# SHARED CHILD SUPPORT OBLIGATION WORKSHEET

| CHILDREN | DATE OF BIRTH | CHILDREN | DATE OF BIRTH |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| | FATHER | MOTHER | COMBINED |
|---|---|---|---|
| 1. MONTHLY GROSS INCOME | | | |
| a. Minus pre-existing child support payment. | | | |
| b. Minus pre-existing child support payment. | | | |
| 2. MONTHLY ADJUSTED GROSS INCOME | | | |
| 3. PERCENTAGE SHARE OF INCOME | % | % | |
| 4. NUMBER OF CHILDREN | | | |
| 5. BASIC CHILD SUPPORT OBLIGATION | | | |
| 6. SHARED CUSTODY BASIC OBLIGATION | | | |
| 7. PERCENTAGE WITH EACH PARTY | % | % | |
| 8. EACH PARTY'S THEORETICAL CHILD SUPPORT OBLIGATION | | | |
| 9. BASIC CHILD SUPPORT OBLIGATION FOR TIME W/ OTHER PARTY | | | |
| a. Net Child Care Costs (Cost Minimum Federal Tax Credit.) | | | |
| b. Child's Health Insurance Premium Cost. | | | |
| c. Extraordinary Medical Expenses (Uninsured Only.) | | | |
| d. Extraordinary Expenses | | | |
| e. Optional. Minus extraordinary adjustments. | | | |
| 10. TOTAL EXPENSES/EXTRAORDINARY ADJUSTMENTS | | | |
| 11. EACH PARTY'S PROPORTIONATE SHARE OF EXPENSES | | | |
| 12. DIRECT PAYMENTS MADE BY EACH PARTY | | | |
| 13. EACH PARTY'S CHILD SUPPORT OBLIGATION | | | |
| 14. RECOMMENDED CHILD SUPPORT ORDER | | | |

Comments, calculations, or rebuttals to schedule or adjustments if non-custodial or non-domiciliary party directly pays extraordinary expenses.