



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