Child Support Worksheet

IN THE _____ JUDICIAL DISTRICT
_____ COUNTY, KANSAS

IN THE MATTER OF:

_____

and   CASE NO._____

_____

CHILD SUPPORT WORKSHEET OF (name)   _____

			Petitioner	Respondent

A.   **INCOME COMPUTATION – WAGE EARNER**
    1.   Domestic Gross Income $_____ $_____
        (Insert on Line C.1. below)*

B.   **INCOME COMPUTATION – SELF-EMPLOYED**

    1.   Self-Employment Gross Income
    2.   Reasonable Business Expenses   (-)   _____   _____
    3.   Domestic Gross Income   _____   _____
        (Insert on Line C.1. below)*

C.   **ADJUSTMENTS TO DOMESTIC GROSS INCOME**

    1.   Domestic Gross Income
    2.   Court-Ordered Child Support Paid   (-)   _____   _____
    3.   Court-Ordered Maintenance Paid _____% (-)   _____   _____
    4.   Court-Ordered Maintenance Received _____% (+)   _____   _____
    5.   Child Support Income   _____   _____
        (Insert on Line D.1. below)

D.   **COMPUTATION OF CHILD SUPPORT**
    1.   Child Support Income   _____   +_____
                                       =_____
    2.   Proportionate Shares of Combined Income   _____%   _____%
        (Each parent's income divided by combined income)
    3.   Gross Child Support Obligation**
        (Using the combined income from Line D.1.,
        find the amount for each child and enter total for
        all children)

Age of Children	0-5		6-11		12-18		Total
Number Per Age Category	_____		_____		_____		
Total Amount	_____	+	_____	+	_____	=	_____

* Cost of Living Differential Adjustment?   _____Yes   _____No
**Multiple Family Application?   _____Yes   _____No
  Parenting Time Adjustment   _____Yes   _____No   _____%
Income Beyond the Child Support Schedule calculation used _____Yes   No

Case No. _____

4.   Proportionate Share (Line D.3 x Line D.2)   _____   _____

5.   Parenting Time Adjustment _____% x Line D.4   (-)   _____   _____

6.   Proportionate Shares after Parenting Time Adjustment   _____   _____

7.   Health and Dental Insurance Premium $_____   + $_____

8.   Proportionate Shares Health Insurance Premium   _____   _____

9.   Work-Related Child Care Costs   _____   _____
                Formula: Amt. – (Amt. x %)
                for each child care credit
                Example: 200 – (200 x 30%)

10.   Proportionate Shares Work-Related Child Care Costs   _____   _____

11.   Proportionate Child Support Obligation for Each Parent   _____   _____
           (Line D.6 + D.8 + D.10)

12.   Credit for Insurance or Work-Related Child Care Paid   (-)   _____   _____

13.   Basic Parental Child Support Obligation   _____   _____
           ((Line 11-Line D.12); Insert on Line F.1. below)

E.   <u>CHILD SUPPORT ADJUSTMENTS</u>

APPLICABLE	N/A	CATEGORY	Petitioner	Respondent
1. ☐	☐	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. ☐	☐	Income Tax Considerations	(+/-) _____	(+/-) _____
3. ☐		Special Needs	(+/-) _____	(+/-) _____
4. ☐	☐	Agreement Past Majority	(+/-) _____	(+/-) _____
5. ☐	☐	Overall Financial Condition	(+/-) _____	(+/-) _____
6. TOTAL (Insert on Line F.2. below)			_____	_____

F.   DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

AMOUNT ALLOWED

	Petitioner	Respondent

1.   Basic Parental Child Support Obligation
     (Line D.13. from above)   _____   _____

2.   Total Child Support Adjustments   (+/-)_____   _____
     (Line E.6. from above)

3.   Adjusted Subtotal (Line F.1. +/- Line F.2.)   _____   _____

4.   Equal Parenting Time Obligation
     (☐ EPT Worksheet or ☐ Shared Expense Formula) _____   _____

5. a   Ability to Pay Calculation
       Child Support Income (D.1) _____ - Poverty Guidelines for Household of One _____ = _____

5. b.   Subtotal (lesser amount of F.3 and F.5.a)   _____   _____

6.   Social Security Dependent Benefits   (-) _____ (-) _____

6. b.   Final Subtotal   _____   _____

7.   Enforcement Fee Allowance**   Percentage _____%
     (Applied only to Nonresidential Parent) Flat Fee $ _____
     ((Line F.3. x Collection Fee %) x .5)
     or (Monthly Flat Fee x .5)   (+) _____   (+)_____

8.   Net Parental Child Support Obligation   _____   _____
     (Line 5.b. + Line F.4.)

**Parent paying support.

_____   _____
Prepared By (Signature)   Judge/Hearing Officer Signature

_____
Prepared By (Print Name)

_____   _____
Date Submitted   Date Approved