

Child Support Worksheet

IN THE _____ JUDICIAL DISTRICT
 _____ COUNTY, KANSAS

IN THE MATTER OF:

and

CASE NO. _____

CHILD SUPPORT WORKSHEET OF _____
 (name)

		<u>MOTHER</u>	<u>FATHER</u>
A.	<u>INCOME COMPUTATION – WAGE EARNER</u>		
1.	Domestic Gross Income (Insert on Line C.1. below)*	\$ _____	\$ _____
B.	<u>INCOME COMPUTATION – SELF-EMPLOYED</u>		
1.	Self-Employment Gross Income*	_____	_____
2.	Reasonable Business Expenses	(-) _____	_____
3.	Domestic Gross Income (Insert on Line C.1. below)	_____	_____
C.	<u>ADJUSTMENTS TO DOMESTIC GROSS INCOME</u>		
1.	Domestic Gross Income	_____	_____
2.	Court-Ordered Child Support Paid	(-) _____	_____
3.	Court-Ordered Maintenance Paid	(-) _____	_____
4.	Court-Ordered Maintenance Received	(+) _____	_____
5.	Child Support Income (Insert on Line D.1. below)	_____	_____
D.	<u>COMPUTATION OF CHILD SUPPORT</u>		
1.	Child Support Income	_____	+ _____
			= _____
2.	Proportionate Shares of Combined Income (Each parent's income divided by combined income)	_____ %	_____ %
3.	Gross Child Support Obligation** (Using the combined income from Line D.1., find the amount for each child and enter total for all children)		

Age of Children	0-5	6-11	12-18	Total
Number Per Age Category	_____	_____	_____	
Total Amount	_____	+ _____	+ _____	= _____

* Interstate Pay Differential Adjustment? _____ Yes _____ No

**Multiple Family Application? _____ Yes _____ No

	<u>MOTHER</u>	<u>FATHER</u>
4. Health and Dental Insurance Premium	\$ _____	+ \$ _____
		= _____
5. Work-Related Child Care Costs Formula: Amt. - ((Amt. X %) + (.25 x (Amt. x %))) for each child care credit Example: 200 - ((200 x .30%) + (.25 x (200 x .30%)))	_____	= _____
6. Parents' Total Child Support Obligation (Line D.3. plus Lines D.4. & D.5.)		_____
7. Parental Child Support Obligation (Line D.2. times Line D.6. for each parent)	_____	_____
8. Adjustment for Insurance and Child Care (Subtract for actual payment made for items D.4. and D.5.)	(-)	_____
9. Basic Parental Child Support Obligation (Line D.7. minus Line D.8.; Insert on Line F.1. below)	_____	_____

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE	N/A	CATEGORY	AMOUNT ALLOWED	
			MOTHER	FATHER
1. <input type="checkbox"/>	<input type="checkbox"/>	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. <input type="checkbox"/>	<input type="checkbox"/>	Parenting Time Adjustment (if b. %____)	(+/-) _____	(+/-) _____
3. <input type="checkbox"/>	<input type="checkbox"/>	Income Tax Considerations	(+/-) _____	(+/-) _____
4. <input type="checkbox"/>	<input type="checkbox"/>	Special Needs	(+/-) _____	(+/-) _____
5. <input type="checkbox"/>	<input type="checkbox"/>	Agreement Past Majority	(+/-) _____	(+/-) _____
6. <input type="checkbox"/>	<input type="checkbox"/>	Overall Financial Condition	(+/-) _____	(+/-) _____
7.		TOTAL (Insert on Line F.2. below)	_____	_____

F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

	AMOUNT ALLOWED	
	MOTHER	FATHER
1. Basic Parental Child Support Obligation (Line D.9. from above)	_____	_____
2. Total Child Support Adjustments (Line E.7. from above)	(+/-) _____	_____
3. Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____
4. Enforcement Fee Allowance**	Percentage _____ %	
(Applied only to Nonresidential Parent)	Flat Fee \$ _____	
((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	(+) _____	(+) _____
5. Net Parental Child Support Obligation (Line F.3. + Line F.4.)	_____	_____

**Parent with nonprimary residency

Judge/Hearing Officer Signature

Date Signed

Prepared By

Date Approved