

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS  
DIVISION \_\_\_\_\_

_____	)	
	)	Case No.
[CAPTION]	)	
	)	
	)	Document No. _____
vs.	)	
_____	)	

**CHILD SUPPORT WORKSHEET OF:** \_\_\_\_\_

**A. INCOME COMPUTATION-WAGE EARNER**

**MOTHER**

**FATHER**

1. Domestic Gross Income (Insert on Line C.1. below)\*

\_\_\_\_\_

\_\_\_\_\_

**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 (+)

\_\_\_\_\_

\_\_\_\_\_

(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. Basic Child Support Obligation\*\*

(Using combined income from Line D.1., find amount for each child and enter total for all children)

Age of Children	0-6	7-15	16-18	
Number Per Age Category	_____	_____	_____	
Total Amount	_____	_____	_____	= _____

\* Cost of Living Differential Adjustment? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Multiple Family Adjustment? \_\_\_\_\_ Yes \_\_\_\_\_ No

	<b>MOTHER</b>	<b>FATHER</b>
4. Health and Dental insurance Premium	_____	_____
5. Work-Related Child Care Costs (Amount x % + [.25 x (Amt. x %)] for child care credit = _____)	_____	_____
6. Parents' Total Child Support Obligation (Line D.3. plus Lines D.4. and D.5)	_____	_____
7. Parental Child Support Obligation (Line D.2. times Line D.6. for each parent)	_____	_____
8. Adjustment for Insurance and Child Care (Subtract for actual payment made for items D.4. and D.5.)	_____	_____
9. Net Parental Child Support Obligation (Obligation (Line D.7. minus Line D.8. Insert on Line F.1. below)	_____	_____

**E. CHILD SUPPORT ADJUSTMENTS**

	APPLICABLE	N/A	CATEGORY	AMOUNT ALLOWED	
				PARENT A	PARENT B
1. _____	_____	_____	Long Dist. Parenting Time Costs	(+/-) _____	(+/-) _____
2. _____	_____	_____	Parenting Time Adjustment	(+/-) _____	(+/-) _____
3. _____	_____	_____	Income Tax Considerations	(+/-) _____	(+/-) _____
4. _____	_____	_____	Special Needs	(+/-) _____	(+/-) _____
5. _____	_____	_____	Agreement Past Minority	(+/-) _____	(+/-) _____
6. _____	_____	_____	Overall Financial Condition	(+/-) _____	(+/-) _____
7. TOTAL (Insert on Line F.2. below)				_____	_____

**F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT**

1. Net Parental Child Support Obligation (Line D.9 from above)	_____	_____
2. Total Child Support Adjustments (Line E.7 above)	(+/-) _____	(+/-) _____
3. Adjusted Child Support Obligation	_____	_____
4. Child Support Enforcement Fee	+ _____	+ _____
5. *Estimated amount of arrearage _____		
6. Monthly support towards arrearage	+ _____	+ _____
7. Total Monthly Support Due	_____	_____

\* As shown by the records of the collecting agency. Arrearage does not include interest.

Attorneys are expected to check the arrearage amount with SRS for IV-D cases, and the District Court Trustee for private cases, prior to submitting this worksheet.

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District Court Judge/Administrative Hearing Officer

**PREPARED AND SUBMITTED BY:**

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Attorney for Respondent/Petitioner