

**CHILD SUPPORT DATA SHEET**

<b>For purposes of this worksheet:</b>							
Parent A is Father or person designated as "Father"							
Parent B is Mother or person designated as "Mother"							
					<b>Parent A (Father)</b>	<b>Parent B (Mother)</b>	
<b>Obligor Name:</b> <i>(person paying support)</i>					<input type="checkbox"/>	<input type="checkbox"/>	
<b>Obligee Name:</b> <i>(person receiving support)</i>					<input type="checkbox"/>	<input type="checkbox"/>	
<b>Parenting Plan Type:</b> <input type="checkbox"/> <b>Sole Custody</b> <input type="checkbox"/> <b>Shared Parenting</b> <input type="checkbox"/> <b>Split</b>							
<b>Worksheet Line</b>	<b>Description</b>				<b>Parent A (Father)</b>	<b>Parent B (Mother)</b>	
1	Annual Gross Income				\$	\$	
2	Annual Amount of Overtime, Bonuses & Commissions				\$	\$	
	a.	Year 3 (3 years ago)			\$	\$	
	b.	Year 2 (2 years ago)			\$	\$	
	c.	Year 1 (last calendar year)			\$	\$	
3	Annual Self-Employment Income				\$	\$	
	a.	Gross receipts from business			\$	\$	
	b.	Ordinary & necessary business expenses			\$	\$	
4	Annual income from unemployment compensation				\$	\$	
5	Annual income from worker's compensation, disability insurance or social security disability/retirement benefits				\$	\$	
6	Other annual income or potential income				\$	\$	
9	Number of children of each party not subject to this order						
10	a.	Check person to be health insurance obligor			<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Total, actual out-of-pocket costs for health insurance premiums for health insurance obligor			\$	\$	
11	Annual court ordered spousal support paid (if any)				\$	\$	
19	a.	Check if parent has court-ordered parenting time			<input type="checkbox"/>	<input type="checkbox"/>	
	b.	Check if Court's Parenting Time Guidelines are being applied to this order			<input type="checkbox"/>	<input type="checkbox"/>	
20	Annual amount of any non-means tested benefits received by the children subject to the order				\$	\$	
21	Parent paying child care costs:				<input type="checkbox"/>	<input type="checkbox"/>	
	a.	Total annual child care expenses for all children of this order (minus any subsidies)			\$	\$	
	b)	Age of each child subject to this order & c) Actual annual child care costs per child					
	<b>Child</b>	Age	Actual Child Care Costs	<b>Child</b>	Age	Actual Child Care Costs	
	1			4			
	2			5			
	3			6			
25	a.	If deviating child support, state reason:					
	b.	If deviating child support, desired monthly amount to be paid:			\$	\$	
28	a.	If deviating cash medical support, desired monthly amount to be paid			\$	\$	

The parties indicated below state that the information on this document was provided voluntarily for the purpose of preparing a child support worksheet.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please contact an attorney with any questions about the information provided before submitting this form to the Court.*