

**IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS**

IN THE MATTER OF: )

\_\_\_\_\_ )  
 Petitioner )

and )

\_\_\_\_\_ )  
 Respondent )

CASE NO. DG \_\_\_\_\_  
 Division 3

**CHILD SUPPORT WORKSHEET**

	<u>MOTHER</u>	<u>FATHER</u>
<b>A. <u>INCOME COMPUTATION – WAGE EARNER</u></b>		
1. Domestic Gross Income (Insert on Line C.1. below)*	\$ _____	\$ _____
<b>B. <u>INCOME COMPUTATION – SELF-EMPLOYED</u></b>		
1. Self-Employment Gross Income*	_____	_____
2. Reasonable Business Expenses	(-) _____	_____
3. Domestic Gross Income (Insert on Line C.1. below)	_____	_____
<b>C. <u>ADJUSTMENTS TO DOMESTIC GROSS INCOME</u></b>		
1. Domestic Gross Income	_____	_____
2. Court-Ordered Child Support Paid	(-) _____	_____
3. Court-Ordered Maintenance Paid	(-) _____	_____
4. Court-Ordered Maintenance Received	(+) _____	_____
5. Child Support Income (Insert on Line D.1. below)	_____	_____
<b>D. <u>COMPUTATION OF CHILD SUPPORT</u></b>		
1. Child Support Income	_____	+ _____
		= _____
2. Proportionate Shares of Combined Income (Each parent's income divided by combined income)	_____ %	_____ %
3. Gross Child Support Obligation** (Using the combined income from Line D.1., find the amount for each child and enter total for all children)		

Age of Children Number Per Age Category	0-5		6-11		12-18		Total
Total Amount	_____	+	_____	+	_____	=	_____

\* Interstate Pay Differential Adjustment? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*\*Multiple Family Application? \_\_\_\_\_ Yes \_\_\_\_\_ No

	<u>MOTHER</u>	<u>FATHER</u>
4. Health and Dental Insurance Premium	\$ _____	+ \$ _____
		= _____
5. Work-Related Child Care Costs Formula: Amt. – ((Amt. X %) + (.25 x (Amt. x %))) for each child care credit	_____	_____
Example: 200 – ((200 x .30%) + (.25 x (200 x .30%)))		= _____
6. Parents' Total Child Support Obligation		_____
(Line D.3. plus Lines D.4. & D.5.)		
7. Parental Child Support Obligation (Line D.2. times Line D.6. for each parent)	_____	_____
8. Adjustment for Insurance and Child Care (Subtract for actual payment made for items D.4. and D.5.)	(-) _____	_____
9. Basic Parental Child Support Obligation (Line D.7. minus Line D.8.; Insert on Line F.1. below)	_____	_____

**E. CHILD SUPPORT ADJUSTMENTS**

APPLICABLE	N/A	CATEGORY	AMOUNT ALLOWED	
			MOTHER	FATHER
1. <input type="checkbox"/>	<input type="checkbox"/>	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. <input type="checkbox"/>	<input type="checkbox"/>	Parenting Time Adjustment (if b. %____)	(+/-) _____	(+/-) _____
3. <input type="checkbox"/>	<input type="checkbox"/>	Income Tax Considerations	(+/-) _____	(+/-) _____
4. <input type="checkbox"/>	<input type="checkbox"/>	Special Needs	(+/-) _____	(+/-) _____
5. <input type="checkbox"/>	<input type="checkbox"/>	Agreement Past Majority	(+/-) _____	(+/-) _____
6. <input type="checkbox"/>	<input type="checkbox"/>	Overall Financial Condition	(+/-) _____	(+/-) _____
7. TOTAL (Insert on Line F.2. below)			_____	_____

**F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT**

	AMOUNT ALLOWED	
	MOTHER	FATHER
1. Basic Parental Child Support Obligation (Line D.9. from above)	_____	_____
2. Total Child Support Adjustments (Line E.7. from above)	(+/-) _____	_____
3. Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____
4. Enforcement Fee Allowance** Percentage _____ % (Applied only to Nonresidential Parent) Flat Fee \$ _____ ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	(+)	(+)
5. Net Parental Child Support Obligation (Line F.3. + Line F.4.)	_____	_____

\*\*Parent with nonprimary residency

\_\_\_\_\_  
District Judge Pro Tem

Prepared By:

\_\_\_\_\_  
(Your signature here)