

## Appendix IX-C

<b>CHILD SUPPORT GUIDELINES - SOLE PARENTING WORKSHEET</b>			
Case Name: _____ v. _____		County: _____	
<i>Plaintiff</i> _____ <i>Defendant</i> _____		Docket #: _____	
Custodial Parent is the: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		Number of Children: _____	
<i>All amounts must be weekly</i>	CUSTODIAL	NON-CUSTODIAL	COMBINED
1. Gross Taxable Income	\$ _____	\$ _____	
1a. Mandatory Retirement Contributions (non-taxable)	-\$ _____	-\$ _____	
1b. Alimony Paid (Current and/or Past Relationships)	-\$ _____	-\$ _____	
1c. Alimony Received (Current and/or Past Relationships)	+\$ _____	+\$ _____	
2. Adjusted Gross Taxable Income ((L1-L1a-L1b)+L1c)	\$ _____	\$ _____	
2a. Federal, State and Local Income Tax Withholding	-\$ _____	-\$ _____	
2b. Mandatory Union Dues	-\$ _____	-\$ _____	
2c. Child Support Orders for Other Dependents	-\$ _____	-\$ _____	
2d. Other Dependent Deduction (from L14 of a separate worksheet)	-\$ _____	-\$ _____	
3. Net Taxable Income (L2-L2a-L2b-L2c-L2d)	\$ _____	\$ _____	
4. Non-Taxable Income (source: _____)	+\$ _____	+\$ _____	
5. Government (Non-Means Tested) Benefits for the Child	+\$ _____	+\$ _____	
6. Net Income (L3+L4+L5)	\$ _____	\$ _____	\$ _____
7. Each Parent's Share of Income (L6 Each Parent ÷ L6 Combined)	0. _____	0. _____	1.00
8. Basic Child Support Amount (from Appendix IX-F Schedules)			\$ _____
9. Net Work Related Child Care (from Appendix IX-E Worksheet)			+\$ _____
10. Child's Share of Health Insurance Premium			+\$ _____
11. Unreimbursed Health Care Expenses over \$250 per child per year			+\$ _____
12. Court-Approved Extraordinary Expenses			+\$ _____
13. Total Child Support Amount (L8+L9+L10+L11+L12)			\$ _____
14. Each Parent's Share of Support Obligation (L7 x L13)	\$ _____	\$ _____	
15. Government Benefits for the Child Based on Contribution of NCP		-\$ _____	
16. Net Work-Related Child Care Paid		-\$ _____	
17. Health Insurance Premium for the Child Paid		-\$ _____	
18. Unreimbursed Health Care Expenses Paid (>\$250/child/year)		-\$ _____	
19. Court-Approved Extraordinary Expenses Paid		-\$ _____	
20. Adjustment for Parenting Time Expenses (L8 x L20b for Non-Custodial Parent x 0.37) <i>Note: Not presumptive in some low income situations (see App IX-A., ¶13)</i>		-\$ _____	
20a. Number of Annual Overnights with Each Parent			
20b. Each Parent's Share of Overnights with the Child (L20a for Parent ÷ L20a Combined)	0. _____	0. _____	1.00
21. Net Child Support Obligation (L14-L15-L16-L17-L18-L19-L20)		\$ _____	

*Continued on Page 2*

### Appendix IX-C

CHILD SUPPORT GUIDELINES – SOLE PARENTING WORKSHEET – PAGE 2			
<i>If there is no adjustment for other dependents, go to line 25</i>			
22. Child Support Order WITH Other Dependent Deduction (L 2d) and Child Support Orders for Other Dependents (L 2c)		\$	
23. Child Support Order WITHOUT Other Dependent Deduction and Child Support Orders for Other Dependents		\$	
24. Adjusted Child Support Order (( L22 + L23) ÷ 2)		\$	
25. Self-Support Reserve Test: (L6 - L21 or L24 for NCP; L6 - L14 for CP) If L25 for NCP is greater than 105% of the federal poverty guideline for one person ( <i>pg</i> ) L25 for CP is less than <i>pg</i> , enter L21 or L24 amount on L27. If NCP L25 is less than the <i>pg</i> and CP L25 is greater than the <i>pg</i> , go to L26.	\$	\$	
26. Obligor Parent's Maximum Child Support Obligation. (L6 NCP income – 105% of federal poverty guideline for one person). Enter result here and on Line 27.		\$	
27. Child Support Order		\$	
<b>COMMENTS, REBUTTALS, AND JUSTIFICATION FOR DEVIATIONS</b>			
1. This child support order for this case <input type="checkbox"/> was <input type="checkbox"/> was not based on the child support guidelines award.			
2. If different from the child support guidelines award (Line 27), enter amount ordered:			
3. The child support guidelines were not used or the guidelines award was adjusted because:			
4. The following court-approved extraordinary expenses were added to the basic support obligation:			
5. Custodial Taxes:	<input type="checkbox"/> App IX-H	<input type="checkbox"/> Circ E	<input type="checkbox"/> Other
Non-Custodial Taxes:	<input type="checkbox"/> App IX-H	<input type="checkbox"/> Circ E	<input type="checkbox"/> Other
	#Allowances:		Marital:
	#Allowances:		Marital:
Prepared By:	Title:		Date: