

Case No. _____

		<u>PARTY NAME</u>	<u>PARTY NAME</u>
4.	Proportionate Share (Line D.3 x Line D.2)	309	861
5.	Parenting Time Adjustment ²⁰ % x Line D.4 (-)		172
6.	Proportionate Shares after Parenting Time Adjustment	309	689
7.	Health and Dental Insurance Premium	\$ _____	+ \$ ³⁰⁰ _____
8.	Proportionate Shares Health Insurance Premium	79	221
9.	Work-Related Child Care Costs Formula: Amt. – (Amt. x %) for each child care credit Example: 200 – (200 x 30%)	440	
10.	Proportionate Shares Work-Related Child Care Costs	116	324
11.	Proportionate Child Support Obligation for Each Parent (Line D.6 + D.8 + D.10)	504	1234
12.	Credit for Insurance or Work-Related Child Care Paid (-)	440	300
13.	Basic Parental Child Support Obligation ((Line 11-Line D.12); Insert on Line F.1. below)	64	934

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE	N/A	CATEGORY	PARTY NAME	PARTY NAME
1. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Income Tax Considerations	(+/-) _____	(+/-) _____
3. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Special Needs	(+/-) _____	(+/-) _____
4. <input type="checkbox"/>	<input checked="" type="checkbox"/>	Agreement Past Majority	(+/-) _____	(+/-) _____
5. <input type="checkbox"/>	<input checked="" 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)	64 _____	934 _____
2.	Total Child Support Adjustments (Line E.6. from above)	(+/-) _____	_____
3.	Adjusted Subtotal (Line F.1. +/- Line F.2.)	64 _____	934 _____
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) ³⁵⁰⁰ _____ - Poverty Guidelines for Household of One ¹⁰⁵⁰ = ²⁴⁵⁰ _____		
5. b.	Subtotal (lesser amount of F.3 and F.5.a)	64 _____	934 _____
6.	Social Security Dependent Benefits	(-) _____	(-) _____
6. b.	Final Subtotal	64 _____	934 _____
7.	Enforcement Fee Allowance** (Applied only to Nonresidential Parent) ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	Percentage $\frac{4}{\quad}$ % Flat Fee \$ _____	(+) ¹⁹ _____
8.	Net Parental Child Support Obligation (Line 5.b. + Line F.4.)	64 _____	953 _____

**Parent paying support.

Prepared By (Signature)

Judge/Hearing Officer Signature

Prepared By (Print Name)

Date Submitted

Date Approved