

### Purpose of form

The purpose of the Child Support Computation form is to calculate a child support obligation pursuant to 43 O.S. Sections 118A – 118I, effective July 1, 2009, and 43 O.S. Section 119.

## CHILD SUPPORT COMPUTATION INSTRUCTIONS

### Enter the proper court heading:

IN THE DISTRICT COURT OF [county name] COUNTY  
STATE OF OKLAHOMA

or

OFFICE OF ADMINISTRATIVE HEARINGS: CHILD SUPPORT  
DEPARTMENT OF HUMAN SERVICES  
STATE OF OKLAHOMA

### Enter the correct case style for the proceeding:

- (1) Case with existing pleading filed of record: The style must remain as it is on the existing court case.
- (2) Case that does not contain a pleading filed of record:
  - (a) A proceeding for dissolution of marriage, e.g. an annulment of a marriage, or a legal separation: Enter "In re the Marriage of (insert Petitioner's name) and (insert Respondent's name)."
  - (b) A proceeding filed (administrative court or a district court) to establish parentage or child support obligation: Enter: "In the Interest of the Children of (insert parent's name) and (insert parent's name)."

### Enter the correct information available on the case:

- **District Court Case Number:** Enter the district court case number if applicable.
- **Oklahoma Administrative Hearing (OAH) Case Number:** Enter the OAH case number, if applicable.
- **Family Group Number (FGN):** Enter the Family Group Number (FGN used by the Oklahoma Child Support Services (OCSS), a Division of Oklahoma Department of Human Service (OKDHS).

**Number of children in the case:** Enter the number of children of the father and mother in this case to determine the amount of the child support obligation. When the parents split physical custody of the children, e.g., in a case with two children, father has physical custody of one child and mother has physical custody of one child, complete a separate guidelines calculation for each parent using the number of children in each parent's custody. After completing a separate guidelines calculation for the parent,

subtract the obligation amount of the parent with the smaller obligation amount from the larger parent's obligation amount.

**Obligor:** If a parenting time adjustment (Part B) is not a factor in this calculation, enter "Father" or "Mother." When a parenting time adjustment applies, complete Part A (base monthly obligation and B (parenting time adjustment), and enter the obligor in the space provided on this page and in Section C on page 2. The parent with the greatest obligation amount in Line 7 is the Obligor.

**Other Custodian:** If a person other than the Father or Mother has physical custody of the children, prepare a separate calculation for each parent. Calculate one obligation showing "Father" as the obligor. Calculate another obligation showing "Mother" as the obligor.

#### A. BASE MONTHLY OBLIGATION

**Line 1 – Gross monthly income:** Enter the amount of gross monthly income for the mother and father in this action and the combined total of the parents in the column entitled "Combined." Gross monthly income includes earned and passive income from all sources, self-employment income, and fringe benefits eligible for inclusion as income or in-kind contributions received in the course of employment.

To determine gross income for the father and mother, use the most equitable of:

- all actual monthly income listed as earned income and passive income, including overtime and supplemental income; or
- the average monthly income for the time actually employed during the previous three (3) years;
- the minimum wage paid for a forty-hour week; or
- imputed income. "Imputed income" means an amount a person is capable of earning based on education, training, work experience, and present ability to work.

Earned income includes income received from salaries, wages, tips, commissions, bonuses, severance pay, military pay, hostile fire or imminent danger pay, combat pay, family separation pay, and hardship duty location pay.

Passive income includes income received from dividends, pensions, rent, interest income, trust income, support alimony being received from someone other than the other parent in this case, annuities, social security benefits received by the parent, workers' compensation benefits, unemployment insurance benefits, disability insurance benefits, gifts, prizes, gambling winnings, lottery winnings, and royalties.

Self-employment income includes income from business operations, work as an independent contractor or consultant, sales of goods or services, and rental properties, less ordinary and reasonable expenses necessary to produce the income. When self-employment income is included in a parents' gross income, a

deduction of 7.65% equal to the employer's contribution of self-employment tax of the parent's self-employment gross income is entered on Line 1a and is deducted from the gross income Line 1b.

Fringe benefits or in-kind contributions received from a parent's employment or operation of trade or business are included in gross income if the benefits reduce the employee's personal living expenses significantly. Examples include, but are not limited to: company car, housing, or room and board, basic allowance for housing, basic allowance for subsistence, and variable housing for service members.

Examples of fringe benefits that should not be included in gross income are benefits that are added to the salary, wage or other compensation that a parent may receive, such as employer contributions to portions of health insurance premiums, or employer contributions to a retirement or pension plan.

Income specifically excluded from a parent's gross income is actual child support received for children not before the court; adoption assistance subsidy paid by OKDHS; benefits received from means-tested public assistance, including, but not limited to: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Supplemental Nutrition Assistant Program (SNAP) also known as Food Stamps, and General Assistance and State Supplemental Payments (SSP) for the aged, blind, and disabled; income of the child(ren) from any source, including, but not limited to, trust income and social security disability benefits received for disabled children; and payments received by the parent for the care of foster children.

**Line 1a – Amount of self-employment income included in Line 1:** Enter the amount of self-employment income included in Line 1. See self-employment income above.

**Line 1b – Deduction for self-employment tax:** Multiply Line 1a by 7.65%. Enter the result.

**Line 2 – Total gross monthly income:** Subtract Line 1b from Line 1. Enter the result.

**Line 2a – Amount of Social Security (SSA) Title II benefits paid for the benefit of the children:** Enter the total amount of SSA Title II benefits in the disabled parent's column for all children in this case who are receiving SSA Title II benefits as a result of the parent's disability or retirement.

**NOTE:** Do not include SSI benefits received for a blind or disabled child(ren). The amount entered on Line 2a for SSA Title II benefits may be applied against the obligor's base monthly child support obligation less adjustments for child care and other contributions in Section G, Line 20.

**Line 2b – Court ordered support alimony actually paid in a prior case:** Enter the amount each parent actually pays for monthly support alimony ordered by a court in a prior case.

