

CHILD SUPPORT WORKSHEET

IN THE COURT OF COUNTY
STATE OF GEORGIA

Plaintiff, vs. Defendant,	Civil Action Case No. _____ IV-D Case No. _____ <input type="checkbox"/> Initial Action <input type="checkbox"/> Modification Date of Initial Child Support Order: _____
Mother: _____	Father: _____

Children for Whom Support is Being Determined in This Case

	Name	Birth Date		Name	Birth Date
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

Total Number of Children: _____	Noncustodial Parent	<input type="checkbox"/>	Mother
		<input type="checkbox"/>	Father
Submitted by: _____	Nonparent Custodian	<input type="checkbox"/>	

	Mother	Father	Total
1. Monthly Gross Income (from Schedule A, Line 23)	\$ -	\$ -	\$ -
2. Monthly Adjusted Income > If either parent pays self-employment tax or pays child support under a pre-existing order or is entitled to a credit for other qualified children living in the home, complete Schedule B and enter amount from Schedule B, Line 9 or Line 14 here. > Otherwise, enter amount from Line 1 here.	\$ -	\$ -	\$ -
3. Pro Rata Shares of Combined Income on Line 2 above (Divide each parent's income by the combined income to find %)	%	%	%
4. Basic Child Support Obligation (from Table)	\$ -	\$ -	\$ -
5. Pro rata shares of Basic Child Support Obligation (Multiply Line 4 by percentages on Line 3)	\$ -	\$ -	
6. Adjustment for Work Related Child Care and Health Insurance Expenses > Complete Schedule D and enter amount from Schedule D, Line 5 here. > If none, skip Schedule D and enter zero here.	\$ -	\$ -	
7. Add Lines 5 & 6 and enter results here.	\$ -	\$ -	
8. Adjustment for Additional Expenses Paid. Insert amounts PAID by each parent for child care & children's insurance from Schedule D, Line 3, Columns (a) and (b).	\$ -	\$ -	
9. Subtotal > If Line 8 is zero, carry down amount from Line 7. > Otherwise, subtract Line 8 from Line 7.	\$ -	\$ -	\$ -
The amount on Line 9 is the Presumptive Child Support Amount.			

CHILD SUPPORT WORKSHEET

	Mother	Father	Total
10. Deviations from Presumptive Child Support Amount > Enter amount from <i>Schedule E</i> , Line 14 here.	\$ -	\$ -	
11. Subtotal < If Line 10 is zero, then enter amount on Line 9 here. < If Line 10 is positive (+), then add Line 10 to Line 9 and enter result here. < If Line 10 is negative (-), then subtract Line 10 from Line 9 and enter result here.	\$ -	\$ -	
12. Social Security Payments > If children receive Title II benefits as dependents on a parent's account, enter the monthly amount in that parent's column here. > If none, enter zero.	\$ -	\$ -	
13. > If the amount on Line 12 is equal to or greater than Line 11, the child support responsibility is met and no further obligation is owed. Enter zero here. < Otherwise, subtract Line 12 from Line 11 and enter result here.	\$ -	\$ -	
The amount on Line 13 is the Final Child Support Amount.			
Uninsured Health Expenses			
14. Uninsured Health Expenses < Carry down the percentage from Line 3 or enter the percentage otherwise ordered by the Court.	%	%	

Schedules

Attached

Not Applicable

- | | | | |
|---|--|--------------------------|--------------------------|
| A | Gross Income | <input type="checkbox"/> | |
| B | Adjusted Income | <input type="checkbox"/> | <input type="checkbox"/> |
| C | Schedule C is not in use and is intentionally left blank | | |
| D | Additional Expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| E | Deviations from Presumptive Amount | <input type="checkbox"/> | <input type="checkbox"/> |

