

COMBINED SUPPORT WORKSHEET

Uses No Guideline Formula for Spousal Support

v. _____
Chancery No. _____

Worksheet of: _____

Date: _____

A. GROSS INCOME OF PARTIES

Mother/Wife Father/Husband

- | | | |
|--|--|--|
| 1. Monthly Gross Income of Each Party: | | |
| 2. Adjustment for Support of "Other Children": | | |
| 3. Adjustment for Self-Employment Tax | | |
| 4. Adjusted Gross Incomes of Parties: | | |
| 5. Combined Adjusted Income: | | |

B. SPOUSAL SUPPORT

Spousal Support

Payor Spouse

- | | |
|---|--|
| 1. Proposed basic spousal support: | |
| 2. Proposed Adjustments to Basic Spousal Support: | |
| | |
| | |

Husband
 Wife

*Enter Adjustments as
+ or - values*

Sum of Adjustments:

Proposed Spousal Support

3. **Proposed Adjusted Spousal Support:**

C. CHILD SUPPORT

Number of Children: _____ Ages: _____

Custodian: Mother
 Father

**Gross incomes with Guideline adjustments
And Spousal Support only**

Mother/Wife	Father/Husband	
		Combined Gross Income For Child Support
Income Shares		

Each Party's Percent of Combined Gross Income:

- | | | |
|---|--|-----------------------------|
| 1. Schedule Amount for Basic Child Support: | | |
| 2. Extraordinary Medical/Dental Expenses: | | (from Support Table) |
| 3. Work-related Child Care Costs: | | |

- | | | |
|--|--|--|
| 4. Medical Insurance for Child/Children: | | |
| 5. Total Child Support Need (Sum: 1+2+3+4): | | |

- | | | |
|---|---------------|---------------|
| 6. Child Support Obligation of Each Party:
(Total support need X Income Share): | Mother | Father |
| | | |

- | | | |
|---|--|--------------------------------|
| 7. Direct Payment of Medical Insurance: | | |
| 8. Each Party's Presumptive Guideline Share: | | Guideline Child Support |
| 9. Guideline Child Support Payable to: | | |

- | | | |
|---|--|-------------------------------|
| 10. Proposed Deviations From Guideline Support: | | |
| | | |
| 11. Each Party's Proposed Share: | | Adjusted Child Support |

- | | | |
|---|--|--|
| 12. Proposed Adjusted Child Support Payable to: | | |
| | | |

D. Net Spousal and Child Support Payable To:

Total Support

Submitted by _____
Counsel for: _____