**Line 2c – Court ordered monthly adjustment for marital debt:** Enter the amount each parent is ordered to pay for jointly acquired marital debt.

**Lines 2d through 2f - Credit for other children:** In order to receive credit for children not a party to this case, the children must be qualified, which means:

- child(ren) born prior to the child(ren) on this case;
- child(ren) who are biological, legal, or adopted child(ren) of the parent; and
- child(ren) whose primary residence is with the mother or father on this case at least 50% of the year.

**Line 2d – Court ordered monthly child support actually paid for out-of-home child(ren):** Enter the amount each parent actually pays for monthly child support ordered by a court for qualified other children not a party to this case.

### IN-HOME CHILDREN DEDUCTION WORKSHEET

**Line 2e – Number of qualified in-home children, excluding children on this case:** Enter the number of qualified in-home child(ren) for father and mother.

**Line 2f – Amount for qualified in-home child(ren):** Enter the amount of the deduction for qualified in-home children for the mother and father. Calculate the deduction by preparing a hypothetical child support guidelines calculation using the number of in-home children entered in Line 2e and the respective parent's total gross income from Line 2. Obtain the child support amount from the child support guidelines schedule in 43 O.S. Section 119. Multiply the amount by 75%. If both mother and father of this action have in-home children that qualify as in-home child(ren), prepare a hypothetical child support guidelines calculation for each parent separately, and use the in-home child(ren) deduction amount for each parent.

**Line 3 – Adjusted gross monthly income (AGI):** Calculate the AGI by adding Line 2 and 2a and subtracting Lines 2b, 2c, 2d, and 2f from each parent's total gross monthly income entered in Line 2. Enter the result in each parent's column. Add the results for both parents and enter the total amount in the "Combined" column.

**Line 4 – Percentage share of income:** Divide each parent's amount in Line 3 by the total of the combined amount on Line 3. Enter the result in each parent's column. The total combined percentages for both parents must equal 100%.

**Line 5 – Base monthly obligation:** Consult the Child Support Guidelines Schedule [43 O.S. Section 119] to determine the base monthly obligation amount. Use the combined AGI for both parents AGI in Line 3 and the number of children in this case to obtain the base monthly child support obligation. See table on pages 15-21. Enter the base monthly obligation amount in the "Combined" column. Calculate each parent's percentage by multiplying the base monthly obligation amount by each parent's percentage share in Line 4. Enter the amount of each parent's base monthly obligation in the respective parent's column.

**NOTE:** When the number of children in the calculation exceeds six, or when the combined gross monthly income for the parents exceeds \$15,000, the court determines the child support amount:

**B. PARENTING TIME ADJUSTMENT, IF USED**

This is an optional section. Complete this section when a parenting time adjustment applies based on one of the parenting time conditions below:

- The noncustodial parent spends at least 121 overnights with the child(ren) over a 12 month period; or
- On a case with multiple children, the parent seeking the parenting time adjustment spends a different amount of time with each child.

Per 43 O.S. Section 118A: "Overnight means the child is in the physical custody and control of a parent for an overnight period of at least twelve (12) hours, and that parent has made a reasonable expenditure of resources for the care of the child."

**Line 6 – Number of overnights with each parent:** Enter the number of overnights each parent spends with the child(ren), **or** the annual average of parenting time for each parent. The total for both parents must equal 365 in the "Combined" column. Calculate the annual average of parenting time by totaling the number of overnights each parent spends with the children over a typical year.

**NOTE:** When a person other than the Father or Mother has physical custody of the child(ren), do a separate calculation for each parent. On the calculation showing Father as the obligor, enter 0 overnights for Father. On the calculation showing Mother as the obligor, enter 365 overnights for Father.

**Line 6a – Percentage of overnights with each parent:** Divide the number in Line 6 for each parent by 365. Enter the result in each parent's column.

**NOTE:** If both parents have equal overnights (182/183), round the percentage to 50/50 split for each parent. The total percentage for both parents should equal 100%.

**Line 6b – Adjusted combined child support obligation:** Select the parenting adjustment factor based upon the parent with the fewest number of overnights. Enter the adjustment factor in the proper column. Multiply the amount in Line 5 "Combined" by the factor. Enter the result in the "Combined" column.

- If the noncustodial parent spends 121-131 overnights, the factor is 2;
- If the noncustodial parent spends 132 to 144 overnights, the factor is 1.75; or
- If the noncustodial parent spends 144 or more overnights, the factor is 1.5.

**Line 6c – Share of adjusted combined child support obligation:** Multiply Line 6b "Combined" by the percentage for each parent in Line 4. Enter the result in each parent's column.

**Line 6d – Respective adjusted base child support obligation:** Multiply father's Line 6c by mother's Line 6a, and enter the result in father's column. Multiply mother's Line 6c by father's Line 6a, and enter the result in mother's column.

**Line 7 – Adjusted base monthly obligation:** Subtract the smaller amount in Line 6d from the greater amount in Line 6d. Enter the result in the column of the parent

with the greater amount in Line 6d. This parent is the obligor. Enter \$0.00 in the other parent's column.

**NOTE:** If the obligor has 206 or more overnights with the children, enter \$0.00 for both parents.

- C. Obligor** (person who pays) is: Enter either "Father" or "Mother" in this column and on the front page next to "Obligor." The obligor is the parent who is responsible for the payment of the child support obligation.

#### **D. WORK AND EDUCATION RELATED CHILD CARE EXPENSES**

Child care expenses are allowed for either parent, or other custodian who is currently employed, seeking employment, attending school or training to enhance employment income. To determine the annualized child care costs for each parent, total the yearly child care costs for each party and divide by 12.

**Line 8 – Monthly child care expenses for child(ren) in this case:** Enter the average monthly child care amount each parent, or other custodian pays a child care provider for the child(ren) in this case. Do **not** include any co-payments being paid by a parent receiving OKDHS child care subsidy. When a parent is receiving child care subsidy assistance, complete the OKDHS Child Care Subsidy Worksheet beginning on Line 10a.

