

Appendix IX-D

CHILD SUPPORT GUIDELINES - SHARED PARENTING WORKSHEET			
Case Name: _____ v. _____		County: _____	
<i>Plaintiff</i>		<i>Defendant</i>	
PPR is the: Plaintiff Defendant		Docket #: _____	
		Number of Children: _____	
<i>All amounts must be weekly</i>	PARENT OF PRIMARY RESIDENCE (PPR)	PARENT OF ALTERNATE RESIDENCE (PAR)	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. Number of Overnights with Each Parent			
10. Each Parent's Share of Overnights with the Child (L9 for Parent ÷ L9 Combined)	0.____	0.____	1.00
<i>If PAR time sharing is less than the equivalent of two overnights per week (28%), use Sole Parenting Worksheet.</i>			
11. PAR Shared Parenting Fixed Expenses (L8 x PAR L10 x 0.38 x 2)			+\$ _____
12. Shared Parenting Basic Child Support Amount (L8 + L11)			\$ _____
13. Each Parent's Share of SP Basic Child Support Amount (L7xL12)	\$ _____	\$ _____	
14. PAR Shared Parenting Variable Expenses (PAR L10 x L8 x 0.37)		-\$ _____	
15. PAR Adjusted SP Basic Child Support Amount (PAR L13 – L11 – L14)		\$ _____	
16. Net Work Related Child Care (from Appendix IX-E Worksheet)			+\$ _____
17. Child's Share of Health Insurance Premium			+\$ _____
18. Unreimbursed Health Care Expenses over \$250 per child per year			+\$ _____
19. Court-Approved Extraordinary Expenses			+\$ _____
20. Total Supplemental Expenses (L16+L17+L18+L19)			\$ _____
21. PAR's Share of Total Supplemental Expenses (PAR L7 x L20)		\$ _____	
22. Government Benefits for the Child Based on Contribution of PAR		\$ _____	
23. PAR Net Work-Related Child Care PAID		\$ _____	
<i>Continued on Page 2</i>			

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<i>All amounts must be weekly</i>	PPR	PAR	COMBINED
24. PAR Health Insurance Premium for the Child PAID		\$	
25. PAR Unreimbursed Health Care Expenses >\$250/child/year) PAID		\$	
26. PAR Court-Approved Extraordinary Expenses PAID		\$	
27. PAR Total Supplemental Expenses PAID (L23 + L24 + L25 + L26)		\$	
28. PAR Net Supplemental Expenses (L21 – L27)		\$	
29. PAR Net Child Support Obligation (L15 + L28)		\$	
<i>If there is no adjustment for other dependents, go to line 33.</i>			
30. Line 29 PAR CS Obligation WITH Other Dependent Deduction L2d and Child Support Orders for Other Dependents L2c		\$	
31. Line 29 PAR CS Obligation WITHOUT Other Dependent Deduction and Child Support Orders for Other Dependents		\$	
32. Adjusted PAR Child Support Obligation ((L30 + L31) ÷ 2)		\$	
33. Self-Support Reserve Test: (L6 - L29 or L32 for PAR; L6 – L13 for PPR) If L33 for PAR is greater than 105% of the federal poverty guideline for one person (pg) or L33 for the PPR is less than the pg, enter the L29 or L32 amount on the PAR L35. If PAR L33 is less than the pg and PPR's L33 is greater than the pg, go to L34. If L29 or L32 is negative, see App. IX-B for instructions.	\$	\$	
34. Maximum CS Obligation (Obligor Parent's L6 net income – 105% of the poverty guideline for one person). Enter result here and on Line 35.	\$	\$	
35. Child Support Order (negative L29 or L32 denotes PPR Obligation)	\$	\$	
<i>If the PAR is the Obligor, Continue on Line 36</i>			
36. PPR Household Income Test (L6 PPR net income from all sources + net income of other household members + L35 order). If less than the PPR household income threshold (see App. IX-A, ¶14(c)), the SOLE PARENTING WORKSHEET should be used.	\$		
COMMENTS, REBUTTALS, AND JUSTIFICATION FOR DEVIATIONS			
1. This child support order for this case was was not based on the child support guidelines award.			
2. If different from the child support guidelines award (Line 35), enter amount ordered:			
3. The child support guidelines were not used or the guidelines award was adjusted because:			
4. The following extraordinary expenses were added to the basic support obligation on Line 19:			
5. PPR Taxes:	App IX-H	Circ E	Other
PAR Taxes:	App IX-H	Circ E	Other
	#Allowances:		Marital:
	#Allowances:		Marital:
Prepared By:	Title:		Date: