

Child Support Worksheet

IN THE _____ JUDICIAL DISTRICT
 _____ COUNTY, KANSAS

IN THE MATTER OF

 v. _____

Case No. _____

Pursuant to K.S.A. Chapter 23

CHILD SUPPORT WORK SHEET OF _____

Party Name **Party Name**

A. INCOME COMPUTATION - WAGE EARNER

1. Domestic Gross Income

B. INCOME COMPUTATION - SELF EMPLOYED

1. Self-employment Gross Income

2. Reasonable Business Expenses

(-)

3. Domestic Gross Income

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. Total

=

3. Proportionate Shares of Combined Income

_____%

_____%

(Each parent's income divided by combined income)

4. Gross Child Support Obligation ** (Using total income from Line D.2.,
 find amount for each child and enter total for all children.)

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

*Cost of Living Differential Adjustment? _____ Yes _____ No

*Multiple Family Adjustment? _____ Yes _____ No

Income beyond the child support schedule calculation used _____ Yes _____ No

CASE NO. _____

Party Name

Party Name

5. Proportionate Share (Line D.3 x Line D.4)

E. Parenting Time or Shared Residency Adjustment

1. Parenting Time Adjustment

a. _____% x Line D.5
(Parenting time is more than 35% but less than 50%)

b. Actual Cost Parenting Time Adjustment

c. Extended Parenting Time Adjustment

2. Shared residency and written shared expense plan

a. (Higher amount on Line D.5 - Lower amount on Line D.5) divided by 2

3. Shared residency with Direct Expense Formula

- a. 7% (combined monthly child support less than \$4,690)
- b. 10.5% (combined monthly child support more than \$4,690 and less than \$8,125)
- c. 15% (combined monthly child support more than \$8,125)

4. Total Adjustment (Line E.1.a/b/c or E2 or (E2 + E3))

F. HEALTH INSURANCE

1. Health and Dental Insurance Premium

2. Proportionate Shares Health Insurance Premium

G. WORK RELATED CHILD CARE COSTS

1. Work Related Child Care Costs

Amount - Amount x _____%

2. Proportionate Share Child Care Costs

H. PROPORTIONATE CHILD SUPPORT OBLIGATION FOR EACH PARENT

- 1 Primary residency with one parent: Total of Line D5 - E4 + F2 + G2
- Shared residency with written shared expense plan: Total of E4 + F2 + G2
- Shared residency with Direct expense formula: Total of E4 + F2 + G2

I. BASIC CHILD SUPPORT OBLIGATION

1. Credit for Health Insurance and Work-Related Childcare = Line F1 + G1

2. Basic Child Support Obligation = Line H.1. - Line I.1

CASE NO. _____

Party Name _____

Party Name _____

J. CHILD SUPPORT ADJUSTMENTS

| | | CATEGORY | AMOUNT ALLOWED | |
|-------------------------------------|--------------------------|--------------------------------------|----------------|-------|
| Applicable | N/A | | | |
| 1. | <input type="checkbox"/> | Long Distance Visitation Costs (+/-) | _____ | _____ |
| 2. | <input type="checkbox"/> | Income Tax Considerations (+/-) | _____ | _____ |
| 3. | <input type="checkbox"/> | Special Needs (+/-) | _____ | _____ |
| 4. | <input type="checkbox"/> | Agreement Past Minority (+/-) | _____ | _____ |
| 5. | <input type="checkbox"/> | Overall Financial Condition (+/-) | _____ | _____ |
| 6. TOTAL (Insert on Line K.2 Below) | | | _____ | _____ |

K. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

- 1. Basic Parental Child Support Obligation (Line I.2 from above) _____
- 2. Total Child Support Adjustments (Line J.6 from above) (+/-) _____
- 3. Adjusted subtotal (Line K.1 +/- Line K.2.) _____
- 4. Social Security Dependent Benefits _____
- 5. Ability to Pay _____

Child support income (D.1) _____ - Poverty guidelines for household of one _____ = _____

L. NET PARENTAL CHILD SUPPORT OBLIGATION

M. ENFORCEMENT FEE ALLOWANCE

(Line L. x collection fee% x .5) or (Monthly flat fee x .5)

N. TOTAL CHILD SUPPORT OBLIGATION

Prepared by (Signature)

Judge/Hearing Officer Signature

Prepared by (Print Name)

Date Approved

Date Submitted