**NOTE:** The parents may have both private child care expenses and OKDHS child care subsidy assistance. If this situation exists, complete Lines 8 & 9, **and** complete the OKDHS Child Care Subsidy Worksheet.

**Line 9 – Child care expense percentage share of the total:** Multiply the total child care expenses in Line 8 by Line 4 for each parent. Enter each parent's share of the child care expenses in the respective parent's column.

#### **OKDHS CHILD CARE SUBSIDY WORKSHEET**

Complete this worksheet only when either or both parents are receiving OKDHS child care subsidy assistance for the children on this case. **NOTE:** Do not complete this worksheet if the person receiving a child care subsidy for the children is a custodian other than one of the parents, such as a grandparent.

**Line 10a – Total children in each parent's household receiving child care subsidy:** Enter the total number of children receiving child care subsidy, including children on this case and other children in the parent's household.

**NOTE:** If both parents receive OKDHS child care subsidy assistance, complete Lines 10a through Line 12 for both parents. This is necessary to calculate each parent's proportionate share of child care expense for the child(ren) on this case.

**Line 10b – Number of children from Line 10a included in this order:** For each parent, enter only the number of children in this case and in the parent's household receiving OKDHS child care subsidy assistance.

**Example:** Mother receives OKDHS child care subsidy for a total of three children in the household. One child is a child of the parents on this case and the other two

children are not. Enter "3" on Line 10a and "1" on Line 10b. The parents will share one-third (1/3) of the OKDHS co-payment for the children.

**Line 10c – Parent's actual gross monthly income less self-employment tax:** Enter the amount from Line 2 for each parent, or the parent's actual income if it is different from the income used in Line 2.

**Line 10d – Base monthly obligation of the obligor:** Enter the obligor's amount in Line 7 in the other parent's column. Enter \$0.00 in the parent's column who is the obligor (this is parent indicated in Section C).

**Line 10e – Amount treated as OKDHS household income:** Add Lines 10c and 10d for each parent. Enter the results for each parent in the proper column.

**Line 10f – Amount treated as each parent's family share co-payment from OKDHS:** Use the amount of household income in Line 10c and the number of children in 10a and refer to the OKDHS Child Care Eligibility/Rates Schedule Appendix C-4. See attached table on page 22. Enter the appropriate amount.

If a parent's income in Line 10e falls within a range that contains an asterisk (\*) in the co-payment amount column on Appendix C-4, the parent pays the total cost of child care. Enter the current co-payment being paid by the parent plus the amount OKDHS pays to the child care provider. This amount reflects the amount to be treated as the child care expenses. Enter the amount in Line 8 **instead** of Line 10g.

Use the schedule for a family of five members or less, regardless of the number of persons in the parent's household receiving OKDHS care subsidy assistance.

**Line 10g – OKDHS child care co-payment amount:** For each parent, multiply Line 10f by Line 10b and divide the results by Line 10a. Enter the results for each parent in the proper column.

**NOTE:** Both parents may receive OKDHS child care subsidy assistance.

**Line 11 – Child care subsidy co-pay adjustment to child support obligation:** Add the amounts for both parents in Line 10g. Multiply the result by Line 4 for each parent. Subtract each parent's amount from the amount in Line G for that parent. Enter the results for each parent in the proper column.

**Line 12 – Total child care adjustment to base monthly obligation:** Add Lines 9 and 11 for each parent, and subtract Lines 9 and 11 from the total. Enter the result for each parent in the proper column. The amount may be a negative number.

## E. HEALTH INSURANCE PREMIUM

Health insurance includes a fee for service, health maintenance organization or preferred organization and alternative coverage such as Indian Health Services or DEERS. Health insurance must be reasonable in cost for the responsible parent providing the insurance and accessible to the child(ren). If the parents agree or the court finds it is in the best interests of the children, the court may order a health insurance plan to be provided even if it exceeds the reasonable cost standard or is not accessible.

If one of these types of health coverage is available at no cost to either parent, do not complete "Section H: Cash Medical Support."

"Reasonable in cost" means that the actual premium cost for the child(ren) paid by the person providing the insurance does not exceed 5% of the gross income of the parent responsible for providing the insurance.

"Accessible" means that there are available providers to meet the primary individual health care needs of the child(ren) no more than sixty (60) miles one way from the primary residence of the child(ren).

**Line 13 – Monthly health insurance premium costs:** Enter the actual monthly health premium cost **for the child(ren)** paid by the parent(s) or paid by the other custodian. When both parents pay health insurance premiums for specific types of insurance (dental, vision, medical, etc.), enter the total monthly costs each parent pays. For example, the father may provide the health insurance and the mother may provide the dental and vision coverage.

When the monthly cost includes adults and other children not on this case, separate out the cost for only the child(ren) in this case by completing the Insurance Premium Worksheet to determine the pro rata costs each parent pays.

**NOTE:** If the parents do not carry insurance for the children through employment or otherwise because it is not reasonable or accessible, complete Section H, "Cash Medical Support," beginning on Line 21.

**Line 14 – Monthly health insurance share for each parent:** Add the amounts for each parent in Line 13. Multiply the result by each parent's percentage on Line 4. Enter the result in each parent's column. If you completed the Insurance Premium Worksheet, enter the amounts from Line 14.

**Line 15 – Total premium cost adjustment to base monthly obligation:** Subtract each parent's Line 14 from Line 13. Enter the results for each parent in the proper column. The amount may be a negative number.



**INSTRUCTIONS FOR INSURANCE PREMIUM WORKSHEET**

**Line 13a – The actual monthly health costs paid by parent or other custodian for the child(ren):** Enter the actual monthly health premium cost paid by each parent or other custodian for the child(ren).

**Line 13b – Cost of insurance for adults only:** Enter the monthly premium amount for adults covered by the insurance. If the amount for dependent adults cannot be separated from the total cost of coverage, enter the premium amount for the person providing the coverage only.

**Example 1:** Cost of coverage for employee only is \$200 per month. The cost of coverage for employee plus spouse is \$300 per month. Enter \$300 per month on Line 13b.

**Example 2:** Cost of coverage for employee only is \$200 per month. The cost of coverage for employee plus all other family members is \$300 per month. Enter \$200 per month on Line 13b.

