

CHILD SUPPORT DATA SHEET

For purposes of this worksheet: Parent A is Father or person designated as "Father" Parent B is Mother or person designated as "Mother"						
					Parent A (Father)	Parent B (Mother)
Obligor Name: <i>(person paying support)</i>					<input type="checkbox"/>	<input type="checkbox"/>
Obligee Name: <i>(person receiving support)</i>					<input type="checkbox"/>	<input type="checkbox"/>
Parenting Plan Type: <input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared Parenting <input type="checkbox"/> Split						
Worksheet Line	Description				Parent A (Father)	Parent B (Mother)
1	Annual Gross Income				\$	\$
2	Annual Amount of Overtime, Bonuses & Commissions				\$	\$
	a. Year 3 (3 years ago)				\$	\$
	b. Year 2 (2 years ago)				\$	\$
	c. Year 1 (last calendar year)				\$	\$
3	Annual Self-Employment Income				\$	\$
	a. Gross receipts from business				\$	\$
	b. Ordinary & necessary business expenses				\$	\$
4	Annual income from unemployment compensation				\$	\$
5	Annual income from worker's compensation, disability insurance or social security disability/retirement benefits				\$	\$
6	Other annual income or potential income				\$	\$
9	Number of children of each party not subject to this order					
10	a. Check person to be health insurance obligor				<input type="checkbox"/>	<input type="checkbox"/>
	b. Total, actual out-of-pocket costs for health insurance premiums for health insurance obligor				\$	\$
11	Annual court ordered spousal support paid (if any)				\$	\$
19	a. Check if parent has court-ordered parenting time				<input type="checkbox"/>	<input type="checkbox"/>
	b. Check if Court's Parenting Time Guidelines are being applied to this order				<input type="checkbox"/>	<input type="checkbox"/>
20	Annual amount of any non-means tested benefits received by the children subject to the order				\$	\$
21	Parent paying child care costs:				<input type="checkbox"/>	<input type="checkbox"/>
	a. Total annual child care expenses for all children of this order (minus any subsidies)				\$	\$
	b) Age of each child subject to this order & c) Actual annual child care costs per child					
	Child	Age	Actual Child Care Costs	Child	Age	Actual Child Care Costs
	1			4		
	2			5		
	3			6		
25	a. If deviating child support, state reason:					
	b. If deviating child support, desired monthly amount to be paid:				\$	\$
28	a. If deviating cash medical support, desired monthly amount to be paid				\$	\$

The parties indicated below state that the information on this document was provided voluntarily for the purpose of preparing a child support worksheet.

Print Name

Signature

Date

Print Name

Signature

Date

Please contact an attorney with any questions about the information provided before submitting this form to the Court.