

CHILD SUPPORT GUIDELINES WORKSHEET

All amounts are \$ / week, rounded to the nearest dollar

1. INCOME

- a. Gross Weekly income
- b. Minus Child Care cost paid
- c. Minus Health insurance cost paid
- d. Minus Dental/Vision insurance cost paid
- e. Minus Other Support Obligations paid
- f. Available income
- g. Combined Available Income Recipient 1(f) + Payor 1(f)

	Recipient	Payor
	\$ 615.00	\$ 1,481.00
	\$ (44.00)	\$ (0.00)
	\$ (0.00)	\$ (23.00)
	\$ (0.00)	\$ (0.00)
	\$ (0.00)	\$ (0.00)
	\$ 571.00	\$ 1,458.00
	=	= \$ 2,029.00

2. CHILD SUPPORT CALCULATION

- a. Combined amount for one child (See Table A)
- b. Adjustment for number of children covered by this order (See Table B) Number of children 2
- c. Combined support amount 2(a) x 2(b)
- d. Recipient's % of combined income Recipient 1(f) ÷ 1(g) 28%
- e. Minus Recipient's share of combined support amount 2(c) x 2(d)
- f. Payor's proportional weekly support amount 2(c) x 2(e)
- g. Weekly support amount as % of Recipient income 2(f) ÷ Recipient 1(f) 70%
- h. Payor's final weekly support amount
 if 2(g) is 10% or more, then enter 2(f) here
 Otherwise, enter the lesser of 2(f) OR (10% + 2(g)) x Payor 1(f)

460.00
x 1.20
= \$ 552.00
\$ (155.00)
= \$ 397.00
= \$ 397.00

COMBINED AVAILABLE INCOME FROM LINE 1(g)		CHILD SUPPORT AMOUNT (1 CHILD)			
Minimum	Maximum	At court discretion, but not less than \$80/month			
\$-	→ \$100				
\$101	→ \$200			21%	
\$201	→ \$320			24%	
\$321	→ \$500	\$77		26%	above \$320
\$501	→ \$1,000	\$124	+	25%	above \$500
\$1,001	→ \$1,500	\$249	+	22%	above \$1,000
\$1,501	→ \$2,500	\$359	+	19%	above \$1,500
\$2,501	→ \$3,500	\$549	+	17%	above \$2,500
\$3,501	→ \$4,808	\$719	+	15%	above \$3,500

CHILDREN	ADJUSTMENT
1	1.00
2	1.20
3	1.27
4	1.32
5	1.35

Comments: