

CHILD SUPPORT GUIDELINE WORKSHEET

For sole custody support with no spousal support or spousal support calculated on a separate sheet

v. _____
Chancery No. _____

Worksheet of: _____

Date: _____

A. GROSS INCOME OF PARTIES

1. Monthly Gross Income of Each Party: _____
2. Spousal Support Payable Between Parties:
3. Adjustment for Support of "Other Children": _____
4. Adjustment for Self-Employment Tax: _____
5. Adjusted Gross Income for Support:
6. Combined Income:
7. Each Party's Percent of Combined Income:
8. Number of Children: _____ Ages: _____

Mother Father

Income Shares

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Spousal Support

Spousal Payor

Husband

Wife

Custodian

Mother

Father

B. CHILD SUPPORT

1. Schedule Amount for Basic Child Support: _____
2. Extraordinary Medical/Dental Expenses: _____
3. Work-related Child Care Costs: _____
4. Medical Insurance for Child/Children: _____
5. Total Child Support Need (Sum: 1+2+3+4):

(from Support Table)

Child Support Need

Mother Father

6. Child Support Obligation of Each Party:
- (Total Support Need x Income Share)
7. Direct Payment of Medical Insurance: _____
8. Each Party's Presumptive Guideline Share:

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Guideline Child Support

9. Guideline Child Support Payable by Non-Custodial Parent:

C. PROPOSED DEVIATIONS FROM GUIDELINE SUPPORT:

1. _____
- _____
- _____

2. Each Party's Proposed share:

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TOTAL CHILD SUPPORT

D. PROPOSED ADJUSTED CHILD SUPPORT:

Child Support Payable To

Submitted by: _____

Counsel for: _____