

**CHILD SUPPORT COMPUTATION
SUPPLEMENTAL WORKSHEET**

Calculation Date: Jun 08, 2009

Case No.: 2009-0765

Parent A Mary Jones

Parent B John Jones

WORKSHEET S-6 (CASH MEDICAL SUPPORT)

Use this section to determine the reasonable in cost cap for out-of-pocket medical expenses or for public health care coverage cost.

| | Parent A | Parent B |
|---|-----------------|-----------------|
| 1. Each parent's adjusted gross income (from CSCW line 7) If no Parent A, enter zero | 3,105.67 | 6,648.33 |
| 2. Each parent's percentage share of income (from CSCW line 8) | 31.8% | 68.2% |
| 3. Reasonable in Cost cap (each parent's line 1 multiplied by 7%) | 217.40 | 465.38 |
| 4a. Cost of out-of-pocket medical expenses (enter total cost in column of parent who incurs cost); if none enter zero. (OR) | 0.00 | 0.00 |
| 4b. Cost to be paid towards Public Health Care Coverage (enter line 3 Parent B) (if public health care coverage is ordered this cost includes any out-of-pocket medical expenses) | | 465.38 |
| 5a. Cost owed to Parent B (line 2 Parent A times line 4a Parent B. If none enter zero; If no Parent A, enter zero) | 0.00 | |
| 5b. Costs owed to Parent A (line 2 Parent B times line 4a Parent A. If line 4a Parent A is zero, multiply line 2 Parent B by line 4b Parent B; if none enter zero) | | 317.20 |
| 6a. IF; line 5a Parent A is equal to or less than the amount in line 3 Parent A enter Parent A's line 5a in the column for Parent A; IF line 5a Parent A is greater than the amount in line 3 Parent A enter Parent A's line 3 in Parent A's column. IF line 5b Parent B is equal to or less than the amount in line 3 Parent B enter Parent B's line 5b in the column for Parent B; IF line 5b Parent B is greater than the amount in line 3 Parent B enter Parent B's line 3 in Parent B's column. (OR) | 0.00 | 317.20 |
| 6b. IF the fact finder determines that a cost greater than the 7% of adjusted gross should be used based on the best interests of the child enter the amount from line 5a or 5b in each parent's column here; otherwise enter zero | 0.00 | 0.00 |
| 7. Each parent's net child support obligation (from CSCW line 19 for each parent) | 0.00 | 516.06 |
| 8. Subtract the figure in line 6a or 6b Parent A from the figure in line 7 Parent B; if negative number place a minus sign in front or enclose the amount in parenthesis | | 516.06 |
| 9. Total net child support obligation with cash medical support; add or subtract the figure in line 6a or 6b Parent B to the figure in line 8 Parent B. If negative number enter zero. | | 833.26 |
| Transfer figure from line 9 Parent B to CSCW line 20 Parent B; Transfer figure from line 7 Parent A to CSCW line 20 Parent A | | |

Comments:

If Parent B is ordered to pay Public Health Care Coverage, the calculation is automatically handled by the program and Worksheet S-6 will be completed