

_____, ss.

Location _____

Docket No. _____

Docket No. _____

Plaintiff

vs.

Defendant

CHILD SUPPORT WORKSHEET

1. a. Primary care provider (parent children live with most of the time): Plaintiff Defendant Both
 If parents provide substantially equal care, higher income parent should be shown as the non-primary care provider.
 b. Parent providing health insurance for the children: Plaintiff Defendant Neither

2. Child's Name _____ Date of Birth _____ Child's Name _____ Date of Birth _____

Yearly Amounts	Primary Care Provider	Non-Primary Care Provider <input type="checkbox"/> Self-support reserve <input type="checkbox"/> Below poverty level	Combined Income
3. Gross income	\$ _____	\$ _____	
4. Minus other obligations			
a. Support paid to former spouse	a. _____	a. _____	
b. Support paid for other children	b. _____	b. _____	
c. Other children living with non-primary care provider (See instructions on reverse side.)	_____	c. _____	
5. Total of 4a, b, & c			
6. Adjusted Yearly Gross Income (Subtract line 5 from line 3)	a. _____	b. _____	c. _____
7. Share of Gross Income (Divide each parent's income by combined income)	a. _____ %	b. _____ %	(Add 6a & 6b)

8. Basic weekly support for all children up to 18 years (or up to 19 years if still in high school) (See instructions on reverse.)
 a. Total number of children _____
 b. Number of children ages 0-11 _____ multiplied by amount from table _____ = \$ _____
 c. Number of children ages 12-17 _____ multiplied by amount from table _____ = \$ _____
 Total (add 8b and 8c): 8. _____

9. Weekly health insurance cost for children
 Name & amount per child per week _____ \$ _____
 _____ \$ _____
 Total: 9. _____

10. Weekly child care expenses
 Name & amount per child per week _____ \$ _____
 _____ \$ _____
 Total: 10. _____

11. Extraordinary medical expenses
 Name & amount per child per week _____ \$ _____
 _____ \$ _____
 Total: 11. _____

***If parents provide substantially equal care, continue calculations on supplemental worksheet.**
 12. TOTAL WEEKLY SUPPORT OBLIGATION (Add lines 8, 9, 10 and 11.) 12. _____

13. WEEKLY PARENTAL SUPPORT OBLIGATION:

a. Primary Care Provider spends directly \$ _____ (Multiply line 7a by line 12)		b. Non-Primary Care Provider's support obligation \$ _____ (Multiply line 7b by line 12)
		Health insurance adjustment - _____ (See instructions on reverse side)
		Non-Prim. Care Provider pays as support _____

Date: _____
 FM-040, Rev. 09/05

Prepared by: _____
 (Attorney for) (Plaintiff) (Defendant) (Judge) (Magistrate) (Mediator)

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SUPPLEMENTAL WORKSHEET

Supplemental Child Support Worksheet

(For use when parents provide substantially equal care. CV-040 must be prepared first.)

14. Higher income parent's share of basic weekly support
_____ (line 7b) x _____ (line 8) = 14. _____

15. Enhanced weekly support entitlement
_____ (line 8) x 1.5 = 15. _____

16. Lower income parent's share of enhanced weekly support entitlement
_____ (line 7a) x _____ (line 15) = 16. _____

17. Higher income parent's share of enhanced weekly support entitlement
_____ (line 7b) x _____ (line 15) = 17. _____

18. Enhanced Support Obligation
_____ (line 17) - _____ (line 16) = 18. _____

19. Presumptive Parental Support Obligation
Enter the amount from line 14 or line 18, whichever is less = 19. _____

20. Additional expenses to be shared by parents in proportion to their incomes:

Expense	Weekly Amount	Parent Paying	HIP Share*	LIP Share*
Health Insurance (enter amount from line 9)			\$	\$
Child Care (enter amount from line 10)			\$	\$
Extraordinary Medical Expenses (enter amount from line 11)			\$	\$
*HIP = higher income parent *LIP – lower income parent TOTAL:			\$	\$

Adjustment for additional expenses = 20. _____
(If HIP pays the expense(s), subtract LIP share.
If LIP pays the expense(s), add HIP share.
Do not include on line 20 amount(s) HIP pays directly to a provider.)

21. Total weekly support obligation of HIP to be paid to LIP = 21. _____