

**IN THE EIGHTEENTH JUDICIAL DISTRICT
 SEDGWICK COUNTY, KANSAS
 FAMILY LAW DEPARTMENT**

IN THE MATTER OF:

and

Case No. _____

CHILD SUPPORT WORKSHEET OF

A. INCOME COMPUTATION - WAGE EARNER

1. Domestic Gross Income (Insert on Line C.1. below) *

MOTHER

FATHER

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 combined income from Line D.1., find amount for each child and enter total for all children)

(+) _____

(=) _____

Age of Children

0-5

6-11

12-18

Number Per Age Category

Total Amount

* Interstate Pay Differential Adjustment?

_____ Yes

_____ No

** Multiple Family Application?

_____ Yes

_____ No



PARENT A

PARENT B

- 4. Health and Dental Insurance Premium _____ (+) _____
 (=) _____
- 5. Work-Related Child Care Costs _____ (+) _____
 Formula: Amt. - ((Amt. x % + (.25 x (Amt. x %)))
 for child care credit (=) _____
 Example: 200-(200 x .30%) + (.25 x (200 x .30%))
- 6. Parent's 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

APPLICABLE	N/A	CATEGORY	AMOUNT ALLOWED		
			MOTHER	FATHER	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Long Distance Parenting Time Co:	(+/-) _____	(+/-) _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	Parenting Time Adjustment	(+/-) _____	(+/-) _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	Income Tax Considerations	(+/-) _____	(+/-) _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	Special Needs	(+/-) _____	(+/-) _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	Agreement Past Minority	(+/-) _____	(+/-) _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	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. above)	(+/-) _____	(+/-) _____
3. ADJUSTED SUBTOTAL (Line F.1. +/- Line F.2.)	_____	_____
4. Equal Parenting Time Obligation (EPT Worksheet Line 12 or 14)	_____	_____
5. Enforcement Fee Allowance ** (Applied only to Noncustodial parent) ((Line F.3. X Collection Fee %) x .5) or (Monthly Flat fee x .5)	Percentage _____ % Flat Fee \$ _____ (+) _____	(+) _____
6. Net Parental Child Support Obligation (Line F.3. + Line F.4.)	_____	_____

**** Parent with nonprimary residency**

 Judge/Hearing Officer Signature

 Date Signed

 Prepared by

 Date Approved