Names of Parties: _____ vs. _____

Submitted by: _____ Today's Date: _____

Case #: _____

**CHILD SUPPORT SCHEDULE A
GROSS INCOME**

	(a) Mother	(b) Father	(c) Combined
TANF (Temporary Assistance for Needy Families)			
>If a parent receives TANF, please check the box and enter any amounts for Gross Income below that apply.	<input type="checkbox"/>	<input type="checkbox"/>	
Gross Income (convert all amounts to monthly average)			
1. Salary and Wages (Do not include TANF or imputed income here. Enter Imputed Income on Line 22 below.)	\$ -	\$ -	
2. Commissions, Fees, Tips	\$ -	\$ -	
3. Income From Self-Employment	\$ -	\$ -	
4. Bonuses	\$ -	\$ -	
5. Overtime Payments	\$ -	\$ -	
6. Severance Pay	\$ -	\$ -	
7. Recurring Income from Pensions or Retirement Plans	\$ -	\$ -	
8. Interest Income	\$ -	\$ -	
9. Income from Dividends	\$ -	\$ -	
10. Trust Income	\$ -	\$ -	
11. Income from Annuities	\$ -	\$ -	
12. Capital Gains	\$ -	\$ -	
13. Social Security Disability or Retirement Benefits (Do not include SSI or payments for children)	\$ -	\$ -	
14. Worker's Compensation Benefits	\$ -	\$ -	
15. Unemployment Benefits	\$ -	\$ -	
16. Judgments from Personal Injury or Other Civil Cases	\$ -	\$ -	
17. Gifts (cash or other gifts that can be converted to cash)	\$ -	\$ -	
18. Prizes / Lottery Winnings	\$ -	\$ -	
19. Alimony & maintenance from persons not in this case	\$ -	\$ -	
20. Assets which are used for support of family	\$ -	\$ -	
21. Fringe Benefits (if significantly reduce living expenses)	\$ -	\$ -	
22. Any Other Income including Imputed Income. (Do not include means-tested public assistance, such as TANF or food stamps.)	\$ -	\$ -	
23. TOTAL GROSS MONTHLY INCOME Enter this amount on Line 1 of the <i>Child Support Worksheet</i> .	\$ -	\$ -	\$ -

Names of Parties: _____ vs. _____

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**CHILD SUPPORT SCHEDULE B
ADJUSTED INCOME**

		(a) Mother	(b) Father		
1. Total Gross Monthly Income (<i>Schedule A, Line 23</i>)		\$ -	\$ -		
Self-Employment Tax Adjustment					
2. Monthly Self-Employment Income on which parent pays Self-Employment Taxes for FICA & Medicare		\$ -	\$ -		
3. For FICA, multiply Line 2 above by .062 (For maximum amount of self-employment income subject to Social Security tax, see IRS Publication 533 for the current taxable year).		\$ -	\$ -		
4. For Medicare tax, multiply Line 2 above by 0.0145 and enter results here.		\$ -	\$ -		
5. Add Lines 3 & 4 and enter results here.		\$ -	\$ -		
6. Subtract Line 5 from Line 1 and enter results here.		\$ -	\$ -		
Adjustment for Pre-Existing Child Support Orders Being Paid for Other Children					
For each pre-existing order, list the required information and the amount actually paid monthly. (Do not include arrears payments.)					
Court Name	Court Case #	Names and Birthdates of Children	Initial Date of Order	Pre-existing Child Support Amount Paid by Mother	Pre-existing Child Support Amount Paid by Father
7(a)				\$ -	\$ -
7(b)				\$ -	\$ -
7(c)				\$ -	\$ -
7(d)				\$ -	\$ -
8. Total Adjustment for Pre-Existing Child Support Orders (Add all Pre-Existing Child Support amounts identified in Line 7)				\$ -	\$ -
9. Subtract Line 8 from Line 6. If a discretionary adjustment is being claimed for other qualified children living in the home, complete Page 2. Otherwise, enter this amount on Line 2 of the <i>Child Support Worksheet</i> .				\$ -	\$ -

**CHILD SUPPORT SCHEDULE B
ADJUSTED INCOME**

Discretionary Adjustment to Income for Children Living in Parent's Home				
<p><The Court has the discretion to consider an Adjustment to Income for qualified children under this section for the purpose of reducing the parent's gross income if failure to consider an adjustment would cause substantial hardship to the parent.</p> <p>< If the Court considers an Adjustment to Income under this section, then the Court must also consider whether this Adjustment to Income is in the best interest of the child(ren) in this action</p> <p>Adjustment may be considered only for children who meet ALL FIVE of the following requirements:</p> <p>A. The parent is legally responsible for the qualified child (Step children do not qualify);</p> <p>B. The qualified child lives in the parent's home;</p> <p>C. The parent is actually supporting the qualified child;</p> <p>D. The qualified child is not subject to a preexisting child support order; and</p> <p>E. The qualified child is not currently before the court to set, modify or enforce child support.</p>				
Adjustment for other QUALIFIED children pursuant to the five factors listed above				
10.	Name(s)	Birth Date	Mark X if Mother is Claiming Credit	Mark X if Father is Claiming Credit
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
	Total number of QUALIFIED children for whom adjustment is being claimed		<input type="checkbox"/>	-
11.	Bring down amount from Line 6 above (Gross Income less Self-Employment tax only) for the parent(s) seeking adjustment.		\$ -	\$ -
12.	Using the Basic Child Support Obligation Table, enter the Basic Child Support Obligation for the number of children on Line 10 and the income amount on Line 11 for only the parent seeking the adjustment.		\$ -	\$ -
13.	Enter 75% of the amount on Line 12 for the parent seeking the adjustment.		\$ -	\$ -
14.	If this adjustment is allowed, subtract Line 13 from Line 9 and enter this amount on Line 2 of the <i>Child Support Worksheet</i> .		\$ -	\$ -

