

Child Support Worksheet

IN THE \_\_\_\_\_ JUDICIAL DISTRICT
\_\_\_\_\_ COUNTY, KANSAS

IN THE MATTER OF:

\_\_\_\_\_
and
\_\_\_\_\_

CASE NO. \_\_\_\_\_

CHILD SUPPORT WORKSHEET OF \_\_\_\_\_
(name)

Table with columns for MOTHER and FATHER. Rows include: A. INCOME COMPUTATION - WAGE EARNER (Domestic Gross Income); B. INCOME COMPUTATION - SELF-EMPLOYED (Self-Employment Gross Income, Reasonable Business Expenses, Domestic Gross Income); C. ADJUSTMENTS TO DOMESTIC GROSS INCOME (Domestic Gross Income, Court-Ordered Child Support Paid, Court-Ordered Maintenance Paid, Court-Ordered Maintenance Received, Child Support Income); D. COMPUTATION OF CHILD SUPPORT (Child Support Income, Proportionate Shares of Combined Income, Gross Child Support Obligation).

Summary table with columns: Age of Children (0-6, 7-15, 16-18), Number Per Age Category, Total Amount, and Total.

\* 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	(+/-) _____	(+/-) _____
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