .....			x <input style="width: 100px; height: 20px;" type="text"/> %
12. SOLA Amount (Line 10 x Line 11) .....			= <input style="width: 100px; height: 20px;" type="text"/>
13. CHILD SUPPORT CALCULATION (Line 7 + Line 12) .....			= <input style="width: 100px; height: 20px;" type="text"/>

CHILD SUPPORT OBLIGATIONS / CREDITS	FATHER (A)	MOTHER (B)	70% of Net Income:
14. Total Support Obligation for each parent (Line 13 x % in Line 3) .....	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	Father:
<i>Minimum: \$70 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds \$70 per child.</i>			
15. Credit for Child Care Expense (for parent who pays) .....	- <input style="width: 100px; height: 20px;" type="text"/>	- <input style="width: 100px; height: 20px;" type="text"/>	Mother:
16. Credit for Health Ins./Cash Medical amount (for parent who pays) .....	- <input style="width: 100px; height: 20px;" type="text"/>	- <input style="width: 100px; height: 20px;" type="text"/>	
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS ...	= <input style="width: 100px; height: 20px;" type="text"/>	= <input style="width: 100px; height: 20px;" type="text"/>	Round to nearest dollar

SUMMARY OF CHILD SUPPORT PAYMENTS		For Court Use Only
<p><input style="width: 20px; height: 15px;" type="checkbox"/> Mother <input style="width: 20px; height: 15px;" type="checkbox"/> Father pays monthly child support of _____ to other parent, _____ per child per mo.</p> <p><input style="width: 20px; height: 15px;" type="checkbox"/> Mother <input style="width: 20px; height: 15px;" type="checkbox"/> Father pays health ins./cash medical. <input style="width: 20px; height: 15px;" type="checkbox"/> Mother <input style="width: 20px; height: 15px;" type="checkbox"/> Father pays child care expense.</p> <p><input style="width: 20px; height: 15px;" type="checkbox"/> Extensive Time-sharing Worksheet attached.</p> <p><input style="width: 20px; height: 15px;" type="checkbox"/> Exceptional Circumstances Form attached.</p> <p><b>CERTIFICATION:</b> I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete.</p> <p>_____ Father</p> <p>_____ Mother</p>	<p>_____ Date</p> <p>_____ Date</p>	