

Case No. _____

PARTY NAME

PARTY NAME

4. Proportionate Share (Line D.3 x Line D.2)

5. Parenting Time Adjustment _____% x Line D.4 (-)

6. Proportionate Shares after Parenting Time Adjustment

7. Health and Dental Insurance Premium

\$ _____ + \$ _____

8. Proportionate Shares Health Insurance Premium

9. Work-Related Child Care Costs

Formula: Amt. - (Amt. x %)
for each childcare credit
Example: 200 - (200 x 30%)

10. Proportionate Shares Work-Related Child Care Costs

11. Proportionate Child Support Obligation for Each Parent
(Line D.6 + D.8 + D.10)

12. Credit for Insurance or Work-Related Child Care Paid (-)

13. Basic Parental Child Support Obligation
((Line 11-Line D.12); Insert on Line F.1. below)

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE

N/A

CATEGORY

PARTY NAME

PARTY NAME

1.

Long Distance Parenting Time Costs

(+/-) _____

(+/-) _____

2.

Income Tax Considerations

(+/-) _____

(+/-) _____

3.

Special Needs

(+/-) _____

(+/-) _____

4.

Agreement Past Majority

(+/-) _____

(+/-) _____

5.

Overall Financial Condition

(+/-) _____

(+/-) _____

6. TOTAL (Insert on line F.2. below)

F. **DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT**

| | | AMOUNT ALLOWED | |
|-------|---|--|-------------------|
| | | PARTY NAME | PARTY NAME |
| 1. | Basic Parental Child Support Obligation (Line D.13. from above) | _____ | _____ |
| 2. | Total Child Support Adjustments (Line E.6. from above) | (+/-) _____ | _____ |
| 3. | Adjusted Subtotal (Line F.1. +/- Line F.2.) | _____ | _____ |
| 4. | Equal Parenting Time Obligation (<input type="checkbox"/> EPT Worksheet or <input type="checkbox"/> Shared Expense Formula) | _____ | _____ |
| 5. a | Ability to Pay Calculation Child Support Income (D.1) _____ - Poverty Guidelines for Household of One _____ = _____ | | |
| 5. b. | Subtotal (lesser amount of F.3 and F.5.a) | _____ | _____ |
| 6. | Social Security Dependent Benefits | (-) _____ | (-) _____ |
| 6. b. | Final Subtotal | _____ | _____ |
| 7. | Enforcement Fee Allowance** (Applied only to Nonresidential Parent) ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5) | Percentage _____ % Flat Fee \$ _____ (+) _____ | (+) _____ |
| 8. | Net Parental Child Support Obligation (Line 5.b. + Line F.4.) | _____ | _____ |

**Parent paying support.

Prepared By (Signature)

Judge/Hearing Officer Signature

Prepared By (Print Name)

Date Submitted

Date Approved