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CUYAHOGA COUNTY DOMESTIC RELATIONS COURT
CHILD SUPPORT COMPUTATION WORKSHEET
SOLE RESIDENTIAL PARENT OR SHARED PARENTING ORDER

NAME OF PARTIES: _____ CASE NUMBER: _____

NUMBER OF MINOR CHILDREN: _____

THE FOLLOWING PARENT WAS DESIGNATED AS RESIDENTIAL PARENT AND LEGAL CUSTODIAN:
☐ FATHER ☐ MOTHER ☐ SHARED

INCOME	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
1. a. ANNUAL GROSS INCOME FROM EMPLOYMENT OR, WHEN DETERMINED APPROPRIATE BY THE COURT OR AGENCY, AVERAGE ANNUAL GROSS INCOME FROM EMPLOYMENT OVER A REASONABLE PERIOD OF YEARS. (EXCLUDE OVERTIME, BONUSES, SELF-EMPLOYMENT INCOME , OR COMMISSIONS).....……	_____	_____	
b. AMOUNT OF OVERTIME, BONUSES, AND COMMISSIONS (YEAR 1 REPRESENTING THE MOST RECENT YEAR) Father Mother YR. 3 (THREE YEARS AGO) _____ _____ YR. 2 (TWO YEARS AGO) _____ _____ YR.1 (LAST CALENDAR YEAR) _____ _____ AVERAGE _____ _____ (INCLUDE IN COL. I AND/OR COL. II THE AVERAGE OF THE THREE YEARS OR THE YEAR 1 AMOUNT, WHICHEVER IS LESS, IF THERE EXISTS A REASONABLE EXPECTATION THAT THE TOTAL EARNINGS FROM OVERTIME AND/OR BONUSES DURING THE CURRENT CALENDAR YEAR WILL MEET OR EXCEED THE AMOUNT THAT IS THE LOWER OF THE AVERAGE OF THE THREE YEARS OR THE YEAR 1 AMOUNT. IF, HOWEVER, THERE EXISTS A REASONABLE EXPECTATION THAT THE TOTAL EARNINGS FROM OVERTIME/BONUSES DURING THE CURRENT CALENDAR YEAR WILL BE LESS THAN THE LOWER OF THE AVERAGE OF THE 3 YEARS OR THE YEAR 1 AMOUNT, INCLUDE ONLY THE AMOUNT REASONABLY EXPECTED TO BE EARNED THIS YEAR.).....…….....	_____	_____	
2. FOR SELF-EMPLOYMENT INCOME:			
a. GROSS RECEIPTS FROM BUSINESS.....	_____	_____	
b. ORDINARY AND NECESSARY BUSINESS EXPENSES….....	_____	_____	
c. 5.6% OF ADJUSTED GROSS INCOME OR THE ACTUAL MARGINAL DIFFERENCE BETWEEN THE ACTUAL RATE PAID BY THE SELF-EMPLOYED INDIVIDUAL AND THE F.I.C.A. RATE.....……...	0.00%	0.00%	
d. ADJUSTED GROSS INCOME FROM SELF-EMPLOYMENT (SUBTRACT THE SUM OF 2b AND 2c FROM 2a).....	_____	_____	
3. ANNUAL INCOME FROM INTEREST AND DIVIDENDS (WHETHER OR NOT TAXABLE) .....….....	_____	_____	

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Reset

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
4. ANNUAL INCOME FROM UNEMPLOYMENT COMPENSATION.....…….....	_____	_____	
5. ANNUAL INCOME FROM WORKERS' COMPENSATION, DISABILITY INSURANCE BENEFITS, OR SOCIAL SECURITY DISABILITY/RETIREMENT BENEFITS …….....	_____	_____	
6. OTHER ANNUAL INCOME (IDENTIFY).....….....	_____	_____	
7. a. TOTAL ANNUAL GROSS INCOME (ADD LINES 1a, 1b, 2d AND 3-6).....…….....	_____	_____	
b. HEALTH INSURANCE MAXIMUM (MULTIPLY LINE 7a BY 5%) ……	_____	_____	
ADJUSTMENTS TO INCOME			
8. ADJUSTMENTS FOR MINOR CHILDREN BORN TO OR ADOPTED BY EITHER PARENT AND ANOTHER PARENT WHO ARE LIVING WITH THIS PARENT; ADJUSTMENT DOES NOT APPLY TO STEPCHILDREN (NUMBER OF CHILDREN TIMES FEDERAL INCOME TAX EXEMPTION LESS CHILD SUPPORT RECEIVED, NOT TO EXCEED THE FEDERAL TAX EXEMPTION) .....….....	_____	_____	
9. ANNUAL COURT-ORDERED SUPPORT PAID FOR OTHER CHILDREN.....….....	_____	_____	
10. ANNUAL COURT-ORDERED SPOUSAL SUPPORT PAID TO ANY SPOUSE OR FORMER SPOUSE .....…….....	_____	_____	
11. AMOUNT OF LOCAL INCOME TAXES ACTUALLY PAID OR ESTIMATED TO BE PAID .....……..….....	_____	_____	
12. MANDATORY WORK-RELATED DEDUCTIONS SUCH AS UNION DUES, UNIFORM FEES, ETC. (NOT INCLUDING TAXES, SOCIAL SECURITY, OR RETIREMENT)	_____	_____	
13. TOTAL GROSS INCOME ADJUSTMENTS (ADD LINES 8 THROUGH 12).....…….....	_____	_____	
14. a. ADJUSTED ANNUAL GROSS INCOME (SUBTRACT LINE 13 FROM LINE 7).....……...	_____	_____	
b. CASH MEDICAL SUPPORT MAXIMUM (IF THE AMOUNT ON LINE 7a, COL. I, IS UNDER 150% OF THE FEDERAL POVERTY LEVEL FOR AN INDIVIDUAL, ENTER $0 ON LINE 14b, COL. I. IF THE AMOUNT OF LINE 7a, COL. I, IS 150% OR HIGHER OF THE FEDERAL POVERTY LEVEL FOR AN INDIVIDUAL, MULTIPLY THE AMOUNT ON LINE 14a, COL. I, BY 5% AND ENTER THIS AMOUNT ON LINE 14b, COL. I. IF THE AMOUNT ON LINE 7a, COL. II, IS UNDER 150% OF THE FEDERAL POVERTY LEVEL FOR AN INDIVIDUAL, ENTER $0 ON LINE 14b, COL. II. IF THE AMOUNT ON LINE 7a, COL. II, IS 150% OR HIGHER OF THE FEDERAL POVERTY LEVEL FOR AN INDIVIDUAL, MULTIPLY THE AMOUNT ON LINE 14a, COL. II, BY 5% AND ENTER THIS AMOUNT ON LINE 14b, COL. II.) ……	_____	_____	
15. COMBINED ANNUAL INCOME THAT IS BASIS FOR CHILD SUPPORT ORDER (ADD LINE 14, COL. I AND COL II)….....			_____

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	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
16. PERCENTAGE OF PARENT'S INCOME TO TOTAL INCOME a. FATHER (DIVIDE LINE 14a, COL. I BY LINE 15, COL III) ...	0.00% %		
b. MOTHER (DIVIDE LINE 14a, COL. II, BY LINE 15, COL. III)		0.00% %	
17. BASIC COMBINED CHILD SUPPORT OBLIGATION (REFER TO SCHEDULE, FIRST COLUMN, LOCATE THE AMOUNT NEAREST TO THE AMOUNT ON LINE 15, COL. III, THEN REFER TO COLUMN TO COLUMN FOR NUMBER OF CHILDREN IN THIS FAMILY. IF THE INCOME OF THE PARENTS IS MORE THAN ONE SUM BUT LESS THAN ANOTHER YOU MAY CALCULATE THE DIFFERENCE.).....			_____
18. **ANNUAL SUPPORT OBLIGATION PER PARENT** a. FATHER (MULTIPLY LINE 17, COL. III, BY LINE 16a) …….	_____		
b. MOTHER (MULTIPLY LINE 17, COL. III, BY LINE 16b) …...		_____	
19. ANNUAL CHILD CARE EXPENSES FOR CHILDREN WHO ARE THE SUBJECT OF THIS ORDER THAT ARE WORK-, EMPLOYMENT TRAINING-, OR EDUCATION-RELATED, AS APPROVED BY THE COURT OR AGENCY (DEDUCT TAX CREDIT FROM ANNUAL COST, WHETHER OR NOT CLAIMED). a. FATHER ……. b. MOTHER …….	_____	_____	
20. a. MARGINAL, OUT OF POCKET COST, NECESSARY TO PROVIDE FOR HEALTH INSURANCE FOR THE CHILDREN WHO ARE THE SUBJECT OF THIS ORDER (CONTRIBUTING COST OF PRIVATE FAMILY HEALTH INSURANCE, MINUS THE CONTRIBUTING COST OF PRIVATE SINGLE HEALTH INSURANCE, DIVIDED BY THE TOTAL NUMBER OF DEPENDENTS COVERED BY THE PLAN, INCLUDING THE CHILDREN SUBJECT OF THE SUPPORT ORDER, TIMES THE NUMBER OF CHILDREN SUBJECT OF THE SUPPORT ORDER) ……..	_____	_____	
b. CASH MEDICAL SUPPORT OBLIGATION (ENTER THE AMOUNT ON LINE 14b OR THE AMOUNT OF ANNUAL HEALTH CARE EXPENDITURES ESTIMATED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE AND DESCRIBED IN SECTION 3119.30 OF THE REVISED CODE, WHICHEVER AMOUNT IS LOWER) …….	_____	_____	
21. **<u>ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED</u>:** FATHER (ONLY IF OBLIGOR OR SHARED PARENTING) a. ADDITIONS: LINE 16a TIMES SUM OF AMOUNTS SHOWN ON LINE 19, COL. II AND LINE 20a, COL. II.....	_____		
c. SUBTRACTIONS: LINE 16b TIMES SUM OF AMOUNTS SHOWN ON LINE 19, COL. I AND LINE 20a, COL. I	_____		

Print

Reset

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
MOTHER (ONLY IF OBLIGOR OR SHARED PARENTING) b. ADDITIONS: LINE 16b TIMES SUM OF AMOUNTS SHOWN ON LINE 19, COL. I AND LINE 20a, COL. I .....…… d. SUBTRACTIONS: LINE 16a TIMES SUM OF AMOUNTS SHOWN ON LINE 19, COL. II AND LINE 20a, COL. II		_____ _____	
22. **OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED :** a. FATHER: LINE 18a PLUS OR MINUS THE DIFFERENCE BETWEEN LINE 21a MINUS LINE 21c ……	_____		
b. MOTHER: LINE 18b PLUS OR MINUS THE DIFFERENCE BETWEEN LINE 21b MINUS LINE 21d ……		_____	
23. **ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS PROVIDED:** a. (LINE 22a OR LINE 22b, WHICHEVER LINE CORRESPONDS TO THE PARENT WHO IS THE OBLIGOR).....….....	_____	_____	
b. ANY NON-MEANS TESTED BENEFITS, INCLUDING SOCIAL SECURITY AND VETERANS' BENEFITS, PAID TO AND RECEIVED BY A CHILD OR A PERSON ON BEHALF OF THE CHILD DUE TO DEATH, DISABILITY, OR RETIREMENT OF THE PARENT .....……...….....	_____	_____	
c. ACTUAL ANNUAL OBLIGATION (SUBTRACT LINE 23b FROM LINE 23a) .....…….....	_____	_____	
24. **ADJUSTMENTS TO CHILD SUPPORT WHEN INSURANCE IS NOT PROVIDED:** FATHER (ONLY IF OBLIGOR OR SHARED PARENTING) a. ADDITIONS: LINE 16a TIMES THE SUM OF THE AMOUNTS SHOWN ON LINE 19, COLUMN II AND LINE 20b, COLUMN II …… c. SUBTRACTIONS: LINE 16b TIMES THE SUM OF THE AMOUNTS SHOWN ON LINE 19, COLUMN I AND LINE 20B, COLUMN I …….. MOTHER (ONLY IF OBLIGOR OR SHARED PARENTING) b. ADDITIONS: LINE 16b TIMES THE SUM OF THE AMOUNTS SHOWN ON LINE 19, COLUMN I AND LINE 20b, COLUMN I d. SUBTRACTIONS: LINE 16a TIMES THE SUM OF THE AMOUNTS SHOWN ON LINE 19, COLUMN II AND LINE 20b, COLUMN II …….	_____ _____	_____ _____	
25. **OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:** a. FATHER: LINE 18a PLUS OR MINUS THE DIFFERENCE BETWEEN LINE 24a MINUS LINE 24c …… b. MOTHER: LINE 18b PLUS OR MINUS THE DIFFERENCE BETWEEN LINE 24b MINUS LINE 24d ……..	_____	_____	