**Line 13c – Number of dependent children being covered:** Enter the number of children that the monthly insurance premium covers. This numbers includes children on this case and other children covered on the health insurance.

**Line 13d – Premium cost per child:** Subtract Line 13b from 13a and divide the results by Line 13c. Enter the results for the monthly premium cost per child.

**Line 13e – Number of children in this order:** Enter the number of children in this case for whom ongoing support is owed.

**Line 13 – Monthly health insurance premium costs:** Multiply Line 13d by Line 13e. Enter the results. If this insurance coverage is being ordered, enter amounts in the proper parent's column on Line 13 of the computation form.

**Line 14 – Monthly health insurance share for each parent:** Add the amounts for each parent in Line 13 and multiply the results by each parents' percentage share of income from Line 4. Enter the result for each parent in the proper column.

**NOTE:** If this insurance coverage is being ordered by the Court, enter the amount in each parent's proper column on Line 14 of the computation form.

**Line 24 – 5% of Gross Monthly Income for Obligor:** Multiply Line 2 (total gross monthly income) of child support computation form for each parent by 5% (.05). Enter the results in the parent column for the parent. This amount represents the maximum amount of total medical allowed.

**NOTE:** Medical insurance should be reasonable in cost, which means it does not exceed 5% of the responsible parent's gross monthly income. If Line 13 is greater than the amount in Line 24, parents may agree to use premium cost or must proceed to the "Cash Medical Support" in Section H. If more than one insurance policy is available to the parents, it may be necessary to complete the Insurance Premium Worksheet for each insurance policy. The custodial person's preference should be given priority.

**F. OTHER CONTRIBUTIONS, IF AGREED OR ORDERED**

This section consists of recurring monthly amounts for fixed medical costs and visitation transportation costs for the child(ren). Fixed periodic medical expenses include, but are not limited to, monthly payments for orthodontia, optometric, physical therapy, psychological counseling, asthma-related expenses, autism or any other medical expenses as the court deems necessary considering the health condition of the child(ren).

**Line 16 – Ongoing medical costs:** Enter the amount each parent or custodian (other third party custodian) pays for fixed ongoing monthly medical payments. These costs are in addition to the monthly health insurance premium (Section E) and/or cash medical support (Section H).

**Line 16a – Adjusted medical costs share:** Add the amounts in Line 16. Multiply the results by each parent's share from Line 4. Enter the amount each parent pays for their respective adjusted medical costs.

**Line 16b – Total ongoing medical costs adjustment to base monthly obligation:** Subtract Line 16a from Line 16 for each parent. Enter each parent's result in the proper column. The amount may be a negative number.

**Line 17 – Visitation Transportation Costs:** Enter the amount each parent or custodian other than parent pays toward visitation transportation expenses for the child(ren) between the homes of the parents or custodian other than parent. Visitation costs may be ordered by the court or agreed upon by the parents and/or other custodian.

**Line 17a – Adjusted visitation costs share:** Add the total of Line 17 for both parents and/or other custodian. Multiply the result by each parent's percentage share in Line 4. Enter each parent's share of visitation costs in the proper parent's column.

**Line 17b – Total ongoing visitation costs adjustment to base monthly obligation:** Subtract Line 17a from Line 17. Enter each parent's share of visitation costs in the proper parent's column. The amount may be a negative number.

**G. CHILD SUPPORT OBLIGATION SUBTOTAL**

Consists of the base child support, child care cost shares, and medical cost shares, offset by any SSA Title II benefits paid to the parent for the benefit of the child. A negative number in the final subtotal is offset against any cash medical support amount.

**Line 18 – Base monthly child support obligation less adjustments for child care and other contributions:** Add the obligor's amount from Line 7 to all positive amounts in Lines 12, 15, and 17b. If an amount is a negative number, subtract the negative amount. Enter the results for the obligor and \$0.00 for the other parent.

**Line 19 – Less SSA Title II benefits paid for the benefit of the child:** Enter the amount entered in Line 2a for the obligor or \$0.00. If the obligee contains an amount in Line 2a, enter \$0.00.

**Line 20 – Total monthly child support obligation less any SSA Title II benefits paid for the benefit of the child:** Subtract Line 18 from Line 19 for the obligor. Enter the results. The amount may be a negative number.

## H. CASH MEDICAL SUPPORT

Complete this section for any child(ren) not included in health coverage in Section E, Line 13.

Cash medical support as used in this section of the computation means an amount ordered to be paid toward the cost of health coverage for any child(ren) not covered by health insurance in Section E. The combined cost of any insurance coverage and the pro-rated cash medical support should not exceed 5% of the obligor's gross monthly income from Line 1.

**Line 21 –** Enter number of children in this case not covered by health insurance in Line 13, if none, skip to Line 26. Include number of children on a government Medicaid program (SoonerCare or S-CHIP) or child(ren) who are not eligible for a government Medicaid program.

**Line 22 – Enter the SoonerCare or other health care government assistance applicant for the child(ren) in this case:** Enter "Father," "Mother," or "other." The applicant is the person who applied for SoonerCare or other governmental health care for the children. "Other" refers to the applicant/third party custodian for the children in this case.

**Line 23 – Cash medical amount for obligor:** If Line 21 is zero or if obligor is the person in Line 22, enter \$0 in Line 25. If Line 21 is greater than zero and the obligor is not the person on Line 22, refer to Cash Medical Income Guidelines Table on page 24. If the combined income of the parents from Line 2 is less than or equal to the amount on the Cash Medical Income Guidelines Table, enter \$0. If greater, multiply \$115.00 by the number of children in Line 21. Multiply result by percentage shares from Line 4 and enter the result for the parent who is ordered to pay cash medical support.

**Line 24 – 5% of Gross Monthly Income for Obligor:** Multiply the obligor's gross income in Line 2 times 5% (0.05). Enter the results in the obligor's column. This amount represents the maximum amount of total medical support allowed to be paid by the obligor.