Names of Parties: _____ vs. _____

Submitted by: _____ Today's Date: _____

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Child Support Schedule C
Is not in use and is intentionally left blank

Schedule C is not in use and is intentionally left blank

**CHILD SUPPORT SCHEDULE D
ADDITIONAL EXPENSES**

		(a) Mother	(b) Father	(c) Nonparent Custodian	(d) Combined
1	Child Care Expenses Necessary for Parent's Employment, Education or Vocational Training. Enter monthly average amount paid by each Parent (or Nonparent Custodian) for child care for the children for whom support is being determined from all Supplemental Tables (Line 7 for Mother, Line 13 for Father, and Line 19 for Nonparent Custodian)	\$ -	\$ -	\$ -	\$ -
2	Health Insurance Premiums Paid for the Children > Enter monthly amount paid or will be paid by each parent, or amount paid by Nonparent Custodian, for health insurance premium. > If the children's portion of the premium is not known, divide the total health insurance premium by the number of persons covered, then multiply that by the number of covered children for whom support is being determined and enter that amount	\$ -	\$ -	\$ -	\$ -
3	Total Monthly Additional Expenses (Line 1 + Line 2)	\$ -	\$ -	\$ -	\$ -
4	Pro Rata Share of Parents' Income (from Child Support Worksheet Line 3)		%	%	%
5	Pro Rata Share of Additional Expenses. (Multiply total amount in Column (d) of Line 3 by percentages in Line 4 above.) Enter result on Line 6 of Child Support Worksheet	\$ -	\$ -	\$ -	\$ -
<i>Supplemental Table 1. Use these tables to calculate amounts for line 1 Schedule D. For additional children use Supplemental Table 2.</i>					
1	Children's Names --	Child 1	Child 2	Child 3	
Child Care Paid by Mother					Totals
2	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
3	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
4	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
5	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
6	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
7	Monthly Average (Divide Line 6 by 12)	\$ -	\$ -	\$ -	\$ -
Child Care Paid by Father					Totals
8	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
9	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
10	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
11	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
12	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
13	Monthly Average (Divide Line 12 by 12)	\$ -	\$ -	\$ -	\$ -
Child Care Paid by Nonparent Custodian					Totals
14	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
15	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
16	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
17	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
18	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
19	Monthly Average (Divide Line 18 by 12)	\$ -	\$ -	\$ -	\$ -

Names of Parties _____ vs _____
 Submitted by: _____ Today's Date: _____
 Case # _____

**CHILD SUPPORT SCHEDULE D
ADDITIONAL EXPENSES**

Supplemental Table 2. Use these tables to calculate amounts for line 1 Schedule D. For additional children use Supplemental Table 3.					
1	Children's Names --	Child 4	Child 5	Child 6	
Child Care Paid by Mother					Totals
2	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
3	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
4	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
5	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
6	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
7	Monthly Average (Divide Line 6 by 12)	\$ -	\$ -	\$ -	\$ -
Child Care Paid by Father					Totals
8	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
9	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
10	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
11	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
12	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
13	Monthly Average (Divide Line 12 by 12)	\$ -	\$ -	\$ -	\$ -
Child Care Paid by Nonparent Custodian					Totals
14	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
15	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
16	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
17	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
18	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
19	Monthly Average (Divide Line 18 by 12)	\$ -	\$ -	\$ -	\$ -

Names of Parties: _____ vs. _____

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**CHILD SUPPORT SCHEDULE D
ADDITIONAL EXPENSES**

Supplemental Table 3. Use these tables to calculate amounts for line 1 Schedule D. For additional children use Supplemental Table 4.					
1	Children's Names →	Child 7	Child 8	Child 9	
Child Care Paid by Mother					Totals
2.	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
3.	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
4.	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
5.	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
6.	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
7.	Monthly Average (Divide Line 6 by 12)	\$ -	\$ -	\$ -	\$ -
Child Care Paid by Father					Totals
8.	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
9.	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
10.	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
11.	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
12.	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
13.	Monthly Average (Divide Line 12 by 12)	\$ -	\$ -	\$ -	\$ -
Child Care Paid by Nonparent Custodian					Totals
14.	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
15.	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
16.	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
17.	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
18.	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
19.	Monthly Average (Divide Line 18 by 12)	\$ -	\$ -	\$ -	\$ -

Names of Parties: _____ vs. _____

Submitted by: _____ Today's Date: _____

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**CHILD SUPPORT SCHEDULE D
ADDITIONAL EXPENSES**

Supplemental Table 4. Use these tables to calculate amounts for line 1, Schedule D.

1	Children's Names —	Child 10	Child 11	Child 12	
Child Care Paid by Mother					Totals
2	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
3	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
4	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
5	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
6	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
7	Monthly Average (Divide Line 6 by 12)	\$ -	\$ -	\$ -	\$ -
Child Care Paid by Father					Totals
8	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
9	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
10	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
11	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
12	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
13	Monthly Average (Divide Line 12 by 12)	\$ -	\$ -	\$ -	\$ -
Child Care Paid by Nonparent Custodian					Totals
14	Total yearly amount paid for child care during school	\$ -	\$ -	\$ -	\$ -
15	Total yearly amount paid for child care during summer break	\$ -	\$ -	\$ -	\$ -
16	Total yearly amount paid for child care during other school breaks	\$ -	\$ -	\$ -	\$ -
17	Total yearly amount of other child care (e.g. pre-school age child or child with disability)	\$ -	\$ -	\$ -	\$ -
18	Total Yearly Amounts	\$ -	\$ -	\$ -	\$ -
19	Monthly Average (Divide Line 18 by 12)	\$ -	\$ -	\$ -	\$ -

Names of Parties: _____ vs. _____

Submitted by: _____ Today's Date: _____

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CHILD SUPPORT SCHEDULE E
Deviation (Special Circumstances)

	(a) Mother	(b) Father	(c) Nonparent Custodian	(d) Combined
Special Circumstances				
A. For each section completed, provide monthly amounts or other information as required.				
Low Income Deviation with Self Support Reserve Complete this section if Noncustodial Parent's Gross Income is at or below \$1,850/month. Otherwise skip this entire section and begin at Line 2(a) of Schedule E.				
1(a)	> If Gross Income of Noncustodial Parent is at or below \$1,850/month, enter that parent's Adjusted Income from Child Support Worksheet, Line 2 here. > If Gross Income of Custodial Parent is at or below \$1,850/month, enter that parent's Adjusted Income from Child Support Worksheet, Line 2 here.		\$ -	\$ -
1(c)	Self Support Reserve - enter \$900 here for each parent		\$ -	\$ -
1(c)	Income available for support. Subtract Line 1(b) from Line 1(a), and enter result here.		\$ -	\$ -
1(d)	Parent's Share of Presumptive Child Support Award Child Support Worksheet Line 9)		\$ -	\$ -
1(e)	Lesser of Line 1(c) and Line 1(d) in NONCUSTODIAL Parent's column only		\$ -	\$ -
1(f)	Minimum amount of child support when applying Low Income Deviation - enter \$75 here for Noncustodial Parent only		\$ -	\$ -
1(g)	If Line 1(a) is greater than Line 1(f), enter amount from Line 1(a) in NONCUSTODIAL Parent's column. If Line 1(f) is greater than Line 1(a), enter amount from Line 1(f) in NONCUSTODIAL Parent's column.		\$ -	\$ -
1(h)	> If CUSTODIAL Parent is considered a low income person (at or below \$1,850 gross income per month) AND Line 1(c) for CUSTODIAL Parent is less than Line 1(d) for CUSTODIAL Parent, the NONCUSTODIAL Parent is not allowed a deviation for self-support reserve. In this case, enter line 1(d) for NONCUSTODIAL Parent in NONCUSTODIAL Parent's column. > Otherwise, if Line 1(c) for CUSTODIAL Parent is greater than or equal to Line 1(d) for CUSTODIAL Parent, enter Line 1(g) for NONCUSTODIAL Parent in NONCUSTODIAL Parent's column.		\$ -	\$ -
1(i)	Subtract Line 1(h) from Line 1(d) for the NONCUSTODIAL Parent. This is the amount of deviation.		\$ -	\$ -
High Income and Other Amounts				
2(a)	High Income - Combined Adjusted Income greater than \$30,000/month from Line 2 on Child Support Worksheet:		\$ -	\$ -
2(b)	Deviation Based on High Income		\$ -	\$ -
3	Other Health Related Insurance (dental, vision)		\$ -	\$ -
4	Life Insurance		\$ -	\$ -
5	Child and Dependent Care Tax Credit		\$ -	\$ -
6	Visitation Related Travel Expenses		\$ -	\$ -
7	Alimony PAID		\$ -	\$ -
8	Mortgage (if Noncustodial Parent is providing cost of home where child resides)		\$ -	\$ -
9	Permanency Plan or Foster Care Plan		\$ -	\$ -
10	Other - Non-specific Deviations		\$ -	\$ -
11	Enter on this line the deviation, indicated by a positive(+) for increase or negative(-) for decrease. This is the recommended deviation based on the amounts entered above.		\$ -	\$ -

CHILD SUPPORT SCHEDULE E
Deviation (Special Circumstances)

		(a) Mother	(b) Father	(c) Nonparent Custodian	(d) Combined
Extraordinary and Special Expenses - Complete Supplemental Tables					
12(a)	Extraordinary Educational Expenses > Add all total amounts from Line 9(a) of each Supplemental Table and enter amount in Mother's column. > Add all total amounts from Line 9(b) of each Supplemental Table and enter amount in Father's column. > Add all total amounts from Line 9(c) of each Supplemental Table and enter amount in Nonparent's column.	\$ -	\$ -	\$ -	\$ -
12(b)	Extraordinary Medical Expenses > Add all total amounts from Line 14(a) of each Supplemental Table and enter amount in Mother's column. > Add all total amounts from Line 14(b) of each Supplemental Table and enter amount in Father's column. > Add all total amounts from Line 14(c) of each Supplemental Table and enter amount in Nonparent's column.	\$ -	\$ -	\$ -	\$ -
12(c)	Allowable Special Expenses > Enter amount from Line 28 of Supplemental Table 1 in Mother's column. > Enter amount from Line 29 of Supplemental Table 1 in Father's column. > Enter amount from Line 30 of Supplemental Table 1 in Nonparent's column.	\$ -	\$ -	\$ -	\$ -
12(d)	Total Extraordinary and Allowable Special Expenses (Add lines 12(a), 12(b) and 12(c) and enter results here.)	\$ -	\$ -	\$ -	\$ -
12(e)	Parents' Pro Rata Share of Income (from <i>Child Support Worksheet</i> Line 3)		%	%	%
12(f)	Multiply Line 12(d) Combined amount by percentages for each Parent on Line 12(e) and enter results here for each Parent, and enter the total result under column (c) Combined.	\$ -	\$ -		\$ -
12(g)	Subtract Line 12(f) from Line 12(d). This is the deviation amount for each Parent for Extraordinary Expenses.	\$ -	\$ -		\$ -
Parenting Time Deviation (Complete only if Parenting Time Deviation is being considered for Noncustodial Parent)					
13	> Enter amount of Parenting Time Adjustment deviation here. (Deviation is deducted from the Noncustodial Parent's Basic Child Support Obligation on <i>Child Support Worksheet</i> Line 5.) > If no Parenting Time Adjustment deviation applies, then enter zero here.	\$ -	\$ -		\$ -
Total Allowable Deviation					
14	Total Allowable Deviations - Add or subtract the allowable deviations on Lines 12(g), 13 and 14(g), together, if any apply. Enter the total here and on <i>Child Support Worksheet</i> Line 10. (The total can be a negative number.)	\$ -	\$ -		\$ -
B. Would the presumptive amount be unjust or inappropriate? Explain					
C. Would deviation serve the best interests of the children for whom support is being determined? Explain					
D. Would deviation seriously impair the ability of the CUSTODIAL Parent or NONPARENT Custodian to maintain minimally adequate housing, food and clothing for the children being supported by the order and to provide other basic necessities? Explain					

CHILD SUPPORT SCHEDULE E
Deviation (Special Circumstances)

