

DISTRICT COURT, COUNTY OF JEFFERSON, JEFFERSON, COLORADO  Hall of Justice 100 Jefferson County Parkway Golden, CO 80204		<b>COURT USE ONLY</b>
In Re the Marriage of Petitioner James A. Jones Co-Petitioner/Respondent Mary V. Jones		
Prepared by: Edward Smith Smith & Smith 100 Main Street Golden, CO 80204  Phone: 303-222-2222 Fax: 303-333-3333 Email: goodlawyer@aol.com Atty. Reg. #: 9876543	Case No.: 2010 DR 876  Division/Court Room Family/Court Room 6	

**WORKSHEET B – CHILD SUPPORT OBLIGATION: SHARED PHYSICAL CARE**

Recommended Support Order: **\$610**

Name of Child		Date of Birth	Name of Child		Date of Birth
1.	Paula Jones	April 5, 2001	4.		
2.	Andrew Jones	June 8, 2003	5.		
3.			6.		
			Mother	Father	Combined
<b>1. Monthly Gross Income</b>			<b>\$2,750</b>	<b>\$6,375</b>	
a. Plus/minus maintenance awarded in this case			603	(603)	
b. Minus maintenance paid			0	0	
c. Minus ordered child support payments for other children pursuant to §14-10-114(6)(a), C.R.S.			0	0	
d. Minus legal responsibility for other children not of this marriage/relationship pursuant to §14-10-115(6)(b)(I), C.R.S.			0	0	
e. Minus Other Deduct Before Spt			0	0	
f. Non-Cash Income			0	0	
<b>2. Monthly Adjusted Gross Income</b>			<b>\$3,353</b>	<b>\$5,772</b>	<b>\$9,125</b>
<b>3. Percentage Share of Income</b> (Each parent's income from line 2 divided by Combined Income)			36.75%	63.25%	
<b>4. Basic Combined Obligation</b> (Apply line 2 Combined column to Child Support Schedule)					<b>\$1,587</b>
4b. Additional % for Inc over 20,000			0.00%		0
4c. Less: Direct Resources of Child					0
<b>5. Shared Physical Care Support Obligation</b> (Line 4 + 4b times 1.5 less line 4c)					<b>\$2,381</b>
<b>6. Each Parent's Portion of Shared Physical Care Support Obligation</b> (Line 3 times line 5 for each parent)			<b>\$875</b>	<b>\$1,506</b>	

Petitioner: James A. Jones

Case No.: 2010 DR 876

Co-Petitioner/Respondent: Mary V. Jones

	Mother	Father	Combined
<b>7. Overnights with Each Parent (Must total 365)</b>	215	150	365
<b>STOP HERE IF LINE 7 IS LESS THAN 93 FOR EITHER PARENT. IF SO, USE WORKSHEET A</b>			
<b>8. Percentage Time with Each Parent</b> (Line 7 divided by 365)	58.90%	41.10%	
<b>9. Support Obligation for Time with Other Parent</b> (Line 6 times other parent's line 8)	\$360	\$887	
<b>10. Adjustments (Expenses paid directly by each parent)</b>			
<b>a. Work-related Child Care Costs</b>	\$250	\$0	
Less: (Federal child care tax credit)	(55)	0	
Less: (Colorado child care tax credit)	(6)	0	
<b>Actual Work-related Child Care Costs</b>	\$189	\$0	
<b>b. Education-related Child Care Costs pursuant to §14-10-115(9), C.R.S.</b>	0	0	
<b>c. Health Insurance premium costs - Children's portion only pursuant to §14-10-115(10), C.R.S. (See attached page for calculation worksheet)</b>	0	100	
<b>d. Extraordinary Medical Exp</b>	0	0	
<b>e. Other Extraordinary Expense</b>	0	0	
<b>f. Less: Extraordinary Adjustments</b>	0	0	
<b>11. Total Adjustments</b> (For each column, add 10a, 10b, 10c, 10d and 10e. Subtract line 10f. Add two totals for Combined column amount)	\$189	\$100	\$289
<b>12. Each Parent's Share of Adjustments</b> (Line 11 Combined column times line 3 for each parent)	\$106	\$183	
<b>13. Adjustments Paid in Excess of Fair Share</b> (Line 11 minus line 12. If negative number, enter zero)	\$83	\$0	
<b>14. Each Parent's Adjusted Support Obligation</b> (Line 9 minus line 13)	\$277	\$887	
<b>15. Recommended Child Support Order*</b> (Difference between amounts on line 14)	\$0	\$610	
<b>Comments:</b>			
<p>*If either the paying parent's monthly adjusted gross income or the combined monthly adjusted gross income is less than \$850.00, see §14-10-115(7)(a)(II)(B) and (C), C.R.S.</p>			
<b>Prepared by:</b>		<b>Date:</b>	
Signature: _____ Print Name: _____		Mar 21, 2011	