

Case Name _____

Date Prepared _____

Docket Number _____

Name of Preparer _____

CHILD SUPPORT GUIDELINES WORKSHEET
All amounts are \$ / week, rounded to the nearest dollar.

1. INCOME

	Recipient	Payor
a. Gross Weekly income	\$ _____	\$ _____
b. Minus Child Care cost paid	\$ (_____)	\$ (_____)
c. Minus Health Insurance cost paid	\$ (_____)	\$ (_____)
d. Minus Dental/Vision Insurance cost paid	\$ (_____)	\$ (_____)
e. Minus Other Support Obligations paid	\$ (_____)	\$ (_____)
f. Available income	= \$ _____	\$ _____
g. Combined Available Income Recipient 1(f) + Payor 1(f)	=	\$ _____

2. CHILD SUPPORT CALCULATION

a. Combined amount for one child (See Table A)		\$ _____
b. Adjustment for number of children covered by this order (See Table B)	Number of children _____	x _____
c. Combined support amount 2(a) x 2(b)		= \$ _____
d. Recipient's % of combined income Recipient 1(f) ÷ 1(g)	_____ %	
e. Minus Recipient's share of combined support amount 2(c) x 2(d)		\$ (_____)
f. Payor's proportional weekly support amount 2(c) - 2(e)		= \$ _____
g. Weekly support amount as % of Recipient income 2(f) ÷ Recipient 1(f)	_____ %	
h. Payor's final weekly support amount if 2(g) is 10% or more, then enter 2(f) here. Otherwise, enter the lesser of 2(f) OR (10% + 2(g)) x Payor 1(f)		= \$ _____

COMBINED AVAILABLE INCOME FROM LINE 1(g)			CHILD SUPPORT AMOUNT (1 CHILD)		
Minimum	Maximum		At court discretion, but not less than \$80/month		
\$-	→	\$100			
\$101	→	\$200		21%	
\$201	→	\$320		24%	
\$321	→	\$500	\$77 +	26%	above \$320
\$501	→	\$1,000	\$124 +	25%	above \$500
\$1,001	→	\$1,500	\$249 +	22%	above \$1,000
\$1,501	→	\$2,500	\$359 +	19%	above \$1,500
\$2,501	→	\$3,500	\$549 +	17%	above \$2,500
\$3,501	→	\$4,808	\$719 +	15%	above \$3,500

CHILDREN	ADJUSTMENT
1	1.00
2	1.20
3	1.27
4	1.32
5	1.35