**Line 25 – Cash medical support in lieu of insurance:** Add Lines 23 and Line 15 for the Obligor.

- If the result is greater than Line 24, subtract Line 15 from Line 24 and enter the result in the obligor's column.
- If the result is less than Line 24 enter the amount from Line 23 in the Obligor's column.
- If either result is \$0 or a negative number, enter \$0 in the Obligor's column.

## I. CURRENT MONTHLY SUPPORT OBLIGATION

The current monthly support obligation is based on the combined gross income of the mother and father and the obligor's proportionate share of combined gross income in Section A, the parenting time adjustment factor (if used) in Section B, and the following expenses, if applicable:

- work and education related child care expenses in Section D;
- health insurance premiums in Section E;
- other contributions, if agreed or ordered in Section F;
- less SSA Title II benefits in Section G; and
- cash medical support in Section H.

**Line 26a – Child support portion:** Enter the amount of the child support obligation to be paid by the obligor, **excluding** cash medical and ongoing medical costs.

- if Line 16b is a positive number, enter the amount in Line 20 for obligor;
- if Line 16b is a negative number, reduce Line 20 by Line 16b for obligor; or
- if the result is a negative number, enter zero (\$0) for obligor.

**Line 26b – Cash medical portion:** Enter the amount of cash medical portion to be paid by the obligor.

- if Line 20 minus 16b is a positive number, enter Line 25 for obligor;
- if Line 20 minus 16b is a negative number, reduce Line 25 by Line 20 minus Line 16b and enter the result for obligor; or
- if the result is a negative number, enter zero (\$0) for obligor.

**Line 26c – Ongoing medical costs portion:** Enter the amount of fixed ongoing medical costs to be paid by obligor.

- if Line 20 is a positive number, enter the amount in Line 16b for obligor;
- if Line 20 is a negative number, reduce Line 16b by Line 20 for obligor; or
- if the result is a negative number, enter zero (\$0) for obligor.

**Line 27 – Total obligation to be paid by the obligor:** Add Lines 26a, 26b, and 26c, and enter the result.

**NOTE:** The remainder of the Child Support Computation shall be completed by the Judge and/or the attorneys.

**Deviation from Child Support Guidelines by Court:** List the Court's findings supporting each deviation on the Child Support Computation form. Check the proper box to indicate if the child support guidelines were followed to determine the child support obligation or if a deviation was allowed by the court.

The amount set forth in the child support guidelines is presumed to be the correct amount of child support to be ordered. The Court may only deviate from the guidelines if the amount indicated is unjust, inequitable, unreasonable, or inappropriate under the circumstances, or not in the best interest of the child. If the Court deviates, the Court must make specific findings of fact supporting the deviation. [43 O.S. Section 118H]

Enter the findings regarding any deviation in the blank Lines provided on the computation form.

**Dated:** \_\_\_\_\_

The judge enters the date the order is entered.

**Judge's signature:** \_\_\_\_\_

The judge must sign this form.

**Approval as to form:** The parties and/or their attorneys should approve and sign the child support guidelines calculation worksheet on the spaces provided.

**NOTE:** Add the OBA number for the attorneys next to their signature.

#### Routing

The Child Support Computation form must be signed by the judge and attached to all orders that establish or modify a child support obligation. [43 O.S. Section 120]

**NOTE:** If the combined gross monthly income exceeds \$15,000, the amount to be used for child support is the amount computed for a monthly income of \$15,000. The court shall determine any additional amount. [43 O.S. Section 119(B)]

**NOTE:** If there are more than six children in the household, the number of children to be used to determine the child support amount is six. The court shall determine any additional amount. [43 O.S. Section 119(C)]

The Child Support Computation form and Instructions are based on Sections 118A – 118I, Title 43 Oklahoma Statutes, effective July 1, 2009.

- Section A – Gross Monthly Income – 43 O.S. §§ 118A through 118D
- Section A – Adjusted Gross Income – 43 O.S. §§ 118A through 118D
- Section B – Parenting Time Adjustment – 43 O.S. § 118E
- Section C – Obligor defined – 43 O.S. § 118A
- Section D – Work and Education Related Child Care Expenses – 43 O.S. § 118G
- Section E – Health Insurance Premium – 43 O.S. § 118F
- Section F – Other Contributions, if agreed and Ordered – 43 O.S. §§ 118A, D & F
- Section G – Child Support Obligation Subtotal – 43 O.S. §§ 118A through 118I
- Section H – Cash Medical Support – 43 O.S. § 118F
- Section I – Current Monthly Support Obligation defined – 43 O.S. § 118A
- Section I – Computation of Current Monthly Support Obligation – 43 O.S. § 118D

Effective June 6, 2000

43 O.S. §119

**OKLAHOMA SCHEDULE OF BASIC CHILD SUPPORT OBLIGATIONS**

<b>COMBINED GROSS MONTHLY INCOME</b>	<b>ONE CHILD</b>	<b>TWO CHILDREN</b>	<b>THREE CHILDREN</b>	<b>FOUR CHILDREN</b>	<b>FIVE CHILDREN</b>	<b>SIX OR MORE CHILDREN</b>
0	50	50	50	50	50	50
600	50	50	50	50	50	50
650	50	50	50	88	118	141
700	50	50	101	122	154	176
750	61	107	132	156	198	207
800	94	141	165	190	239	242
850	127	174	199	224	274	276
900	159	207	232	258	308	311
950	192	240	265	291	342	345
1000	206	272	298	325	375	379
1050	215	305	332	359	409	414
1100	224	326	365	392	443	448
1150	232	338	397	425	476	481
1200	241	351	415	458	497	515
1250	249	363	430	475	515	551
1300	257	375	443	490	531	568
1350	265	386	457	504	547	585
1400	273	397	470	519	562	602
1450	280	408	483	533	578	618
1500	288	419	496	548	594	635
1550	296	430	509	562	609	652
1600	304	442	522	576	625	669
1650	312	453	535	591	640	685
1700	319	464	548	605	656	702
1750	327	475	561	620	672	719
1800	335	486	574	634	687	735
1850	343	497	587	648	703	752
1900	351	509	600	663	718	769
1950	358	520	613	677	734	785
2000	366	531	626	691	750	802
2050	374	542	639	706	765	819
2100	382	554	652	720	781	835
2150	390	565	665	735	796	852
2200	398	576	678	749	812	869
2250	406	587	691	763	828	886
2300	414	599	704	778	843	902
2350	422	610	717	792	859	919
2400	430	621	730	807	874	936

