Child Support Worksheet

IN THE _____ JUDICIAL DISTRICT
_____ COUNTY, KANSAS

IN THE MATTER OF:

_____

    and   CASE   NO._____

_____

CHILD SUPPORT WORKSHEET OF   _____

                                        (name)

		MOTHER	FATHER

A. INCOME COMPUTATION – WAGE EARNER
    1.   Domestic Gross Income $_____ $_____
        (Insert on Line C.1. below)*

B. INCOME COMPUTATION – SELF-EMPLOYED

    1.   Self-Employment Gross Income*   _____ _____
    2.   Reasonable Business Expenses   (-)   _____ _____
    3.   Domestic Gross Income   _____ _____
    (Insert on Line C.1. below)

C. ADJUSTMENTS TO DOMESTIC GROSS INCOME

    1.   Domestic Gross Income   _____ _____
    2.   Court-Ordered Child Support Paid   (-) _____ _____
    3.   Court-Ordered Maintenance Paid   (-) _____ _____
    4.   Court-Ordered Maintenance Received   (+) _____ _____
    5.   Child Support Income   _____ _____
        (Insert on Line D.1. below)

D. COMPUTATION OF CHILD SUPPORT

    1.   Child Support Income   _____ + _____
                                = _____
    2.   Proportionate Shares of Combined Income   _____% _____%
        (Each parent's income divided by combined income)
    3.   Gross Child Support Obligation**
        (Using the combined income from Line D.1.,
        find the amount for each child and enter total for
    all   children)

Age of Children	0-5	6-11	12-18	Total
Number Per Age Category	_____	_____	_____	
Total Amount	_____ +	_____ +	_____	= _____

* Interstate Pay Differential Adjustment?   _____Yes   _____No

**Multiple Family Application?   _____Yes   _____No

	MOTHER	FATHER

4. Health and Dental Insurance Premium $_____ + $_____

                                 = _____

5. Work-Related Child Care Costs   _____   _____
Formula: Amt. – ((Amt. x %) + (.25 x (Amt. x %)))
for each child care credit   = _____
Example: 200 – ((200 x 30%) + (.25 x (200 x 30%)))

6. Parents' Total Child Support Obligation   _____
(Line D.3. plus Lines D.4. & D.5.)

7. Parental Child Support Obligation   _____   _____
(Line D.2. times Line D.6. for each parent)

8. Adjustment for Insurance and Child Care   (-) _____   _____
(Subtract for actual payment made for items
  D.4.   and D.5.)

9. Basic Parental Child Support Obligation   _____   _____
(Line   D.7. minus Line D.8.;
Insert on Line F.1. below)

E.   CHILD SUPPORT ADJUSTMENTS

                                         AMOUNT ALLOWED

APPLICABLE	N/A	CATEGORY	MOTHER	FATHER
1. ☐	☐	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. ☐	☐	Parenting Time Adjustment (if b. ___%)	(+/-) _____	(+/-) _____
3. ☐	☐	Income Tax Considerations	(+/-) _____	(+/-) _____
4. ☐	☐	Special Needs/Extraordinary Exp.	(+/-) _____	(+/-) _____
5. ☐	☐	Agreement Past Majority	(+/-) _____	(+/-) _____
6. ☐	☐	Overall Financial Condition	(+/-) _____	(+/-) _____
7.		TOTAL (Insert on Line F.2. below)	_____	_____

F.   DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

                                         AMOUNT ALLOWED

		MOTHER	FATHER
1.	Basic Parental Child Support Obligation (Line D.9. from above)	_____	_____
2.	Total Child Support Adjustments (Line E.7. from above)	(+/-) _____	_____
3.	Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____
4.	Equal Parenting Time Obligation (EPT Worksheet or Shared Expense Formula)	_____	_____

5. Enforcement Fee Allowance**   Percentage _____%
(Applied only to Nonresidential Parent)   Flat Fee $_____
((Line F.3. x Collection Fee %) x .5)
or (Monthly Flat Fee x .5)   (+) _____   (+) _____

6. Net Parental Child Support Obligation   _____   _____
(Line F.3. + Line F.4.)

**Parent with nonprimary residency. Use local percentage.

     Jud   _____
                                              ge/Hearing Officer Signature

                                              _____
                                              Date Signed

_____   _____
Prepared By   Date   Approved