

FAMILY COURT					
vs.		SSN	County Docket		
		SSN			
Child Support Worksheet and Findings of Fact for Shared Custody Cases					
Child's Name	SSN	DOB	Child's Name	SSN	DOB

Parent A is the parent with the child(ren) the higher percentage of time. If each parent has the child(ren) 50% of the time, Parent A is the parent with the lower Monthly Gross Income. Parent A, (name) _____, has child(ren) ____%. Parent B, (name) _____, has child(ren) ____% of time.

PART I. CALCULATING MONTHLY AVAILABLE INCOME	Custodial	Noncustodial	Combined
1. Monthly Gross Income	\$	\$	
a. Minus Self-Employment and/or Spousal Support Adjustment	-	-	
2. Monthly Adjusted Gross Income	\$	\$	
3. Monthly After Tax Income (From Pink Tax Conversion Table)	\$	\$	
a. Minus Pre-existing Child Support	-	-	
b. Minus Health Insurance	-	-	
c. Minus Additional Self-Employment and/or Spousal Support Adjustment	-	-	
4. Monthly Unadjusted Available Income	\$	\$	
a. Minus Additional Dependent Adjustment	-	-	
5. Monthly Available Income	\$	+	\$ = \$

PART II. CALCULATING THE CHILD SUPPORT OBLIGATION

6. Proportional Share of Income (Line 5 for each parent divided by line 5 "Combined")	%	%	
7. Child Support Guideline Amount (Apply line 5 "Combined" to blue Intact Family Expenditures Table)			\$
8. Multiply Line 7 x 1.5			\$
a. Qualified Child Care	+	+	
b. Extraordinary Medical Expenses	+	+	
c. Extraordinary Educational Expenses	+	+	
9. Totals of Lines 8a,8b,8c	\$	+	\$ = \$
10. Combined Family Expenditures			\$
11. Parental Support Obligation (multiply Line 10 by Line 6 for each parent)	\$	\$	

PART III. SHARED CUSTODY CALCULATIONS

12. Expenditure Adjustment (Amount from Line 9, Parent B)	-
13. Minus credit for time child(ren) spend with Parent B (Multiply % of time with Parent B by Line 8)	-
14. Plus adjustment for families where child(ren) spend at least 25% but less than 30% of time with Parent B (see pink Partial Shared Costs Table)	+
15. Adjusted Shared Custody Child Support Obligation	\$

PART IV. ABILITY TO PAY CALCULATION

16. Self-Support Reserve (Amount found on the green Reference Sheet)	\$
17. Income Available for Support (Subtract Line 16 from Line 4 for Parent B)	\$
18. Monthly Support Payable	
19. Monthly Incomes (After Support Payment) (For Custodial Parent, line 4 plus line 18; for Non-Custodial Parent, line 4 minus line 18)	\$
20. Maintenance Supplement	\$

COMMENTS, CALCULATIONS, OR REBUTTALS TO SCHEDULE:

Prepared by:

Date: