

Child Support Calculations Worksheet		County:
		Case Number:
Petitioner	Respondent	
Income		
<u>Income</u>	<u>Petitioner</u>	<u>Respondent</u>
Earned Income:	<input type="text"/>	Earned Income:
Potential Income:	<input type="text"/>	Potential Income:
Public Assistance	<input type="text"/>	Public Assistance
Disability Income	<input type="text"/>	Disability Income
<u>Total Income</u>	<input type="text"/>	<u>Total Income</u>
Deductions		
<u>Deductions</u>	<u>Petitioner</u>	<u>Respondent</u>
Child Care Costs	<input type="text"/>	Child Care Costs
Health Insurance	<input type="text"/>	Health Insurance
Other Child Support Paid	<input type="text"/>	Other Child Support Paid
<u>Children</u>		
<u>Name</u>	<u>Birthday</u>	Tax Exemption (Circle)
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<u>Overnights</u>		
	<u>Petitioner</u>	<u>Respondent</u>
How many overnights will the child spend with each parent Per Year?	<input type="text"/>	<input type="text"/>
<u>Before Born Children From Another Relationship</u>		
<u>Name</u>	<u>Birthday</u>	Parent (Circle)
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent