



CUYAHOGA COUNTY COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS

---

**APPLICATION FOR PARENTAL RIGHTS & RESPONSIBILITIES**

Complete all documents below and bring to the Help Center located at:  
**1 West Lakeside Ave., Cleveland, Ohio in Room 114A (1st Floor)**

- Case Designation Sheet
- Instructions for Service (sign as Plaintiff Attorney even though self-represented)
- Application for Parental Rights & Responsibilities
- Waiver of Legal Counsel
- Parenting Proceeding Affidavit (must be notarized)
- IV-D Application (do NOT include full social security numbers, only last 4 digits)
- Health Insurance Affidavit (must be notarized)

Filing Fee: \$200.00 (cash, check or credit card)

**\*\*BRING PHOTO ID WITH YOU\*\***

**PLEASE READ THE ENTIRE NOTICE MAILED TO YOU.  
FOLLOW THE INSTRUCTIONS ON THE NOTICE**

**WHAT TO DO AFTER YOU FILE:**

Check if Defendant has received official delivery of Application.

If not, return to Help Center for further assistance

Read the postcard mailed to you or check <https://cpdocket.cp.cuyahogacounty.us>

- Attend scheduled hearings
- Bring any documentation to support your request

Check for status of service at <https://cpdocket.cp.cuyahogacounty.us>

*Court staff can only give legal information, not give legal advice.*

*To get legal advice from an attorney, contact:*

*CMBA Lawyer Referral Service (216) 696-3532*

*Legal Aid Society (216) 687-1900*

COURT OF COMMON PLEAS  
CUYAHOGA COUNTY  
DIVISION OF DOMESTIC RELATIONS  
CASE DESIGNATION FORM

PLEASE TYPE

Case No.  
Judge

Please list any Pending, closed or previously filed and dismissed Domestic Relations' Case(s) between the parties, list case number and judge: \_\_\_\_\_

I certify that to the best of my knowledge the within case is not related to any now pending or previously filed, except as noted above.

ANNULMENT (1830)  
APPLICATION TO ESTABLISH FAMILY CASE (1895)  
APPLICATION TO ADOPT ADMINISTRATIVE ORDER (1897)  
DISSOLUTION - CHILDREN (1840)  
DISSOLUTION - NO CHILDREN (1841)  
DIVORCE - CHILDREN (1810)  
DIVORCE - NO CHILDREN (1811)

DOMESTIC VIOLENCE (1850)  
DATING VIOLENCE (1851)  
LEGAL SEPARATION - CHILDREN (1821)  
LEGAL SEPARATION - NO CHILDREN (1822)  
UCCJEA - PARENTING REGISTRATION (1890)  
UIFSA - PATERNITY ESTABLISHMENT (1561)  
UIFSA - SUPPORT ESTABLISHMENT (1563)  
UIFSA - SUPPORT REGISTRATION (1562)

Service: Certified Mail Waiver Personal Publication FedEx

Plaintiff's Length of Residence In: Cuyahoga County \_\_\_\_\_ Ohio \_\_\_\_\_

PARTY 1			PARTY 2		
FULL NAME:			FULL NAME:		
ALIAS NAME:			ALIAS NAME:		
DATE OF BIRTH:			DATE OF BIRTH:		
NUMBER OF THIS MARRIAGE:			NUMBER OF THIS MARRIAGE:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:		HOME PHONE:	CELL PHONE:	
EMAIL:			EMAIL:		

DATE OF MARRIAGE: \_\_\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_

CHILDREN'S NAMES:	M	F	DATE OF BIRTH:	AGE

Attorney of Record (Print or Type) \_\_\_\_\_

Signature \_\_\_\_\_

Ohio Supreme Court Registration Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Witness: \_\_\_\_\_ Address: \_\_\_\_\_

(COURT USE ONLY)

SET FOR HEARING \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE OF FINAL JOURNAL ENTRY \_\_\_\_\_

MISCELLANEOUS NOTES:

## **INSTRUCTIONS FOR SERVICE**

The Court cannot consider a written request, like a complaint or motion, unless it has been “served” on all of the other parties to the case. If you are trying to change or enforce a court order after your divorce, dissolution or legal separation is over, the motion you file must be “served” by the Clerk of Courts, not by you. You must instruct the Clerk to do this using the form on the next page, titled “**Instructions for Service**”. You must provide the Clerk with a copy of the document you wish to be served.

A commonly used method of service is by certified mail. Sometimes, the party you seek to serve will either refuse the certified mail or never claim it. If the mail is returned to the Clerk of Courts by Postal Service for either of these reasons, that information will be posted to the “docket” in your case. You may then, and only then, instruct the Clerk to send service by ordinary mail. You may use the same **Instructions for Service** form to do this. You will have to provide the Clerk with another copy of the document you wish to be served. Generally, if the ordinary mail is not returned, service is considered complete.

There are exceptions to these service rules, especially when your case is already underway. For example, if all of the original papers in your divorce were served properly but the divorce has not yet been granted, you may serve the documents you file (such as a motion for continuance) by mailing the document to the other parties (or their lawyers, if represented) yourself by regular mail.

There are other ways to serve a party other than certified mail. This website does not explain all of the rules and circumstances related to completing service. For further information, refer to Rules 4 through 4.6 in the Ohio Rules of Civil Procedure.



CUYAHOGA COUNTY COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS

---

THE STATE OF OHIO  
Cuyahoga County

IN THE COURT OF COMMON PLEAS  
**INSTRUCTIONS FOR SERVICE**

\_\_\_\_\_  
v.  
\_\_\_\_\_

Case No. DR \_\_\_\_\_

Judge \_\_\_\_\_

Method of Service

CERTIFIED MAIL

ORDINARY MAIL

REGISTERED MAIL

PERSONAL (Please specify type)

RESIDENCE (Please specify type)

CUYAHOGA COUNTY SHERIFF

CUYAHOGA COUNTY SHERIFF

OUT OF COUNTY SHERIFF \_\_\_\_\_

OUT OF COUNTY SHERIFF \_\_\_\_\_

PROCESS SERVER \_\_\_\_\_

PROCESS SERVER \_\_\_\_\_

Name and Address of Party to Serve:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Filing Party/ Attorney of Record

**COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
CUYAHOGA COUNTY, OHIO**

\_\_\_\_\_  
PLAINTIFF  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY, STATE, ZIP CODE

CASE NO. DF: \_\_\_\_\_

JUDGE \_\_\_\_\_

vs.

**APPLICATION FOR ALLOCATION OF  
PARENTAL RIGHTS AND  
RESPONSIBILITIES**  
(Custody, Parenting Time, Support)

\_\_\_\_\_  
DEFENDANT  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY, STATE, ZIP CODE

Now comes \_\_\_\_\_, Plaintiff, pursuant R.C. 2151.233, and moves this Honorable Court to establish a family case. Plaintiff hereby requests this Court to establish an order for parental rights and responsibilities (custody) with parenting time (visitation) and child support.

This request addresses the following minor children:

Name of Child	Date of Birth	SETS Number	P-Order
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These children were born of or legally adopted by Plaintiff and Defendant and:

- The parties were married \_\_\_\_\_, \_\_\_\_\_ and are currently married; or  
 The parties were previously married with at least one child of that marriage and the marriage was terminated by the Cuyahoga County Domestic Relations Court in the following case:

Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Termination of Marriage Date: \_\_\_\_\_

Military Service:

- Neither Plaintiff nor Defendant is an active duty service member of the United States Military.  
 Plaintiff and/or  Defendant is an active duty service member of the United States Military.

Plaintiff's reasons for bringing forth this Application are more fully explained in the attached affidavit. All applicable administrative child support orders are attached as Exhibit A

The filing party acknowledges that the requests made in this Application subject the parties to the case to the establishment of a child support order if one has not been established already.

Respectfully Submitted,

\_\_\_\_\_  
PLAINTIFF

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
MOBILE TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

STATE OF OHIO

)  
)  
)

SS: AFFIDAVIT IN SUPPORT

I, \_\_\_\_\_, Plaintiff having been first duly sworn according to law, hereby state and affirm that:

1. I am related to the children subject this application as follows:

\_\_\_\_\_

2. I am requesting this Honorable Court to: \_\_\_\_\_

\_\_\_\_\_

3. I am requesting this because: \_\_\_\_\_

\_\_\_\_\_

I, also, state and affirm that:

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FURTHER, AFFIANT SAYETH NAUGHT.**

\_\_\_\_\_  
**Affiant Signature**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
**NOTARY PUBLIC**



Case No. \_\_\_\_\_

**WAIVER OF LEGAL COUNSEL**

I understand that I have the right to be represented by an attorney in this proceeding. I have decided not to have an attorney assist me. By signing this Waiver, I confirm that I am waiving my right to legal representation for the purpose of APPLICATION FOR PARENTAL RIGHTS & RESPONSIBILITIES.

I have freely and voluntarily signed the attached APPLICATION FOR PARENTAL RIGHTS & RESPONSIBILITIES and any attached documents with a full understanding of these documents.

This waiver is made voluntarily, with my full understanding and of my own free will. It is my decision to proceed without counsel.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PLAINTIFF (print name)

\_\_\_\_\_  
SIGNATURE



# THE PARENTING PROCEEDING AFFIDAVIT AND IV-D APPLICATION

A **Parenting Proceeding Affidavit** must be filed pursuant to [Ohio Revised Code §3127.23](#) at the initial filing of a complaint for divorce, legal separation, annulment or a petition for dissolution when there are minor children. It must also be filed with the initial filing of a Motion to Modify Parenting Order. The Parenting Proceeding Affidavit is a sworn statement stating the names and dates of birth of the minor children of the parties, their residence addresses for the previous five years and whether any or all of the children have been the subject of any court cases where a designation of parental rights has been made no matter where the location of the case. The Parenting Proceeding Affidavit is necessary for the Court to determine if it has the authority to issue parenting orders in the case being filed.

The **“IV-D Application”** is an application to receive child support services from the Child Support Enforcement Agency for parents who are not receiving TANF or Medicaid. After you submit the application the Child Support Enforcement Agency can assist you in providing the following services:

- **Location of Absent Parents.** The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request **“Location Services Only”**, if the sole need is to find the whereabouts of the absent parent.
- **Establishment or Modification of Child Support and Medical Support.** The CSEA can assist you in obtaining an order for support if you are separated, have been deserted or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (modification), and to establish a medical support order.
- **Enforcement of Existing Orders.** The CSEA can help you collect current and back child support.
- **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearage.** The agency can assist in collecting back support (arrearage) by intercepting a nonpayor’s federal and state income tax refunds on some cases.
- **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.** The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.
- **Establishment of Paternity.** The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child.
- **Collection and Disbursement of Payments.** The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.
- **Interstate Collection of Child Support.** The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

Recipients of child support services are required to cooperate to the best of their ability with the CSEA. The only fee you can be charged for services is a one-dollar application fee. In providing IV-D services, the CSEA and any of its contract agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipients’ personal interest.

STATE OF OHIO )  
CUYAHOGA COUNTY ) ss.

IN THE COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS

\_\_\_\_\_  
Plaintiff/Petitioner/Defendant-01

Case Number \_\_\_\_\_

\_\_\_\_\_  
Address

Judge \_\_\_\_\_

\_\_\_\_\_  
Defendant/Respondent/Defendant-02

PARENTING PROCEEDING AFFIDAVIT  
(ORC 3127.23)

\_\_\_\_\_  
Address

\_\_\_\_\_, being duly sworn, states the following regarding issues relevant to  
(Your name)  
parenting of the following minor child(ren): (Names and birth dates of children) \_\_\_\_\_

**DIRECTIONS:** You must answer questions and provide all information requested. If you do not, it is possible the Court will be unable to make orders in your case. If you need more space to answer any question, please use a separate piece of paper and attach it to the back of this form. If the answers/information are not the same for all children, a separate affidavit must be filed for each child.

1. Beginning with the child(ren)'s present address, state the residence where the child(ren) lived within the last five years, and the names and relationship of the persons with whom the child(ren) lived during that period.

<u>Period of Residence</u>	<u>Address and Person(s) at residence</u>	<u>Person(s) Relationship to Child</u>
a. _____ to the present	a. _____	a. _____
b. _____ to _____	b. _____	b. _____
c. _____ to _____	c. _____	c. _____

2. Have you participated as a party, witness, or in any other capacity in any other proceedings concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child?  No  Yes  
If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:

\_\_\_\_\_  
3. Do you know of any proceedings that could affect the current proceeding, including proceedings for enforcement of child custody determinations; proceedings relating to domestic violence or protection orders; proceedings to adjudicate the child as an abused, neglected, or dependent child; proceedings seeking termination of parental rights; and adoptions ?  No  Yes  
If "Yes" you must provide the Court name, address, case number and date of determination, if any on the line below:

\_\_\_\_\_  
4. State the **name and address** of any person or agency who is not a party to this proceeding and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have visitation rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child (ORC 3127.23(A)(3)).  Not Applicable  The following person(s): \_\_\_\_\_  
(Name of person or agency)

\_\_\_\_\_  
Address City/State/Zip

**I understand that I have a continuing duty to inform the court of any child custody proceeding concerning the child(ren) in this or any other State that could affect the current proceeding.**

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

_____	:	CASE NO. DR _____
PLAINTIFF/PETITIONER-01	:	
	:	JUDGE _____
vs.	:	
_____	:	
DEFENDANT/PETITIONER-02	:	
RESPONDENT	:	

**APPLICATION FOR CHILD SUPPORT SERVICES  
NON-PUBLIC ASSISTANCE APPLICANT/RECIPIENT**

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT:** If you are receiving TANF or Medicaid, do **not** complete this application, because you became eligible for child support services when you became eligible to receive TANF or Medicaid.

I, \_\_\_\_\_, request Child Support Services from the Cuyahoga County Child Support Enforcement Agency. I understand and agree to the following conditions:

- A. I am a resident of Cuyahoga County.
- B. The only fee that can be charged for services is a one dollar application fee.
- C. Recipients of child support services shall cooperate to the best of their ability with the CSEA.
- D. In providing IV-D services, the CSEA and any of its contracted agents (e.g., prosecutors, attorneys, hearing officers, etc.) represent the best interest of the children of the state of Ohio and do not represent any IV-D recipient or the IV-D recipients' personal interest.

The Child Support Enforcement Agency can assist you in providing the following services:

- 1. **Location of Absent Parents.**  
The agency can assist in finding where an absent parent is currently living, in what city, town or state. The applicant can request "**Location Services Only**", if the sole need is to find the whereabouts of the absent parent.
- 2. **Establishment or Modification of Child Support and Medical Support.**  
The CSEA can assist you in obtaining an order for support if you are separated, have been deserted or need to establish paternity (fatherhood). The CSEA can also assist you in changing the amount of support orders (modification), and to establish a medical support order.
- 3. **Enforcement of Existing Orders.**  
The CSEA can help you collect current and back child support.
- 4. **Federal and State Income Tax Refund Offset Submittals for the Collection of Child Support Arrearage.**  
The agency can assist in collecting back support (arrearage) by intercepting a non-payor's federal and state income tax refunds on some cases.
- 5. **Withholding of Wages and Unearned Income for the Payment of Court Ordered Support.**  
The agency can help you get payroll deductions for current and back child support and can intercept unemployment compensation to collect child support.
- 6. **Establishment of Paternity.**  
The agency can obtain an order for the establishment of paternity (fatherhood), if you were not married to the father of the child.
- 7. **Collection and Disbursement of Payments.**  
The CSEA can collect the child support for you, and send you a check for the amount of the payments received. Back support collected will be paid to you until all of the back support you are owed is paid.
- 8. **Interstate Collection of Child Support.**  
The agency can assist you in collecting support if the payor is living in another state or in some foreign countries.

## APPLICANT INFORMATION

Name: _____  Home Address: _____ _____ _____  Home Phone #: _____  Social Security #: _____  Race: _____  Relationship to Children: _____  Military Service: _____  (Branch, Dates) _____ _____ _____	Date of Birth: _____  Mailing Address: _____ _____ _____  Sex: _____ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated  Ever been on Public Assistance? _____ (When and Where) _____ _____ _____
---	---

## EMPLOYER INFORMATION

Employer Name: _____  Employer Address: _____ _____ _____	Employer Phone #: _____  Is Medical Insurance Available? _____ _____
---	---

	CHILD 1	CHILD 2	CHILD 3
Name:			
Sex:			
Race:			
Social Security #:			
Date of Birth:			
Home Address:			



Employer Phone #:			
Medical Insurance Provided?			
Support Order #:			
Date of Support Order:			
Amount of Support:	\$	\$	\$
Order Frequency:	Per	Per	Per
Location where Order was issued:			
Military Service (Branch, Dates)			
Ever Incarcerated? (Location, Dates):			
Arrest Record (Location, Dates):			
Name and Address of Current Spouse			
Father's Name:			
Mother's Name (Maiden):			
Ever been on Public Assistance? (Locations, Dates)			

Type(s) of Service(s) Requested:

- All Services listed
- Location of absent parent only
- Other (please explain) \_\_\_\_\_

I understand that the Child Support Agency within 20 days of receiving this application will contact me by a written notice to inform me if my case has been accepted for child support services (VI-D Services).

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**COURT OF COMMON PLEAS  
CUYAHOGA COUNTY, OHIO**

\_\_\_\_\_  
Plaintiff/Petitioner

Case No. \_\_\_\_\_

v./and

Judge \_\_\_\_\_

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Defendant/Petitioner

**Instructions:** Check local court rules to determine when this form must be filed. This affidavit is used to disclose health insurance coverage that is available for children. It is also used to determine child support. It must be filed if there are minor children of the relationship. **If more space is needed, add additional pages.**

**HEALTH INSURANCE AFFIDAVIT**

Affidavit of \_\_\_\_\_  
(Print Your Name)

**Mother**

**Father**

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes  No

Yes  No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes  No

Yes  No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes  No

Yes  No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes  No

Yes  No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes  No

Yes  No

**Mother**

**Father**

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ \_\_\_\_\_

\$ \_\_\_\_\_

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes  No

Yes  No

Your spouse?

Yes  No

Yes  No

Minor child(ren) of this relationship?

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Other individuals?

Yes  No

Yes  No

Number \_\_\_\_\_

Number \_\_\_\_\_

Name of group (employer or organization) that provides health insurance

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number

\_\_\_\_\_

\_\_\_\_\_

**OATH**

(Do not sign until notary is present.)

I, (print name) \_\_\_\_\_, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

\_\_\_\_\_  
Your Signature

Sworn before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_



**CHILD SUPPORT DATA SHEET**

<b>For purposes of this worksheet:</b> Parent A is Father or person designated as "Father" Parent B is Mother or person designated as "Mother"							
					<b>Parent A (Father)</b>	<b>Parent B (Mother)</b>	
<b>Obligor Name:</b> <i>(person paying support)</i>					<input type="checkbox"/>	<input type="checkbox"/>	
<b>Obligee Name:</b> <i>(person receiving support)</i>					<input type="checkbox"/>	<input type="checkbox"/>	
<b>Parenting Plan Type:</b> <input type="checkbox"/> <b>Sole Custody</b> <input type="checkbox"/> <b>Shared Parenting</b> <input type="checkbox"/> <b>Split</b>							
<b>Worksheet Line</b>	<b>Description</b>				<b>Parent A (Father)</b>	<b>Parent B (Mother)</b>	
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					
	<b>Child</b>	Age	Actual Child Care Costs	<b>Child</b>	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.*