

CHILD SUPPORT CALCULATION INFORMATION

CLIENT NAME	PHONE
CLIENT EMAIL	CLIENT IS <input type="checkbox"/> PETITIONER or <input type="checkbox"/> RESPONDENT
PETITIONER IS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	RESPONDENT IS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER
PARENT WITH PRIMARY PHYSICAL CUSTODY OR SOLE LEGAL CUSTODY <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	
GROSS INCOME Use Either: 1) Yearly Salary ÷ 12; 2) Hourly Wage x 40 Hours per Week x 4.33 weeks per month or 3) Hourly Wage x 40 Hours per Week x 52 Weeks per year ÷ 12 months per year.	FATHER MOTHER
Father's Calculation:	\$
Mother's Calculation:	\$
SPOUSAL MAINTENANCE please indicate if paid (-) or received (+)	\$ \$
OTHER COURT ORDERED CHILD SUPPORT paid	\$ \$
OTHER CHILDREN with another relationship	
NUMBER OF MINOR CHILDREN in this matter	
NUMBER OF MINOR CHILDREN 12 AND OVER	
MEDICAL/DENTAL/VISION PREMIUMS for the children's portion only. The difference between what Employee would pay out of pocket for Employee ONLY and what Employee pays out of pocket for Employee plus children divided by members covered times number of minor children.	MEDICAL \$ \$
	DENTAL/ VISION \$ \$
MONTHLY CHILD CARE AMOUNT (Sometimes different in summer. 36 school weeks ~ 13 summer weeks ~ 3 other weeks) YEARLY AMOUNT ÷ 12 for MONTHLY AMOUNT.	\$ \$
EXTRA EDUCATION COSTS tutoring or private school upon agreement of parents.	\$ \$
EXTRAORDINARY/SPECIAL NEEDS EXPENSES ongoing fixed medical treatment, medicines, or special needs situations for the child/ren.	\$ \$
PARENTING TIME DAYS ~ "One day" means more than 12 continuous and consecutive hours or an overnight. "One-half day" means greater than 4 and up to and including 12 continuous and consecutive hours. "One-quarter day" means up to and including 4 continuous and consecutive hours. Actual time is calculated taking into consideration either the current court order, historical practice, or unreasonable restrictions placed on parenting time by the primary custodial parent.	
COUNT THE NORMAL WEEKS PER YEAR Weeks per year = 52, Subtract Summer weeks (-), Subtract Holiday weeks (Christmas/Winter Break, Easter/Spring Break) (-), TOTAL 'Normal' weeks per year (=)	
ADD THE DAYS	
Add Summer Days (Summer weeks x 7) (+).....	_____
Add Holiday Days (add 5-10 average) (+).....	_____
Add Every other weekend (normal weeks ÷ 2 x 2) (+).....	_____
Add One evening every week less than 4 hours (normal weeks x .25) (+).....	_____
TOTAL days per year (=)	_____
UNINSURED MEDICAL/DENTAL/VISION EXPENSES RESPONSIBILITY PERCENTAGES (Co-pays, Deductibles, Braces or any other expenses not covered by insurance) [%___] FATHER [%___] MOTHER	
PARENTING TIME (VISITATION) RELATED TRAVEL EXPENSES (applicable when the parents live more than 100 miles from each other) [%___] FATHER [%___] MOTHER	
CLAIMING THE CHILD(REN) AS TAX EXEMPTIONS (should be an allocation of the federal tax exemptions applicable to the minor child(ren) which as closely as possible approximates the percentages of child support being provided by each of the parents) Four (4) choices, complete ONLY ONE choice. 1) <input type="checkbox"/> FATHER claims all every year; 2) <input type="checkbox"/> MOTHER claims all every year; 3) FATHER claims all every <input type="checkbox"/> even <input type="checkbox"/> odd year AND MOTHER claims all every <input type="checkbox"/> even <input type="checkbox"/> odd year. 4) FATHER claims ___ child(ren) every year and MOTHER claims ___ child(ren) every year.	