

**Appendix IX-C**

<b>CHILD SUPPORT GUIDELINES - SOLE PARENTING WORKSHEET</b>			
Case Name: <span style="float:right">v.</span>		County:	
<i>Plaintiff</i>		<i>Defendant</i>	
Custodial Parent is the: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant		Docket #:	
		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. Tax-Deductible Alimony Paid (Current and/or Past Relationships)	-\$	-\$	
1c. Taxable 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: )	+\$	+\$	
4a. Non-Tax-Deductible Alimony Paid (Current and/or Past Relationships)	-\$	-\$	
4b. Non-Taxable Alimony Received (Current and/or Past Relationships)	+\$	+\$	
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)		\$	

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<b>CHILD SUPPORT GUIDELINES – SOLE PARENTING WORKSHEET – PAGE 2</b>			
<b><i>If [neither parent is requesting the other-dependent deduction] there is no adjustment for other dependents, go to line 25</i></b>			
22. Child Support Order WITH Other Dependent Deduction (L2d) and Child Support Orders for Other Dependents (L2c)		\$	
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
	#Eligible Dependents:	Marital:	
	#Eligible Dependents:	Marital:	
Prepared By:	Title:		Date: