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PARENTS' INCOMES	Parent (A)	Parent (B)	TOTAL (C)
1. Monthly Gross Income from all sources . . . . .	[ ]	[ ]	= [ ]
2. Monthly Net Income (from Table of Incomes) . . . . .	[ ]	[ ]	= [ ]
3. Percentage of Total Net Income on Line 2 from each parent . . . . .	[ ] % <small>[Line 2(A) ÷ 2(C)] x 100</small>	[ ] % <small>[Line 2(B) ÷ 2(C)] x 100</small>	= [ ] % <small>Round to nearest %</small>

CHILD SUPPORT NEED			TOTAL (C)
4. Base Primary Support: (\$415) x [ ] (# of children) . . . . .			= [ ]
5. Plus Monthly Child Care Expense (to allow custodial parent to work or attend voc. ed. or training) . . . . .			+ [ ]
6. Plus Monthly Health Insurance Expense (for the child(ren) and paid by parents). If no insurance, use State Cash Medical support amount (10% of Net Income on Line 2) [ ] [ ]			+ [ ]
7. PRIMARY CHILD SUPPORT NEED (add Lines 4, 5 & 6) . . . . .			= [ ]

STANDARD OF LIVING ADJUSTMENT	Parent (A)	Parent (B)	TOTAL (C)
8. Parent's SOLA income (from Table of Incomes) . . . . .	[ ]	[ ]	= [ ]
9. Less PRIMARY CHILD SUPPORT NEED (copy from Line 7) . . . . .			- [ ]
10. Parents' remaining SOLA income (Line 8(c) - Line 9; but if result is negative enter 0) . . . . .			= [ ]
11. SOLA Percentage (10% per child, up to 30% maximum) . . . . .			x [ ] %
12. SOLA Amount (Line 10 x Line 11) . . . . .			= [ ]
13. CHILD SUPPORT CALCULATION (Line 7 + Line 12) . . . . .			= [ ]

CHILD SUPPORT OBLIGATIONS / CREDITS	Parent (A)	Parent (B)	70% of Net Income:
14. Total Support Obligation for each parent (Line 13 x % in Line 3) . . . . . <i>Minimum: \$83 per child. Maximum: The Total Support Obligation for a parent should not exceed that parent's Net Income on Line 2, if the Net Income exceeds \$83 per child.</i>	[ ]	[ ]	Parent (A):
15. Credit for Child Care Expense (for parent who pays) . . . . .	- [ ]	- [ ]	Parent (B):
16. Credit for Health Ins./Cash Medical amount (for parent who pays) . . . . .	- [ ]	- [ ]	
17. REMAINING CHILD SUPPORT OBLIGATION AFTER CREDITS . . . . .	= [ ]	= [ ]	<small>Round to nearest dollar</small>

**SUMMARY OF CHILD SUPPORT PAYMENTS**

[ ] Parent (A) [ ] Parent (B) pays monthly child support of \_\_\_\_\_ to other parent, \_\_\_\_\_ per child per mo.  
 [ ] Parent (A) [ ] Parent (B) pays health ins./cash medical. [ ] Parent (A) [ ] Parent (B) pays child care expense.

[ ] EXTENSIVE TIME-SHARING WORKSHEET attached. [ ] EXCEPTIONAL CIRCUMSTANCES FORM attached.  <b>CERTIFICATION:</b> I hereby declare, under penalty of perjury, that I have examined this worksheet, and any attached worksheets, and to the best of my knowledge and belief the information provided is true, correct and complete.  _____ Parent (A) <span style="float: right;">Date</span>  _____ Parent (B) <span style="float: right;">Date</span>	<i>For Court Use Only</i>
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STATE OF HAWAII FAMILY COURT OF THE CIRCUIT	<b>EXTENSIVE TIME-SHARING WORKSHEET</b> <b>to be attached to</b> CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)	CASE NUMBER:  FC_ No.
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*This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.*

EQUAL TIME-SHARING CALCULATION				
LINE		Parent (A)	Parent (B)	(C)
18	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent			
19	YEARLY SUPPORT OBLIGATION UNDER EQUAL TIME-SHARING [Line 18(A) x 6 months] and [Line 18(B) x 6 months]			
20	Difference between lines 19(A) and 19(B) [larger amount - lesser amount]			
21	EQUAL TIME-SHARING CHILD SUPPORT [Line 20(C) ÷ 12] Enter result in column for parent with larger support obligation on Lines 18 & 19.			<i>Round to nearest dollar.</i>

EXTENSIVE TIME-SHARING CALCULATION				
IF BOTH PARENTS HAVE MORE THAN 143 OVERNIGHTS PER YEAR, COMPLETE LINES 22 - 29 BELOW.				
		Parent (A)	Parent (B)	(C)
22	NUMBER OF OVERNIGHTS for <u>only</u> the parent with fewer overnights.			
23	CSGW LINE 17 SUPPORT AMOUNT for the parent with fewer overnights.			
24	EQUAL TIME-SHARING SUPPORT. Enter the amount from Line 21 above.			
25	DIFFERENCE BETWEEN REGULAR & EQUAL TIME-SHARING SUPPORT: If the child support obligations in Lines 23 and 24 are for the <u>same parent</u> , then subtract Line 24 from Line 23. [Line 23 - Line 24] If the child support obligations in Lines 23 and 24 are for <u>different parents</u> , then add Line 23 and Line 24. [Line 23 + Line 24]			
26	ADJUSTMENT RATE (for each night over 143 nights) [Line 25 ÷ 40]			
27	NUMBER OF OVERNIGHTS EXCEEDING 143 PER YEAR. [Line 22 - 143]			x
28	CREDIT FOR NIGHTS EXCEEDING REGULAR SUPPORT [Line 26 x Line 27]			=
29	EXTENSIVE TIME-SHARING CHILD SUPPORT for the parent with fewer overnights. [Line 23 - Line 28]			<i>Round to nearest dollar.</i>

SPLIT CUSTODY CALCULATION					
	Number of children with Parent (A):	Number of children with Parent (B):	Parent (A)	Parent (B)	(C)
30					
30	CSGW LINE 17 MONTHLY SUPPORT AMOUNT for each parent				
31	TOTAL NUMBER OF CHILDREN IN THIS CASE [from CSGW Line 4]				
32	EACH PARENT'S SUPPORT PER CHILD [Line 30 ÷ Line 31]				
33	NUMBER OF CHILDREN EACH PARENT IS OBLIGATED TO PAY SUPPORT FOR (the number of children with the other parent)				
34	SUPPORT OBLIGATION OF EACH PARENT [Line 32 x Line 33]				
35	REMAINING SUPPORT OBLIGATION AFTER OFFSET Subtract the smaller amount in Line 34 from the larger amount; enter the result in the column of the parent with the larger amount on Line 34.				<i>Round to nearest dollar.</i>

**SUMMARY OF CHILD SUPPORT PAYMENTS**

\_\_\_ Parent (A) \_\_\_ Parent (B) pays monthly child support of \_\_\_\_\_ to the other parent, \_\_\_\_\_ per child per month.

\_\_\_ Parent (A) \_\_\_ Parent (B) pays health insurance/cash medical. \_\_\_ Parent (A) \_\_\_ Parent (B) pays child care expense.

STATE OF HAWAII FAMILY COURT OF THE CIRCUIT	<b>EXCEPTIONAL CIRCUMSTANCES FORM</b> <b>to be attached to</b> CHILD SUPPORT GUIDELINES WORKSHEET (CSGW)	CASE NUMBER:  FC- _ No.
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*This form requires information from your completed CSGW, and you must mark it as an attachment at the bottom of the CSGW.*

Payor Parent: \_\_\_\_\_ No. of children in this case: \_\_\_\_\_ CS amount from Line 14: \_\_\_\_\_

**After considering the best interests of a child(ren), a deviation is requested because application of the Guidelines amount would be unjust or inappropriate for the following reasons:**

**EXCEPTION REQUESTED BECAUSE CALCULATED CHILD SUPPORT EXCEEDS 70% OF NET INCOME**

Payor's total monthly child support obligation as calculated on Line 14 of the CSGW (\_\_\_\_\_) exceeds the minimum support amount of \$83 per child and is greater than 70% of Payor's net income from the Table of Incomes (\_\_\_\_\_).

I request a finding that an exceptional circumstance exists and that Payor's total monthly child support obligation on Line 14 of the CSGW be limited to either 70% of Payor's net income or \$83 per child, whichever is greater. Using the higher of the two numbers the total support for the \_\_\_ children in this case would be \_\_\_\_\_ per month. After deductions for monthly child care expenses listed on Line 15 (\_\_\_\_\_) and health insurance costs listed on Line 16 (\_\_\_\_\_), which are paid directly by Payor, the remaining child support obligation of Payor will be \_\_\_\_\_ per month

**EXCEPTION REQUESTED BECAUSE PAYOR SUPPORTS ADDITIONAL LEGAL CHILD(REN)**

A) Payor's total monthly child support obligation as calculated on Line 14 of the CSGW (\_\_\_\_\_), divided by the number of children to be supported on Line 4 of the CSGW (\_\_\_), equals \_\_\_\_\_ per child.

Is this amount per child greater than \$83 per child (the minimum support amount)? Yes \_\_\_ No \_\_\_

B) Payor supports \_\_\_ additional legal child(ren). If all of Payor's Net Income on Line 2 of the CSGW (\_\_\_\_\_) is divided by the total number of children Payor is required to support (\_\_\_), each child would receive \_\_\_\_\_.

Is this amount per child less than the amount per child calculated on line A) above? Yes \_\_\_ No \_\_\_

If the answers to both questions above is 'Yes,' you may request that the Court make the following finding:

Due to Payor's obligation to support (and Payor's actual support of) additional children, I request a finding that an exceptional circumstance exists and that the support per child in this case be limited to the greater of the amount per child shown in line B) above, \_\_\_\_\_, or the State minimum per child of \$83. Using the higher of the two numbers the total support for the \_\_\_ children in this case would be \_\_\_\_\_ per month.

After deductions for monthly child care expense listed on Line 15 (\_\_\_\_\_) and health insurance/cash medical cost listed on Line 16 (\_\_\_\_\_), which are paid directly by Payor, the remaining child support obligation of Payor will be \_\_\_\_\_ per month.

**EXCEPTION REQUESTED DUE TO OTHER CIRCUMSTANCES**

**SUMMARY OF CHILD SUPPORT PAYMENTS (IF EXCEPTION IS GRANTED)**

\_\_\_ Parent (A) \_\_\_ Parent (B) pays monthly child support of \_\_\_\_\_ to other parent, \_\_\_\_\_ per child per mo.

\_\_\_ Parent (A) \_\_\_ Parent (B) pays health insurance/cash medical. \_\_\_ Parent (A) \_\_\_ Parent (B) pays child care expense.

2020 CHILD SUPPORT GUIDELINES

**TABLE OF INCOMES**

<u>GROSS INCOME</u>		<u>NET</u>	<u>SOLA</u>	<u>70% OF</u>
<u>FROM</u>	<u>TO</u>	<u>INCOME</u>	<u>INCOME</u>	<u>NET</u>
\$0	\$750	\$0	\$0	\$0
\$751	\$800	\$0	\$0	\$0
\$801	\$850	\$0	\$0	\$0
\$851	\$900	\$0	\$0	\$0
\$901	\$950	\$0	\$0	\$0
\$951	\$1,000	\$0	\$0	\$0
\$1,001	\$1,050	\$0	\$0	\$0
\$1,051	\$1,100	\$0	\$0	\$0
\$1,101	\$1,150	\$0	\$0	\$0
\$1,151	\$1,200	\$0	\$0	\$0
\$1,201	\$1,250	\$24	\$38	\$17
\$1,251	\$1,300	\$61	\$88	\$43
\$1,301	\$1,350	\$98	\$138	\$68
\$1,351	\$1,400	\$134	\$188	\$94
\$1,401	\$1,450	\$171	\$238	\$120
\$1,451	\$1,500	\$208	\$288	\$145
\$1,501	\$1,550	\$245	\$338	\$171
\$1,551	\$1,600	\$281	\$388	\$197
\$1,601	\$1,650	\$318	\$438	\$223
\$1,651	\$1,700	\$355	\$488	\$248
\$1,701	\$1,750	\$391	\$538	\$274
\$1,751	\$1,800	\$428	\$588	\$300
\$1,801	\$1,850	\$465	\$638	\$325
\$1,851	\$1,900	\$501	\$688	\$351
\$1,901	\$1,950	\$538	\$738	\$376
\$1,951	\$2,000	\$574	\$788	\$402
\$2,001	\$2,050	\$611	\$838	\$428
\$2,051	\$2,100	\$647	\$888	\$453
\$2,101	\$2,150	\$684	\$938	\$478
\$2,151	\$2,200	\$720	\$988	\$504
\$2,201	\$2,250	\$756	\$1,038	\$529
\$2,251	\$2,300	\$793	\$1,088	\$555
\$2,301	\$2,350	\$829	\$1,138	\$580
\$2,351	\$2,400	\$865	\$1,188	\$606
\$2,401	\$2,450	\$902	\$1,238	\$631
\$2,451	\$2,500	\$938	\$1,288	\$657
\$2,501	\$2,550	\$975	\$1,338	\$682
\$2,551	\$2,600	\$1,011	\$1,388	\$708
\$2,601	\$2,650	\$1,047	\$1,438	\$733
\$2,651	\$2,700	\$1,084	\$1,488	\$759
\$2,701	\$2,750	\$1,120	\$1,538	\$784
\$2,751	\$2,800	\$1,156	\$1,588	\$809
\$2,801	\$2,850	\$1,193	\$1,638	\$835