COMBINED GROSS MONTHLY INCOME	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX OR MORE CHILDREN
2450	437	632	743	821	890	952
2500	445	643	755	835	905	968
2550	451	653	768	848	919	984
2600	458	663	780	862	934	1000
2650	465	673	792	875	949	1015
2700	472	683	804	888	963	1030
2750	477	691	814	900	975	1043
2800	483	700	824	911	987	1056
2850	489	708	834	922	999	1069
2900	494	716	844	933	1011	1082
2950	500	725	854	944	1023	1095
3000	505	733	864	955	1035	1107
3050	511	741	874	966	1047	1120
3100	517	749	884	977	1059	1133
3150	521	756	892	986	1069	1143
3200	525	761	897	992	1075	1150
3250	528	766	903	998	1081	1157
3300	532	771	908	1003	1088	1164
3350	535	776	913	1009	1094	1170
3400	539	780	919	1015	1100	1177
3450	543	785	924	1021	1107	1184
3500	546	790	929	1027	1113	1191
3550	550	795	935	1033	1119	1198
3600	553	800	940	1039	1126	1205
3650	557	805	945	1045	1132	1211
3700	560	809	951	1050	1139	1218
3750	564	814	956	1056	1145	1225
3800	567	819	961	1062	1151	1232
3850	571	824	966	1068	1158	1239
3900	574	828	972	1074	1164	1245
3950	577	832	977	1079	1170	1252
4000	580	837	982	1085	1176	1258
4050	583	841	987	1090	1182	1265
4100	586	845	992	1096	1188	1271
4150	589	850	997	1102	1194	1278
4200	592	854	1002	1107	1200	1284
4250	595	859	1007	1113	1206	1291
4300	598	863	1012	1119	1213	1297
4350	601	867	1017	1124	1219	1304
4400	604	872	1023	1130	1225	1311
4450	607	876	1028	1136	1231	1317
4500	610	880	1033	1141	1237	1324



<b>COMBINED GROSS MONTHLY INCOME</b>	<b>ONE CHILD</b>	<b>TWO CHILDREN</b>	<b>THREE CHILDREN</b>	<b>FOUR CHILDREN</b>	<b>FIVE CHILDREN</b>	<b>SIX OR MORE CHILDREN</b>
4550	613	885	1038	1147	1243	1330
4600	617	890	1044	1154	1250	1338
4650	622	897	1052	1162	1260	1348
4700	626	903	1059	1171	1269	1358
4750	631	910	1067	1179	1278	1368
4800	636	916	1075	1188	1287	1377
4850	640	923	1082	1196	1296	1387
4900	645	930	1090	1205	1306	1397
4950	650	936	1098	1213	1315	1407
5000	654	943	1105	1222	1324	1417
5050	659	950	1113	1230	1333	1427
5100	664	956	1121	1239	1343	1437
5150	668	963	1129	1247	1352	1446
5200	673	969	1136	1256	1361	1456
5250	678	976	1144	1264	1370	1466
5300	682	982	1151	1272	1379	1475
5350	686	987	1157	1279	1386	1483
5400	689	992	1163	1285	1393	1490
5450	692	997	1168	1291	1400	1498
5500	696	1002	1174	1297	1406	1505
5550	699	1007	1180	1304	1413	1512
5600	703	1012	1185	1310	1420	1519
5650	706	1017	1191	1316	1427	1527
5700	709	1022	1197	1322	1433	1534
5750	713	1027	1203	1329	1441	1542
5800	717	1032	1209	1336	1448	1550
5850	721	1038	1216	1343	1456	1558
5900	724	1043	1222	1350	1464	1566
5950	728	1049	1228	1357	1471	1574
6000	732	1054	1234	1364	1479	1582
6050	736	1060	1241	1371	1487	1591
6100	741	1067	1249	1380	1496	1601
6150	746	1074	1257	1389	1506	1612
6200	751	1081	1266	1398	1516	1622
6250	756	1088	1274	1407	1526	1633
6300	761	1095	1282	1417	1536	1643
6350	765	1102	1290	1426	1545	1653
6400	770	1109	1298	1435	1555	1664
6450	775	1116	1306	1444	1565	1674
6500	780	1123	1315	1453	1575	1685
6550	785	1130	1323	1462	1584	1695
6600	790	1137	1331	1471	1594	1706

COMBINED GROSS MONTHLY INCOME	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX OR MORE CHILDREN
6650	795	1144	1339	1480	1604	1716
6700	800	1151	1347	1489	1614	1727
6750	805	1158	1355	1498	1623	1737
6800	810	1165	1364	1507	1633	1748
6850	815	1172	1372	1516	1643	1758
6900	819	1179	1380	1525	1653	1768
6950	824	1186	1388	1534	1663	1779
7000	829	1193	1396	1543	1672	1789
7050	834	1200	1404	1552	1682	1800
7100	838	1206	1411	1560	1691	1809
7150	842	1211	1418	1567	1698	1817
7200	846	1217	1424	1574	1706	1825
7250	850	1222	1430	1581	1713	1833
7300	853	1228	1437	1588	1721	1842
7350	857	1233	1443	1595	1729	1850
7400	861	1238	1450	1602	1736	1858
7450	864	1244	1456	1609	1744	1866
7500	868	1249	1462	1616	1751	1874
7550	872	1254	1469	1623	1759	1882
7600	875	1260	1475	1630	1767	1890
7650	879	1265	1481	1637	1774	1899
7700	883	1270	1488	1644	1782	1907
7750	887	1276	1494	1651	1790	1915
7800	890	1281	1500	1658	1797	1923
7850	894	1287	1507	1665	1805	1931
7900	898	1292	1513	1672	1812	1939
7950	901	1297	1519	1679	1820	1947
8000	905	1303	1526	1686	1828	1955
8050	909	1308	1532	1693	1835	1964
8100	912	1313	1538	1700	1843	1972
8150	916	1319	1545	1707	1850	1980
8200	920	1324	1551	1714	1858	1988
8250	924	1330	1557	1721	1866	1996
8300	927	1335	1564	1728	1873	2004
8350	931	1340	1570	1735	1881	2012
8400	935	1346	1577	1742	1888	2021
8450	938	1351	1583	1749	1896	2029
8500	943	1357	1590	1757	1905	2038
8550	949	1363	1597	1765	1913	2047
8600	954	1369	1605	1773	1922	2057
8650	959	1375	1612	1781	1931	2066
8700	964	1381	1619	1789	1939	2075

