CHILD SUPPORT GUIDELINES WORKSHEET

Line

1. BASE PRIMARY SUPPORT $250 × _____ (# of children)   _____

2. <u>Plus</u> Monthly Child Care Expenses   +_____

3. <u>Plus</u> Monthly Health / Dental Insurance for the Child(ren)   +_____

4. PRIMARY SUPPORT NEED (add lines 1, 2, and 3)   =_____

	FATHER (A)	MOTHER (B)	TOTAL (C)

5. Parents' SOLA Income (from Table)   _____ + _____ =_____

6. <u>Less</u> PRIMARY SUPPORT NEED (from line 4)   −_____

7. Parents' Net SOLA Income (line 5 − line 6)   =_____

8. SOLA Percentage, 10% per child, up to 30%   ×_____

9. SOLA Obligation (line 7 × line 8)   =_____

10. TOTAL SUPPORT NEEDED (line 4 + line 9)   _____

	FATHER (A)	MOTHER (B)	TOTAL (C)

11. Monthly Gross Income   _____ _____

12. Monthly Net Income (from Table)   _____ + _____ =_____

13 Income Percentage   _____% _____%

14. Support Payable By Each Parent (line 10)
    × Parent's (line 13) %   _____ _____

15. <u>Less</u> Monthly Child Care Expense
    for Parent Who Pays   −_____ −_____

16. <u>Less</u> Monthly Health Insurance Cost
    for Parent Who Pays   −_____ −_____

17. REMAINING CHILD SUPPORT PAYABLE
    BY EACH PARENT to nearest $ 10   =_____ =_____

18. [ ] Mother [ ] Father pays to [ ] Mother [ ] DHS [ ] Father child support in total of $_____ per
    month ($_____ per child per month).[ ] Mother [ ] Father pays health insurance.[ ] Mother [ ] Father
    pays child care expenses.

[ ] The court should deviate from the child support as calculated on line 14 because Obligor Parent's child
support is greater than 70% of his / her net income, therefore, child support on line 14 is assessed at 70 % of
his / her net income or $_____per month [ ] which is minimum child support of $ 50 / child.

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.

_____   _____

Father   Date

_____   _____

Mother   Date

       [ ] See Joint Custody / Extensive Visitation Worksheet attached hereto.
       [ ] See Exceptional Circumstances Worksheet attached hereto.