MARYLAND Circuit Court for		Ca	ase No.	
JUDICIANI	City or County	y		
	vs			
Name	Name			
Street Address Apt # PO	Box Street A	ddress		Apt # PO Bo
fact radies ()	BOX BUCCLY	adress		()
City State Zip Code Area Telephone	e City		State Zip Code	e Area Telephone
Code Plaintiff			Defendant	Code
••			ū	
CHILD SUPPORT G				
(Primary Physica	•)	
(L	OOM REL 34	+)		
Name of Child Date of Birth		Non	ne of Child	Data of Binth
Name of Child Date of Birth		Nan	ne of Child	Date of Birth
Name of Child Date of Birth	_	Nan	ne of Child	Date of Birth
Name of Child Date of Birth		Name of Child		Date of Birth
Name of Child Date of Birth		INdii	nie of Cilliu	Date of Bitti
		Mother	Father	Combined
1. MONTHLY ACTUAL INCOME (Before taxes)(Coo	le, Family			
Law Article, §12-201(b))	\$		\$	
a. Minus pre-existing child support payment actually pa	nid -		-	
b. Minus alimony actually paid	_		_	
c. Plus / minus alimony awarded in this case	+/-		+/-	
2. MONTHLY ADJUSTED ACTUAL INCOME	\$		\$	
3. PERCENTAGE SHARE OF INCOME (Divide each	n parent's			
income on Line 2 by the combined income on Line 2)		%		%
4. BASIC CHILD SUPPORT OBLIGATION	_			
(Apply Line 2 Combined Income to Child Support Sch	edule)			\$
a. Work-Related Child Care Expenses (Code, FL § 12-2	204(g))			+
b. Health Insurance Expenses (Code, FL § 12-204(h)(1)))			+
c. Extraordinary Medical Expenses (Code, FL § 12-204	(h)(2))			
d. Cash Medical Support (Code, Family Law Article, §				+
(3)(ii)) - This subsection applies only to child suppor				
brought under Title IV, Part D of the Social Security				+
e. Additional Expenses (Code, Family Law Article § 12	2-104(i))			+
5. TOTAL CHILD SUPPORT OBLIGATION				
(Add lines 4, 4a, 4b, 4c, 4d and 4e)				\$
6. EACH PARENT'S CHILD SUPPORT OBLIGATI				
(Multiply Line 5 by Line 3 for each parent)	\$		\$	
7. TOTAL DIRECT PAY BY EACH PARENT	lo poid by			
(Add the expenses shown on lines 4a, 4b, 4c, 4d and 4 each parent.)	te paid by \$		\$	
8. RECOMMENDED CHILD SUPPORT AMOUNT				
(Subtract line 7 from line 6 for each parent.)	\$		\$	

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:			