

CHILD SUPPORT GUIDELINES - SOLE PARENTING WORKSHEET

Case Name:	vs.	County:
<i>Plaintiff</i>		<i>Defendant</i>
Custodial Parent is the: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		Docket #:
		Number of Children:

<i>All amounts must be weekly</i>	CUSTODIAL	NON-CUSTODIAL	COMBINED
1. Gross Taxable Income	\$	\$	
1a. Mandatory Retirement Contributions (non-taxable)	-\$	-\$	
1b. Alimony Paid (Current and/or Past Relationships)	-\$	-\$	
1c. Alimony Received (Current and/or Past Relationships)	+\$	+\$	
2. Adjusted Gross Taxable Income ((L1-L1a-L1b)+L1c)	\$	\$	
2a. Federal, State and Local Income Tax Withholding	-\$	-\$	
2b. Prior Child Support Orders (Past Relationships)	-\$	-\$	
2c. Mandatory Union Dues	-\$	-\$	
2d. Other Dependent Deduction (from L14 of a separate worksheet)	-\$	-\$	
3. Net Taxable Income (L2-L2a-L2b-L2c-L2d)	\$	\$	
4. Non-Taxable Income (source:)	+\$	+\$	
5. Net Income (L3+L4)	\$	\$	\$
6. Percentage Share of Income (L5 Each Parent ÷ L5 Combined)			100%
7. Basic Child Support Amount (from Appendix IX-F Schedules)			\$
8. Net Work-Related Child Care (from Appendix IX-E Worksheet)			+\$
9. Child's Share of Health Insurance Premium			+\$
10. Unreimbursed Health Care Expenses over \$250 per child per year			+\$
11. Court-Approved Extraordinary Expenses			+\$
12. Government Benefits for the Child			-\$
13. Total Child Support Amount ((L7+L8+L9+L10+L11) - L12)			\$

If line 13 total support amount is zero, STOP – benefit apportionment is substituted for support order.

14. Each Parent's Share of the Support Obligation (L6 x L13)	\$	\$	
15. Net Work-Related Child Care Paid		-\$	
16. Health Insurance Premium for the Child Paid		-\$	
17. Unreimbursed Health Care Expenses Paid (>\$250/child/year)		-\$	
18. Court-Approved Extraordinary Expenses Paid		-\$	
19. Adjustment for Parenting Time Expenses (L7 x %time x 0.37). <i>Note: Not presumptive in some low income situations (see App. IX-A., ¶13).</i>		-\$	
20. Net Child Support Obligation (L14-L15-L16-L17-L18-L19)		\$	

If neither parent is requesting the other-dependent deduction, go to line 24

21. Child Support Order WITH Other-Dependent Deduction		\$	
22. Child Support Order WITHOUT Other-Dependent Deduction		\$	
23. Adjusted Child Support Order ((L21 + L22) ÷ 2)		\$	

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<i>All amounts must be weekly</i>	CUSTODIAL	NON-CUSTODIAL	COMBINED
24. Self-Support Reserve Test (L5 – L20 or L23 for NCP; L5 – L14 for CP). If NCP result is greater than 105% of the poverty guideline for one person (<i>pg</i>) or CP net income (L5) minus CP share of the child support obligation (L14) is less than the <i>pg</i> , enter L20 or L23 amount on L26. If NCP L24 income is less than the <i>pg</i> and CP income is greater than the <i>pg</i> , go to L25.			
	\$	\$	
25. Obligor Parent's Maximum Child Support Obligation (L5 NCP income – 105% of poverty guideline for one person). Enter result here and on Line 26.		\$	
26. Child Support Order		\$	
COMMENTS, REBUTTALS, AND JUSTIFICATION FOR DEVIATIONS			
1. The child support order for this case <input type="checkbox"/> was <input type="checkbox"/> was not based on the child support guidelines award.			
2. If different from the child support guidelines award (line 26), enter amount ordered: \$			
3. The child support guidelines were not used or the guidelines award was adjusted because:			
(<input type="checkbox"/> additional pages attached)			
4. The following court-approved extraordinary expenses were added to the basic support obligation:			
5. Parenting Time: Custodial Parent _____% Non-Custodial Parent _____%.			
6. Custodial Taxes: <input type="checkbox"/> App. IX-H <input type="checkbox"/> Circ E <input type="checkbox"/> Other:____ #Allowances:____ Marital: S M H			
Non-Custodial Taxes: <input type="checkbox"/> App. IX-H <input type="checkbox"/> Circ E <input type="checkbox"/> Other:____ #Allowances:____ Marital: S M H			
Prepared By:	Title:		Date: