

<p style="text-align: center;">_____</p> <p style="text-align: center;">Plaintiff/Petitioner/Parent (A)</p> <p style="text-align: center;">vs.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Defendant/Respondent/Parent (B)</p>	<p>This worksheet, and any attachments, was prepared by:</p> <p style="text-align: center;">____ Att'y for: ____ Plaintiff ____ Defendant</p> <p>Name: _____</p> <p>Address: _____</p> <p>City,St,Zip: _____</p> <p>Phone No: _____</p>
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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.

<p>[] EXTENSIVE TIME-SHARING WORKSHEET attached.</p> <p>[] EXCEPTIONAL CIRCUMSTANCES FORM attached.</p> <p>CERTIFICATION: 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.</p> <p>_____ Parent (A) Date</p> <p>_____ Parent (B) Date</p>	<p><i>For Court Use Only</i></p>
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