



Circuit Court for _____

Case No. _____

City or County

Name _____ VS. Name _____

Street Address Apt # PO Box Street Address Apt # PO Box

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City State Zip Code Area Code Telephone City State Zip Code Area Code Telephone

Plaintiff

Defendant

CHILD SUPPORT GUIDELINES WORKSHEET A

(Primary Physical Custody to One Parent)

(DOM REL 34)

Name of Child Date of Birth Name of Child Date of Birth
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Table with 4 columns: Description, Mother, Father, Combined. Rows include: 1. MONTHLY ACTUAL INCOME, 2. MONTHLY ADJUSTED ACTUAL INCOME, 3. PERCENTAGE SHARE OF INCOME, 4. BASIC CHILD SUPPORT OBLIGATION, 5. TOTAL CHILD SUPPORT OBLIGATION, 6. EACH PARENT'S CHILD SUPPORT OBLIGATION, 7. TOTAL DIRECT PAY BY EACH PARENT, 8. RECOMMENDED CHILD SUPPORT AMOUNT.

9. RECOMMENDED CHILD SUPPORT ORDER (Bring down amount from line 8 for the non-custodial parent only. If this is a negative number, see Comment (2) below.)	\$	\$	
Comments or special adjustments, such as (1) any adjustment for certain third party benefits paid to or for the child of an obligor who is disabled, retired, or receiving benefits as a result of a compensable claim (see Code, Family Law Article, § 12-204(j) or (2) that there is a negative dollar amount on line 9, which indicates a recommended child support order directing the custodial parent to reimburse the non-custodial parent this amount for "direct pay" expenses):			
PREPARED BY:			Date: