

STATE OF OKLAHOMA

_____)	Dist. Ct. Case No. _____
_____)	
_____)	OAH Case No. _____
_____)	
_____)	OK IV-D FGN: _____
_____)	
_____)	Obligor: _____
_____)	
_____)	Custodial Person: _____

Child Support Computation for Period Prior to July 1, 2009

Calculation for number of children _____

Obligor (noncustodial parent) is _____
 (Enter "mother" or "father")

A	Base monthly obligation	Father	Mother	Combined
1	Gross monthly income All sources, except child support received and means-tested public assistance			
2	Less court-ordered optional monthly adjustment for marital debt			
3	Less court-ordered monthly child support and support alimony actually paid for others			
4	Adjusted gross monthly income Line 1 minus Line 2 and/or Line 3, if used			
5	Percentage share of income Line 4 for each parent divided by Line 4 combined	%	%	100%
6	Base monthly obligation Apply Line 4 combined to Child Support Guideline Schedule and insert in Line 6 combined; then, Line 6 combined X Line 5 for each parent.			

B	Shared parenting adjustment, if used	Father	Mother	Combined
7	Number of overnights with each parent If less than 121 for obligor, skip to C.			365
8	Percentage with each parent Line 7 for each parent divided by 365	%	%	100%
9	Shared parenting base obligation Line 6 combined X 1.5			

B	Shared parenting adjustment, if used	Father	Mother	Combined
10	Each parent's share Line 9 combined X Line 5 for each parent			
11	Amount retained by each parent Line 10 for each parent X Line 8 for each parent			
12	Offset amount Line 10 minus Line 11 for each parent			
13	Adjusted base monthly obligation Subtract smaller amount from larger amount on Line 12. If custodial person amount is larger than obligor amount, enter for obligor.			

C	Health insurance premium	Father	Mother	Combined
14	Monthly health insurance premium Actual monthly premium amount for each parent, for child(ren) included in this calculation. If none, enter and skip to Line 17.			
15	Monthly health insurance premium share Line 14 combined premium amount X Line 5 for each parent			
16	Adjusted premium share paid by obligor Leave custodial person amount blank. Subtract obligor Line 14 from obligor Line 15. Amount may be negative.			

D	Work and education-related child care expenses	Father	Mother	Combined
17	Monthly child care expenses for each parent, for child(ren) included in this calculation. Skip to line 18 if OKDHS child care subsidy case.			
18	OKDHS child care subsidy Line 18f X Line 18b divided by Line 18a			
	a. Total children in custodial person's child care subsidy case			
	b. Number of children of these parents in custodial person's child care subsidy case			
	c. Custodial person's actual gross monthly income			

D	Work and education-related child care expenses	Father	Mother	Combined
	d. Obligor base monthly obligation amount			
	e. Amount treated as custodial person's OKDHS household income - Line 18c plus Line 18d			
	f. Amount treated as custodial person's family share co-payment from OKDHS Appendix C-4, page 2			
19	Child care expense share Line 17 combined or custodial person Line 18, X Line 5 for each parent			
20	Adjusted child care contribution paid by obligor. Leave custodial person amount blank. Subtract obligor Line 17 or 18 from obligor Line 19. Amount may be negative.			
21	Total monthly child support obligation Add obligor Line 6 or Line 13 and Lines 16 and 20, if positive amounts. Subtract Lines 16 and 20, if negative amounts from obligor Line 6 or Line 13.			
E	Other contributions, if agreed or ordered	Father	Mother	Combined
22	Recurring monthly medical expenses Line 22 combined X Line 5 for each parent			
23	Other medical expenses percentage share - Line 5	%	%	
24	Visitation transportation costs Line 24 combined X Line 5 for each parent			

Payments shall commence on the _____ day of _____, _____, and are due on the same date of each month thereafter.

_____ Guidelines were followed.

_____ Deviation from child support guidelines by Court-Specific findings of Court supporting each deviation:

Dated this _____ day of _____, _____

JUDGE

APPROVED AS TO FORM:

Printed name

Printed name

Address

Address

Address

Address

Phone

Phone

Attorney for

Attorney for

OBA#

OBA#

Address

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State's Attorney, OCSS, OKDHS

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