Instructions to complete the Child Support Worksheet may be found on the Kansas Judicial Branch website, <a href="http://www.kscourts.org/programs/Child-Support-Guidelines/default.asp">http://www.kscourts.org/programs/Child-Support-Guidelines/default.asp</a>, or by visiting your local law library. The Child Support Worksheet must be completed prior to your hearing.

## **Child Support Worksheet**

	IN THE	JUDICIAL D COUNTY, KAN		
IN THE	MATTER OF:			
	and	-	CASE NO	
CHILD	SUPPORT WORKSHEET OF	(name)		
A.	INCOME COMPUTATION – WA  1. Domestic Gross Income (Insert on Line C.1. below	•	<u>MOTHER</u> \$	<u>FATHER</u> \$
B.	INCOME COMPUTATION – SE	LF-EMPLOYED		
	<ol> <li>Self-Employment Gross</li> <li>Reasonable Business E</li> <li>Domestic Gross Income (Insert on Line C.1. below)</li> </ol>	xpenses	(-)	
C.	ADJUSTMENTS TO DOMESTIC GROSS INCOME			
	<ol> <li>Domestic Gross Income</li> <li>Court-Ordered Child Su</li> <li>Court-Ordered Maintena</li> <li>Court-Ordered Maintena</li> <li>Child Support Income         <ul> <li>(Insert on Line D.1. below</li> </ul> </li> </ol>	pport Paid ance Paid ance Received	(-) (-) (+)	
D.	COMPUTATION OF CHILD SUI	PPORT_		
	Child Support Income		+	
	<ol> <li>Proportionate Shares of (Each parent's income of Cache Cach</li></ol>	%	=%	
	Age of Children Number Per Age Category Total Amount	0-5 6-11 + +	12-18	Total
* Inters	state Pay Differential Adjustment?	Yes	No	
**Multi	ple Family Application?	Yes	No	
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Case	ואט		

				<u>MOTHER</u>	<u>FATHER</u>
4.	Health and Dental Ins	surance Premium		\$	+ \$
5. 6.	Work-Related Child C Formula: Amt. – ((Am for each child care cre Example: 200 – ((200 Parents' Total Child S	nt. X %) + (.25 x (Ar edit ) x .30%) + (.25 x (2			=
7. 8. 9.	(Line D.3. plus Lines Parental Child Suppo (Line D.2. times Line Adjustment for Insura (Subtract for actual parameter) D.4. and D.5.) Basic Parental Child (Line D.7. minus Line Insert on Line F.1. be	rt Obligation D.6. for each parer Ince and Child Care ayment made for it Support Obligation D.8.;	e (-) ems		
E. <u>CHILD</u>	SUPPORT ADJUSTM	<u>ENTS</u>		MOUNT ALLO	NACE
APPLICABLE	N/A CATE	EGORY	AI MOTHE	MOUNT ALLO ER	FATHER
	Parenting Tin Income Tax ( Special Need Agreement P Overall Finan (Insert on Line F.2. be	Considerations Is ast Majority acial Condition elow)	(+/-) (+/-) (+/-) (+/-) (+/-) (+/-) (+/-) (+/-) (+/-)		(+/-) (+/-) (+/-) (+/-) (+/-) (+/-)
F. <u>DEVIA</u>	TION(S) FROM REBU	TTABLE PRESUM		AMOUNT ALL	OWED
1. 2. 3. 4.	Basic Parental Child 3 (Line D.9. from above Total Child Support A (Line E.7. from above Adjusted Subtotal (Line Enforcement Fee Allo (Applied only to Nonn ((Line F.3. x Collectio or (Monthly Flat Fee x) Net Parental Child Su (Line F.3. + Line F.4.)	e)  djustments e)  ne F.1. +/- Line F.2  owance** esidential Parent) n Fee %) x .5) x .5) upport Obligation	(+/-) .) Percentage	HER	FATHER
**Parent with r	onprimary residency				
			Judge/Hea	Judge/Hearing Officer Signature	
	Date Sign		ate Signed		
Prepared By		 Da	Date Approved		

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