

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. <input type="checkbox"/>		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