**APPENDIX B**

\$2,851	\$2,900	\$1,229	\$1,688	\$860
\$2,901	\$2,950	\$1,266	\$1,738	\$886
\$2,951	\$3,000	\$1,302	\$1,788	\$911
\$3,001	\$3,050	\$1,338	\$1,838	\$937
\$3,051	\$3,100	\$1,374	\$1,888	\$962
\$3,101	\$3,150	\$1,411	\$1,938	\$988
\$3,151	\$3,200	\$1,447	\$1,988	\$1,013
\$3,201	\$3,250	\$1,483	\$2,038	\$1,038
\$3,251	\$3,300	\$1,517	\$2,088	\$1,062
\$3,301	\$3,350	\$1,548	\$2,138	\$1,084
\$3,351	\$3,400	\$1,579	\$2,188	\$1,105
\$3,401	\$3,450	\$1,610	\$2,238	\$1,127
\$3,451	\$3,500	\$1,642	\$2,288	\$1,149
\$3,501	\$3,550	\$1,673	\$2,338	\$1,171
\$3,551	\$3,600	\$1,704	\$2,388	\$1,193
\$3,601	\$3,650	\$1,735	\$2,438	\$1,215
\$3,651	\$3,700	\$1,767	\$2,488	\$1,237
\$3,701	\$3,750	\$1,798	\$2,538	\$1,258
\$3,751	\$3,800	\$1,829	\$2,588	\$1,280
\$3,801	\$3,850	\$1,860	\$2,638	\$1,302
\$3,851	\$3,900	\$1,891	\$2,688	\$1,324
\$3,901	\$3,950	\$1,923	\$2,738	\$1,346
\$3,951	\$4,000	\$1,954	\$2,788	\$1,368
\$4,001	\$4,050	\$1,985	\$2,838	\$1,390
\$4,051	\$4,100	\$2,016	\$2,888	\$1,411
\$4,101	\$4,150	\$2,047	\$2,938	\$1,433
\$4,151	\$4,200	\$2,078	\$2,988	\$1,455
\$4,201	\$4,250	\$2,109	\$3,038	\$1,477
\$4,251	\$4,300	\$2,140	\$3,088	\$1,498
\$4,301	\$4,350	\$2,171	\$3,138	\$1,520
\$4,351	\$4,400	\$2,203	\$3,188	\$1,542
\$4,401	\$4,450	\$2,234	\$3,238	\$1,563
\$4,451	\$4,500	\$2,265	\$3,288	\$1,585
\$4,501	\$4,550	\$2,296	\$3,338	\$1,607
\$4,551	\$4,600	\$2,327	\$3,388	\$1,629
\$4,601	\$4,650	\$2,358	\$3,438	\$1,650
\$4,651	\$4,700	\$2,389	\$3,488	\$1,672
\$4,701	\$4,750	\$2,420	\$3,538	\$1,694
\$4,751	\$4,800	\$2,451	\$3,588	\$1,716
\$4,801	\$4,850	\$2,482	\$3,638	\$1,737
\$4,851	\$4,900	\$2,513	\$3,688	\$1,759
\$4,901	\$4,950	\$2,544	\$3,738	\$1,781
\$4,951	\$5,000	\$2,575	\$3,788	\$1,803
\$5,001	\$5,050	\$2,606	\$3,838	\$1,824
\$5,051	\$5,100	\$2,637	\$3,888	\$1,846
\$5,101	\$5,150	\$2,668	\$3,938	\$1,868

\$5,151	\$5,200	\$2,699	\$3,988	\$1,890
\$5,201	\$5,250	\$2,730	\$4,038	\$1,911
\$5,251	\$5,300	\$2,761	\$4,088	\$1,933
\$5,301	\$5,350	\$2,792	\$4,138	\$1,955
\$5,351	\$5,400	\$2,824	\$4,188	\$1,976
\$5,401	\$5,450	\$2,855	\$4,238	\$1,998
\$5,451	\$5,500	\$2,886	\$4,288	\$2,020
\$5,501	\$5,550	\$2,917	\$4,338	\$2,042
\$5,551	\$5,600	\$2,948	\$4,388	\$2,063
\$5,601	\$5,650	\$2,979	\$4,438	\$2,085
\$5,651	\$5,700	\$3,010	\$4,488	\$2,107
\$5,701	\$5,750	\$3,041	\$4,538	\$2,129
\$5,751	\$5,800	\$3,072	\$4,588	\$2,150
\$5,801	\$5,850	\$3,103	\$4,638	\$2,172
\$5,851	\$5,900	\$3,134	\$4,688	\$2,194
\$5,901	\$5,950	\$3,165	\$4,738	\$2,216
\$5,951	\$6,000	\$3,196	\$4,788	\$2,237
\$6,001	\$6,050	\$3,227	\$4,838	\$2,259
\$6,051	\$6,100	\$3,258	\$4,888	\$2,281
\$6,101	\$6,150	\$3,289	\$4,938	\$2,302
\$6,151	\$6,200	\$3,320	\$4,988	\$2,324
\$6,201	\$6,250	\$3,351	\$5,038	\$2,346
\$6,251	\$6,300	\$3,382	\$5,088	\$2,368
\$6,301	\$6,350	\$3,413	\$5,138	\$2,389
\$6,351	\$6,400	\$3,445	\$5,188	\$2,411
\$6,401	\$6,450	\$3,476	\$5,238	\$2,433
\$6,451	\$6,500	\$3,507	\$5,288	\$2,455
\$6,501	\$6,550	\$3,538	\$5,338	\$2,476
\$6,551	\$6,600	\$3,569	\$5,388	\$2,498
\$6,601	\$6,650	\$3,600	\$5,438	\$2,520
\$6,651	\$6,700	\$3,631	\$5,488	\$2,542
\$6,701	\$6,750	\$3,662	\$5,538	\$2,563
\$6,751	\$6,800	\$3,693	\$5,588	\$2,585
\$6,801	\$6,850	\$3,724	\$5,638	\$2,607
\$6,851	\$6,900	\$3,755	\$5,688	\$2,629
\$6,901	\$6,950	\$3,786	\$5,738	\$2,650
\$6,951	\$7,000	\$3,816	\$5,788	\$2,671
\$7,001	\$7,050	\$3,846	\$5,838	\$2,692
\$7,051	\$7,100	\$3,876	\$5,888	\$2,713
\$7,101	\$7,150	\$3,906	\$5,938	\$2,734
\$7,151	\$7,200	\$3,936	\$5,988	\$2,755
\$7,201	\$7,250	\$3,966	\$6,038	\$2,776
\$7,251	\$7,300	\$3,996	\$6,088	\$2,797
\$7,301	\$7,350	\$4,026	\$6,138	\$2,818
\$7,351	\$7,400	\$4,056	\$6,188	\$2,839
\$7,401	\$7,450	\$4,086	\$6,238	\$2,860

\$7,451	\$7,500	\$4,116	\$6,288	\$2,881
\$7,501	\$7,550	\$4,146	\$6,338	\$2,902
\$7,551	\$7,600	\$4,176	\$6,388	\$2,923
\$7,601	\$7,650	\$4,206	\$6,438	\$2,944
\$7,651	\$7,700	\$4,236	\$6,488	\$2,965
\$7,701	\$7,750	\$4,266	\$6,538	\$2,986
\$7,751	\$7,800	\$4,296	\$6,588	\$3,007
\$7,801	\$7,850	\$4,326	\$6,638	\$3,029
\$7,851	\$7,900	\$4,356	\$6,688	\$3,050
\$7,901	\$7,950	\$4,387	\$6,738	\$3,071
\$7,951	\$8,000	\$4,417	\$6,788	\$3,092
\$8,001	\$8,050	\$4,447	\$6,838	\$3,113
\$8,051	\$8,100	\$4,477	\$6,888	\$3,134
\$8,101	\$8,150	\$4,507	\$6,938	\$3,155
\$8,151	\$8,200	\$4,537	\$6,988	\$3,176
\$8,201	\$8,250	\$4,567	\$7,038	\$3,197
\$8,251	\$8,300	\$4,597	\$7,088	\$3,218
\$8,301	\$8,350	\$4,627	\$7,138	\$3,239
\$8,351	\$8,400	\$4,657	\$7,188	\$3,260
\$8,401	\$8,450	\$4,687	\$7,238	\$3,281
\$8,451	\$8,500	\$4,717	\$7,288	\$3,302
\$8,501	\$8,550	\$4,747	\$7,338	\$3,323
\$8,551	\$8,600	\$4,777	\$7,388	\$3,344
\$8,601	\$8,650	\$4,807	\$7,438	\$3,365
\$8,651	\$8,700	\$4,837	\$7,488	\$3,386
\$8,701	\$8,750	\$4,867	\$7,538	\$3,407
\$8,751	\$8,800	\$4,897	\$7,588	\$3,428
\$8,801	\$8,850	\$4,927	\$7,638	\$3,449
\$8,851	\$8,900	\$4,957	\$7,688	\$3,470
\$8,901	\$8,950	\$4,988	\$7,738	\$3,491
\$8,951	\$9,000	\$5,018	\$7,788	\$3,512
\$9,001	\$9,050	\$5,048	\$7,838	\$3,533
\$9,051	\$9,100	\$5,078	\$7,888	\$3,554
\$9,101	\$9,150	\$5,108	\$7,938	\$3,575
\$9,151	\$9,200	\$5,138	\$7,988	\$3,596
\$9,201	\$9,250	\$5,168	\$8,038	\$3,617
\$9,251	\$9,300	\$5,198	\$8,088	\$3,639
\$9,301	\$9,350	\$5,228	\$8,138	\$3,660
\$9,351	\$9,400	\$5,258	\$8,188	\$3,681
\$9,401	\$9,450	\$5,288	\$8,238	\$3,702
\$9,451	\$9,500	\$5,318	\$8,288	\$3,723
\$9,501	\$9,550	\$5,348	\$8,338	\$3,744
\$9,551	\$9,600	\$5,378	\$8,388	\$3,765
\$9,601	\$9,650	\$5,408	\$8,438	\$3,786
\$9,651	\$9,700	\$5,438	\$8,488	\$3,807
\$9,701	\$9,750	\$5,468	\$8,538	\$3,828

\$9,751	\$9,800	\$5,498	\$8,588	\$3,849
\$9,801	\$9,850	\$5,528	\$8,638	\$3,870
\$9,851	\$9,900	\$5,558	\$8,688	\$3,891
\$9,901	\$9,950	\$5,589	\$8,738	\$3,912
\$9,951	\$10,000	\$5,619	\$8,788	\$3,933
\$10,001	\$10,050	\$5,649	\$8,838	\$3,954
\$10,051	\$10,100	\$5,679	\$8,888	\$3,975
\$10,101	\$10,150	\$5,709	\$8,938	\$3,996
\$10,151	\$10,200	\$5,739	\$8,988	\$4,017
\$10,201	\$10,250	\$5,769	\$9,038	\$4,038
\$10,251	\$10,300	\$5,799	\$9,088	\$4,059
\$10,301	\$10,350	\$5,829	\$9,138	\$4,080
\$10,351	\$10,400	\$5,859	\$9,188	\$4,101
\$10,401	\$10,450	\$5,889	\$9,238	\$4,122
\$10,451	\$10,500	\$5,919	\$9,288	\$4,143
\$10,501	\$10,550	\$5,949	\$9,338	\$4,164
\$10,551	\$10,600	\$5,979	\$9,388	\$4,185
\$10,601	\$10,650	\$6,009	\$9,438	\$4,207
\$10,651	\$10,700	\$6,042	\$9,488	\$4,230
\$10,701	\$10,750	\$6,076	\$9,538	\$4,253
\$10,751	\$10,800	\$6,109	\$9,588	\$4,276
\$10,801	\$10,850	\$6,142	\$9,638	\$4,299
\$10,851	\$10,900	\$6,175	\$9,688	\$4,323
\$10,901	\$10,950	\$6,208	\$9,738	\$4,346
\$10,951	\$11,000	\$6,241	\$9,788	\$4,369
\$11,001	\$11,050	\$6,275	\$9,838	\$4,392
\$11,051	\$11,100	\$6,308	\$9,888	\$4,415
\$11,101	\$11,150	\$6,341	\$9,938	\$4,439
\$11,151	\$11,200	\$6,374	\$9,988	\$4,462
\$11,201	\$11,250	\$6,407	\$10,038	\$4,485
\$11,251	\$11,300	\$6,440	\$10,088	\$4,508
\$11,301	\$11,350	\$6,473	\$10,138	\$4,531
\$11,351	\$11,400	\$6,507	\$10,188	\$4,555
\$11,401	\$11,450	\$6,540	\$10,238	\$4,578
\$11,451	\$11,500	\$6,573	\$10,288	\$4,601
\$11,501	\$11,550	\$6,606	\$10,338	\$4,624
\$11,551	\$11,600	\$6,639	\$10,388	\$4,647
\$11,601	\$11,650	\$6,672	\$10,438	\$4,671
\$11,651	\$11,700	\$6,705	\$10,488	\$4,694
\$11,701	\$11,750	\$6,739	\$10,538	\$4,717
\$11,751	\$11,800	\$6,772	\$10,588	\$4,740
\$11,801	\$11,850	\$6,805	\$10,638	\$4,763
\$11,851	\$11,900	\$6,838	\$10,688	\$4,787
\$11,901	\$11,950	\$6,871	\$10,738	\$4,810
\$11,951	\$12,000	\$6,904	\$10,788	\$4,833
\$12,001	\$12,050	\$6,938	\$10,838	\$4,856

\$12,051	\$12,100	\$6,971	\$10,888	\$4,879
\$12,101	\$12,150	\$7,004	\$10,938	\$4,903
\$12,151	\$12,200	\$7,037	\$10,988	\$4,926
\$12,201	\$12,250	\$7,070	\$11,038	\$4,949
\$12,251	\$12,300	\$7,103	\$11,088	\$4,972
\$12,301	\$12,350	\$7,136	\$11,138	\$4,995
\$12,351	\$12,400	\$7,170	\$11,188	\$5,019
\$12,401	\$12,450	\$7,203	\$11,238	\$5,042
\$12,451	\$12,500	\$7,236	\$11,288	\$5,065
\$12,501	\$12,550	\$7,269	\$11,338	\$5,088
\$12,551	\$12,600	\$7,302	\$11,388	\$5,112
\$12,601	\$12,650	\$7,335	\$11,438	\$5,135
\$12,651	\$12,700	\$7,368	\$11,488	\$5,158
\$12,701	\$12,750	\$7,402	\$11,538	\$5,181
\$12,751	\$12,800	\$7,435	\$11,588	\$5,204
\$12,801	\$12,850	\$7,468	\$11,638	\$5,228
\$12,851	\$12,900	\$7,501	\$11,688	\$5,251
\$12,901	\$12,950	\$7,534	\$11,738	\$5,274
\$12,951	\$13,000	\$7,567	\$11,788	\$5,297

**CHECKLIST OF ESSENTIAL INFORMATION**

(See the Child Support Guidelines for Explanations and Definitions)

<b>INCOME:</b>		
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?	# _____	
<b>CHILD CARE EXPENSE:</b>		
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)?	\$ _____	
<b>HEALTH INSURANCE:</b>		
Who pays the monthly health insurance premium? (Circle one)	Parent (A)	Parent (B)
How much is the monthly premium for the plan that includes the children?	\$ _____	
How much would the monthly premium be for that parent alone?	\$ _____	
<b>If NO Health Insurance:</b>		
Who was ordered to pay "cash medical"? (Circle one)	Parent (A)	Parent (B)
How much was ordered for "cash medical"?	\$ _____	
Who ordered the payment for "cash medical"? (Circle one)	Court/Judge	CSEA/OCSH/ child support agency
<b>OVERNIGHTS WITH THE CHILDREN:</b> (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?	# _____	