Obligation Worksheet A

(The worksheet for calculation of the total support obligation under R.S. 9:315.8 and 315.10)

Court _____   Parish _____ Louisiana

Case Number _____   Div/CtRm _____

_____   and   _____

Petitioner   Respondent

Children	**Date of Birth**	**Children**	**Date of Birth**
_____		_____	
_____		_____	
_____		_____	

		A. Petitioner	B. Respondent	C. Combined
1.	Monthly Gross Income (R.S. 9:315.2(A)) a. Preexisting child support payment. b. Preexisting spousal support payment.	$_____ -_____ -_____	$_____ -_____ -_____	
2.	Monthly Adjusted Gross Income (Line 1 minus 1a and 1b).	$	$	
3.	Combined Monthly Adjusted Gross Income (Line 2 Column A plus Line 2 Column B). (R.S. 9:315.2(C))			$
4.	Percentage Share of Income (Line 2 divided by line 3). (R.S. 9:315.2(C))	%	%	
5.	Basic Child Support Obligation (Compare line 3 to Child Support Schedule). (R.S. 9:315.2(D))			$
	a. Net Child Care Costs (Cost minus Federal Tax Credit). (R.S. 9:315.3) b. Child's Health Insurance Premium Cost. (R.S. 9:315.4) c. Extraordinary Medical Expenses (Uninsured Only). (Agreed to by parties or by order of the court). (R.S. 9:315.5) d. Extraordinary Expenses (Agreed to by parties or by order of the court). (R.S. 9:315.6) e. Optional. Minus extraordinary adjustments (Child's income if applicable). (R.S. 9:315.7)			+_____ +_____ +_____ +_____ -_____
6.	Total Child Support Obligation (Add lines 5, 5a, 5b, 5c, and 5d; subtract line 5e). (R.S. 9:315.8)			$
7.	Each Party's Child Support Obligation (Multiply lines 4 times line 6 for each parent).	$	$	
8.	<u>Direct</u> payments made by the noncustodial parent on behalf of the child for work-related net child care costs, health insurance premiums, extraordinary medical expenses, or extraordinary expenses.		-	
9.	Recommended Child Support Order (Subtract line 8 from line 7).		$	

Comments, calculations, or rebuttals to schedule or adjustments if made under 8 above or if ordering a credit for a joint custodial arrangement:

Prepared by _____   Date _____