<b>COMBINED GROSS MONTHLY INCOME</b>	<b>ONE CHILD</b>	<b>TWO CHILDREN</b>	<b>THREE CHILDREN</b>	<b>FOUR CHILDREN</b>	<b>FIVE CHILDREN</b>	<b>SIX OR MORE CHILDREN</b>
8750	969	1387	1626	1797	1948	2084
8800	974	1393	1633	1805	1957	2093
8850	979	1399	1641	1813	1965	2103
8900	984	1405	1648	1821	1974	2112
8950	989	1411	1655	1829	1982	2121
9000	995	1417	1662	1837	1991	2130
9050	1000	1423	1669	1845	2000	2140
9100	1005	1429	1677	1853	2008	2149
9150	1010	1435	1684	1861	2017	2158
9200	1015	1441	1691	1869	2026	2167
9250	1020	1447	1698	1877	2034	2177
9300	1025	1453	1706	1885	2043	2186
9350	1030	1459	1713	1893	2052	2195
9400	1035	1465	1720	1901	2060	2204
9450	1040	1471	1727	1909	2069	2214
9500	1046	1477	1734	1917	2077	2223
9550	1051	1483	1742	1924	2086	2232
9600	1056	1489	1749	1932	2095	2241
9650	1061	1495	1756	1940	2103	2251
9700	1066	1501	1763	1948	2112	2260
9750	1071	1507	1770	1956	2121	2269
9800	1076	1513	1778	1964	2129	2278
9850	1081	1519	1785	1972	2138	2288
9900	1086	1525	1792	1980	2147	2297
9950	1091	1531	1799	1988	2155	2306
10000	1097	1537	1807	1996	2164	2315
10050	1102	1543	1814	2004	2173	2325
10100	1107	1549	1821	2012	2181	2334
10150	1112	1555	1828	2020	2190	2343
10200	1117	1561	1835	2028	2198	2352
10250	1122	1567	1843	2036	2207	2362
10300	1127	1574	1850	2044	2216	2371
10350	1132	1580	1857	2052	2224	2380
10400	1137	1586	1864	2060	2233	2389
10450	1142	1592	1871	2068	2242	2399
10500	1148	1598	1879	2076	2250	2408
10550	1153	1604	1886	2084	2259	2417
10600	1158	1610	1893	2092	2268	2426
10650	1163	1616	1900	2100	2276	2436
10700	1168	1622	1907	2108	2285	2445
10750	1173	1628	1915	2116	2293	2454
10800	1178	1634	1922	2124	2302	2463

<b>COMBINED GROSS MONTHLY INCOME</b>	<b>ONE CHILD</b>	<b>TWO CHILDREN</b>	<b>THREE CHILDREN</b>	<b>FOUR CHILDREN</b>	<b>FIVE CHILDREN</b>	<b>SIX OR MORE CHILDREN</b>
10850	1183	1640	1929	2132	2311	2473
10900	1188	1646	1936	2140	2319	2482
10950	1193	1652	1944	2148	2328	2491
11000	1199	1658	1951	2156	2337	2500
11050	1204	1664	1958	2164	2345	2509
11100	1209	1670	1965	2172	2354	2519
11150	1214	1676	1972	2180	2363	2528
11200	1219	1682	1980	2188	2371	2537
11250	1221	1686	1984	2193	2377	2543
11300	1223	1689	1989	2197	2382	2549
11350	1225	1693	1993	2202	2387	2554
11400	1227	1697	1997	2207	2392	2560
11450	1229	1700	2001	2212	2397	2565
11500	1231	1704	2006	2216	2403	2571
11550	1233	1708	2010	2221	2408	2576
11600	1235	1711	2014	2226	2413	2582
11650	1237	1715	2019	2231	2418	2587
11700	1239	1719	2023	2235	2423	2593
11750	1241	1723	2027	2240	2428	2598
11800	1243	1726	2031	2245	2433	2604
11850	1245	1730	2036	2249	2438	2609
11900	1247	1734	2040	2254	2444	2615
11950	1249	1737	2044	2259	2449	2620
12000	1251	1741	2049	2264	2454	2626
12050	1253	1745	2053	2268	2459	2631
12100	1255	1748	2057	2273	2464	2637
12150	1257	1752	2061	2278	2469	2642
12200	1259	1756	2066	2283	2474	2648
12250	1261	1759	2070	2287	2479	2653
12300	1263	1763	2074	2292	2485	2659
12350	1265	1767	2079	2297	2490	2664
12400	1267	1770	2083	2302	2495	2669
12450	1270	1774	2087	2306	2500	2675
12500	1272	1778	2091	2311	2505	2680
12550	1274	1781	2096	2316	2510	2686
12600	1276	1785	2100	2320	2515	2691
12650	1278	1789	2104	2325	2520	2697
12700	1280	1792	2109	2330	2526	2702
12750	1282	1796	2113	2335	2531	2708
12800	1284	1800	2117	2339	2536	2713
12850	1286	1803	2121	2344	2541	2719
12900	1288	1807	2126	2349	2546	2724

<b>COMBINED GROSS MONTHLY INCOME</b>	<b>ONE CHILD</b>	<b>TWO CHILDREN</b>	<b>THREE CHILDREN</b>	<b>FOUR CHILDREN</b>	<b>FIVE CHILDREN</b>	<b>SIX OR MORE CHILDREN</b>
12950	1290	1811	2130	2354	2551	2730
13000	1292	1814	2134	2358	2556	2735
13050	1294	1818	2138	2363	2562	2741
13100	1296	1822	2143	2368	2567	2746
13150	1298	1825	2147	2372	2572	2752
13200	1300	1829	2151	2377	2577	2757
13250	1302	1833	2156	2382	2582	2763
13300	1304	1836	2160	2387	2587	2768
13350	1306	1840	2164	2391	2592	2774
13400	1308	1844	2168	2396	2597	2779
13450	1310	1847	2173	2401	2603	2785
13500	1312	1851	2177	2406	2608	2790
13550	1314	1855	2181	2410	2613	2796
13600	1316	1858	2186	2415	2618	2801
13650	1318	1862	2190	2420	2623	2807
13700	1320	1866	2194	2425	2628	2812
13750	1322	1869	2198	2429	2633	2818
13800	1324	1873	2203	2434	2638	2823
13850	1326	1877	2207	2439	2644	2829
13900	1328	1880	2211	2443	2649	2834
13950	1330	1884	2216	2448	2654	2840
14000	1332	1888	2220	2453	2659	2845
14050	1334	1891	2224	2458	2664	2851
14100	1336	1895	2228	2462	2669	2856
14150	1338	1899	2233	2467	2674	2862
14200	1340	1902	2237	2472	2679	2867
14250	1342	1906	2241	2477	2685	2873
14300	1344	1910	2246	2481	2690	2878
14350	1346	1913	2250	2486	2695	2884
14400	1348	1917	2254	2491	2700	2889
14450	1350	1921	2258	2496	2705	2894
14500	1352	1924	2263	2500	2710	2900
14550	1354	1928	2267	2505	2715	2905
14600	1356	1932	2271	2510	2721	2911
14650	1358	1935	2276	2514	2726	2916
14700	1360	1939	2280	2519	2731	2922
14750	1362	1943	2284	2524	2736	2927
14800	1364	1946	2288	2529	2741	2933
14850	1366	1950	2293	2533	2746	2938
14900	1368	1954	2297	2538	2751	2944
14950	1370	1957	2301	2543	2756	2949
15000 or more	1372	1961	2305	2548	2762	2955

**From OKDHS Child Care Eligibility/Rates Schedule C-4 effective: June 1, 2008**

An asterisk (\*) means client pays total cost of child care.

<b>Adjusted monthly income</b> Gross earned plus unearned income, minus legally-binding child support paid, rounded to the nearest dollar.	When the family size is <b>5 members or fewer</b> and the number of persons in OKDHS subsidized care is:			
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4 or more</b>
	<b>the client pays the first:</b>			
\$ 0 - \$850	\$0	\$0	\$0	\$0
\$851 - \$900	\$6	\$12	\$18	\$24
\$901 - \$950	\$12	\$22	\$31	\$41
\$951 - \$1000	\$19	\$32	\$45	\$58
\$1001 - \$1050	\$27	\$45	\$62	\$80
\$1051 - \$1100	\$35	\$55	\$75	\$95
\$1101 - \$1150	\$44	\$68	\$91	\$115
\$1151 - \$1200	\$54	\$81	\$108	\$135
\$1201 - \$1250	\$65	\$95	\$125	\$155
\$1251 - \$1300	\$65	\$95	\$125	\$155
\$1301 - \$1350	\$77	\$107	\$137	\$167
\$1351 - \$1400	\$90	\$120	\$150	\$180
\$1401 - \$1450	\$105	\$135	\$165	\$195
\$1451 - \$1500	\$105	\$135	\$165	\$195
\$1501 - \$1575	\$120	\$150	\$180	\$210
\$1576 - \$1650	\$132	\$162	\$192	\$222
\$1651 - \$1725	\$139	\$169	\$199	\$229
\$1726 - \$1800	\$146	\$176	\$206	\$236
\$1801 - \$1875	\$154	\$184	\$214	\$244
\$1876 - \$1950	\$154	\$184	\$214	\$244
\$1951 - \$2025	\$162	\$192	\$222	\$252
\$2026 - \$2125	\$170	\$200	\$230	\$260
\$2126 - \$2225	\$179	\$209	\$239	\$269
\$2226 - \$2325	\$189	\$219	\$249	\$279
\$2326 - \$2425	\$189	\$226	\$256	\$287
\$2426 - \$2525	*	\$226	\$256	\$287
\$2526 - \$2625	*	\$237	\$270	\$302
\$2626 - \$2725	*	\$250	\$284	\$318
\$2726 - \$2825	*	\$263	\$299	\$335
\$2826 - \$2925	*	\$263	\$299	\$335
\$2926 - \$3025	*	*	\$314	\$352
\$3026 - \$3125	*	*	\$314	\$352
\$3126 - \$3225	*	*	\$331	\$370
\$3226 - \$3325	*	*	\$348	\$390
\$3326 - \$3425	*	*	\$348	\$390
\$3426 - \$3525	*	*	\$366	\$410
\$3526 - \$3625	*	*	\$366	\$410
\$3626 AND ABOVE	Client pays total cost of child care			

**Effective July 1, 2009**

**OKLAHOMA CASH MEDICAL INCOME GUIDELINES TABLE**

The following table reflects 185% of the Federal Poverty Guidelines as of April 1, 2009. If the combined income of the parents as shown on Line 2 of the Child Support Computation and the total number of children in the case being considered is at or below the amounts on the table, cash medical support will be established at \$0.00. If the combined income exceeds the amount listed on the table for the number of children, the cash medical support obligation will be \$115.00 per child for the children in Line 21, pro rated by the income of the parents. The obligor's share of the cash medical order should not exceed 5% of the gross income of the obligor.

<b>Number of children</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8 or more</b>
Income of the parents	\$2,823	\$3,400	\$3,976	\$4,553	\$5,130	\$5,706	\$6,283	For each child over 7 add \$577 per month