

## Child Support Worksheet

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

IN THE MATTER OF:

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

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

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

PARTY NAME   PARTY NAME

**A.    INCOME COMPUTATION – WAGE EARNER**

1.	Domestic Gross Income	\$ _____	\$ _____
	(Insert on Line C.1. below)*		

**B.    INCOME COMPUTATION – SELF-EMPLOYED**

1.	Self-Employment Gross Income	_____	_____
2.	Reasonable Business Expenses (-)	_____	_____
3.	Domestic Gross Income	_____	_____
	(Insert on Line C.1. below)*		

**C.    ADJUSTMENTS TO DOMESTIC GROSS INCOME**

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.    COMPUTATION OF CHILD SUPPORT**

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	_____	+ _____	+ _____	= _____

* Cost of Living Differential Adjustment?	_____	Yes	_____	No
**Multiple Family Application?	_____	Yes	_____	No
Parenting Time Adjustment	_____	Yes	_____	No _____%
Income Beyond the Child Support Schedule calculation used	_____	Yes	_____	No

Case No. \_\_\_\_\_

PARTY NAME   PARTY NAME

4.	Proportionate Share (Line D.3 x Line D.2)	_____	_____
5.	Parenting Time Adjustment _____% x Line D.4 (-)	_____	_____
6.	Proportionate Shares after Parenting Time Adjustment	_____	_____
7.	Health and Dental Insurance Premium	\$_____	+ \$_____
8.	Proportionate Shares Health Insurance Premium	_____	_____
9.	Work-Related Child Care Costs Formula: Amt. – (Amt. x %) for each child care credit Example: 200 – (200 x 30%)	_____	_____
10.	Proportionate Shares Work-Related Child Care Costs	_____	_____
11.	Proportionate Child Support Obligation for Each Parent (Line D.6 + D.8 + D.10)	_____	_____
12.	Credit for Insurance or Work-Related Child Care Paid (-)	_____	_____
13.	Basic Parental Child Support Obligation ((Line 11-Line D.12); Insert on Line F.1. below)	_____	_____

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE	N/A	CATEGORY	PARTY NAME	PARTY NAME
1. <input type="checkbox"/>	<input type="checkbox"/>	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. <input type="checkbox"/>	<input type="checkbox"/>	Income Tax Considerations	(+/-) _____	(+/-) _____
3. <input type="checkbox"/>	<input type="checkbox"/>	Special Needs	(+/-) _____	(+/-) _____
4. <input type="checkbox"/>	<input type="checkbox"/>	Agreement Past Majority	(+/-) _____	(+/-) _____
5. <input type="checkbox"/>	<input type="checkbox"/>	Overall Financial Condition	(+/-) _____	(+/-) _____
6.		TOTAL (Insert on Line F.2. below)	_____	_____

F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

		AMOUNT ALLOWED	
		PARTY NAME	PARTY NAME
1.	Basic Parental Child Support Obligation (Line D.13. from above)	_____	_____
2.	Total Child Support Adjustments (Line E.6. from above)	(+/-) _____	_____
3.	Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____
4.	Equal Parenting Time Obligation ( <input type="checkbox"/> EPT Worksheet or <input type="checkbox"/> Shared Expense Formula)	_____	_____
5. a	Ability to Pay Calculation Child Support Income (D.1) _____ - Poverty Guidelines for Household of One _____ = _____		
5. b.	Subtotal (lesser amount of F.3 and F.5.a)	_____	_____
6.	Social Security Dependent Benefits	(-) _____	(-) _____
6. b.	Final Subtotal	_____	_____
7.	Enforcement Fee Allowance** (Applied only to Nonresidential Parent) ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	Percentage _____ % Flat Fee \$ _____	
		(+)	(+)
8.	Net Parental Child Support Obligation (Line 5.b. + Line F.4.)	_____	_____

\*\*Parent paying support.

\_\_\_\_\_  
Prepared By (Signature)

\_\_\_\_\_  
Judge/Hearing Officer Signature

\_\_\_\_\_  
Prepared By (Print Name)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Approved