

CHECKLIST OF ESSENTIAL INFORMATION

(See the Child Support Guidelines for Explanations and Definitions)

INCOME: What is Parent (A)'s gross monthly income from all sources? What is Parent (B)'s gross monthly income from all sources? How many children are covered by this child support calculation?	\$ _____ \$ _____ # _____	_____ _____ _____
CHILD CARE EXPENSE: How much is the monthly child care expense? How much of this is paid by Parent (A)? How much of this is paid by Parent (B)?	\$ _____ \$ _____ \$ _____	_____ _____ _____
HEALTH INSURANCE: Who pays the monthly health insurance premium? (Circle one) How much is the monthly premium for the plan that includes the children? How much would the monthly premium be for that parent alone?	Parent (A) \$ _____ \$ _____	Parent (B) _____ _____
If NO Health Insurance:		
Who was ordered to pay "cash medical"? (Circle one) How much was ordered for "cash medical"?	Parent (A) \$ _____	Parent (B) _____
Who ordered the payment for "cash medical"? (Circle one)	Court/Judge	CSEA/OCSH/ child support agency
OVERNIGHTS WITH THE CHILDREN: (if both parents have more than 143 overnights): How many overnights per year does Parent (A) have? How many overnights per year does Parent (B) have?	# _____ # _____	_____ _____