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	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
26. **ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS NOT PROVIDED:**			
a. (LINE 25a OR LINE 25b, WHICHEVER LINE CORRESPONDS TO THE PARENT WHO IS THE OBLIGOR) …….	_____	_____	
b. ANY NON-MEANS-TESTED BENEFITS, INCLUDING SOCIAL SECURITY AND VETERAN'S BENEFITS, PAID TO AND RECEIVED BY A CHILD OR A PERSON ON BEHALF OF THE CHILD DUE TO DEATH, DISABILITY, OR DISABILITY, OR RETIREMENT OF THE PARENT …….	_____	_____	
c. ACTUAL ANNUAL OBLIGATION (SUBTRACT LINE 26b FROM LINE 26a) ……	_____	_____	
27. a. DEVIATION FROM SOLE RESIDENTIAL PARENT SUPPORT AMOUNT SHOWN ON LINE 23c IF AMOUNT WOULD BE UNJUST OR INAPPROPRIATE: (SEE SECTION 3119.23 OF THE REVISED CODE.) (SPECIFIC FACTS AND MONETARY VALUE MUST BE STATED.) _____ _____ _____ _____			
b. DEVIATION FROM SHARED PARENTING ORDER: (SEE SECTIONS 3119.23 AND 3119.24 OF THE REVISED CODE.) (SPECIFIC FACTS INCLUDING AMOUNT OF TIME CHILDREN SPEND WITH EACH PARENT, ABILITY OF EACH PARENT TO MAINTAIN ADEQUATE HOUSING FOR CHILDREN, AND EACH PARENT'S EXPENSES FOR CHILDREN MUST BE STATED TO JUSTIFY DEVIATION.) _____ _____ _____ _____			
ADJUSTMENT (+/-) OF FATHER	_____		
ADJUSTMENT (+/-) OF MOTHER		_____	

	WHEN HEALTH INSURANCE IS PROVIDED:	WHEN HEALTH INSURANCE IS NOT PROVIDED:	
28. **FINAL CHILD SUPPORT FIGURE** (THIS AMOUNT REFLECTS FINAL ANNUAL CHILD SUPPORT OBLIGATION; IN COL. I, ENTER LINE 23c PLUS OR MINUS ANY AMOUNTS INDICATED IN LINE 27a OR 27b; IN COL. II, ENTER LINE 26c PLUS OR MINUS ANY AMOUNTS INDICATED IN LINE 27a OR 27b) ……	$ _____	$ _____	☐**FATHER** ☐**MOTHER** **OBLIGOR**
29. **FOR DECREE** CHILD SUPPORT PER MONTH (DIVIDE OBLIGOR'S ANNUAL SHARE, LINE 28 BY 12) PLUS ANY PROCESSING CHARGES …….	$ _____	$ _____	

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		WHEN HEALTH INSURANCE IS PROVIDED:	WHEN HEALTH INSURANCE IS NOT PROVIDED:	
30.	**FINAL CASH MEDICAL SUPPORT FIGURE** (THIS AMOUNT REFLECTS THE FINAL, ANNUAL CASH MEDICAL SUPPORT TO BE PAID BY THE OBLIGOR WHEN NEITHER PARENT PROVIDES HEALTH INSURANCE COVERAGE FOR THE CHILD; ENTER OBLIGOR'S CASH MEDICAL SUPPORT AMOUNT FROM LINE 20b) ……..		$ _____	☐**FATHER** ☐**MOTHER** **OBLIGOR**
31.	**FOR DECREE** CASH MEDICAL SUPPORT PER MONTH (DIVIDE LINE 30 BY 12) …….		$ _____	

PREPARED BY:

COUNSEL: _____ PRO SE: _____
(FOR FATHER/MOTHER)

CSEA: _____ OTHER: _____

WORKSHEET HAS BEEN REVIEWED AND AGREED TO:

_____ _____
MOTHER DATE

_____ _____
FATHER DATE