Supplemental Table 1. Use these tables to calculate amount for Line 12 Schedule E. For additional children use Supplemental Table 2.					
1 Children's Names	Paid by	Child 1	Child 2	Child 3	Totals
Extraordinary Educational Expenses					
2 Total yearly amount paid for Tuition, Room & Board, Fees and Books	Mother	\$ -	\$ -	\$ -	\$ -
3 Total yearly amount paid for Other Extraordinary Educational Expenses	Mother	\$ -	\$ -	\$ -	\$ -
4 Total yearly amount paid for Tuition, Room & Board, Fees and Books	Father	\$ -	\$ -	\$ -	\$ -
5 Total yearly amount paid for Other Extraordinary Educational Expenses	Father	\$ -	\$ -	\$ -	\$ -
6 Total yearly amount paid for Tuition, Room & Board, Fees and Books	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
7 Total yearly amount paid for Other Extraordinary Educational Expenses	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
8 Total Yearly Amounts		\$ -	\$ -	\$ -	\$ -
9 Monthly Average (Divide Line 8 by 12)		\$ -	\$ -	\$ -	\$ -
9(a) Mother's monthly Extraordinary Educational Expenses	Mother	\$ -	\$ -	\$ -	\$ -
9(b) Father's monthly Extraordinary Educational Expenses	Father	\$ -	\$ -	\$ -	\$ -
9(c) Nonparent's monthly Extraordinary Educational Expenses	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
Extraordinary Medical Expenses					
10 Total yearly amount paid for extraordinary medical expenses	Mother	\$ -	\$ -	\$ -	\$ -
11 Total yearly amount paid for extraordinary medical expenses	Father	\$ -	\$ -	\$ -	\$ -
12 Total yearly amount paid for extraordinary medical expenses	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
13 Total Yearly Amounts		\$ -	\$ -	\$ -	\$ -
14 Monthly Average (Divide Line 13 by 12)		\$ -	\$ -	\$ -	\$ -
14(a) Mother's monthly Extraordinary Medical Expenses	Mother	\$ -	\$ -	\$ -	\$ -
14(b) Father's monthly Extraordinary Medical Expenses	Father	\$ -	\$ -	\$ -	\$ -
14(c) Nonparent's monthly Extraordinary Medical Expenses	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
Special Expenses for Child Rearing (including, but not limited to summer camp, music or art lessons, travel, band, clubs, athletics, etc.)					
15 Total yearly amount paid for:	Mother	\$ -	\$ -	\$ -	\$ -
16 Total yearly amount paid for:	Father	\$ -	\$ -	\$ -	\$ -
17 Total yearly amount paid for:	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
18 Total Yearly Amounts (Add Lines 15, 16 & 17)		\$ -	\$ -	\$ -	\$ -
19 Monthly Average (Divide Line 18 by 12)		\$ -	\$ -	\$ -	\$ -
7 Percent Test to Calculate Allowable Expenses					
20 Total Yearly amount paid for Special Expenses for Child Rearing Add all Total amounts from Line 15 of each Supplemental Table and enter here.	Mother				\$ -
21 Total Yearly amount paid for Special Expenses for Child Rearing Add all Total amounts from Line 16 of each Supplemental Table and enter here.	Father				\$ -
22 Total Yearly amount paid for Special Expenses for Child Rearing Add all Total amounts from Line 17 of each Supplemental Table and enter here.	Nonparent Custodian				\$ -
23 Total Yearly Amounts (Add Lines 20, 21 & 22)					\$ -
24 Monthly Average (Divide Line 23 by 12)					\$ -
25 Basic Child Support Obligation (from Line 4 of Child Support Worksheet)					\$ -
26 Special Expenses Limitation (Multiply Line 25 x 7% (.07))					\$ -
27 If Line 24 is greater than Line 26, then subtract Line 26 from Line 24, enter difference here. If Line 24 is less than Line 26, then enter zero here.					\$ -
28 Mother's Monthly Allowable Special Expenses for Child Rearing Divide Line 20 by Line 23 to obtain Mother's Pro-rata share of the Special Expenses. Multiply Mother's Pro-rata percentage by the amount on Line 27 and enter amount here.					\$ -
29 Father's Monthly Allowable Special Expenses for Child Rearing Divide Line 21 by Line 23 to obtain Father's Pro-rata share of the Special Expenses. Multiply Father's Pro-rata percentage by the amount on Line 27 and enter amount here.					\$ -
30 Nonparent's Monthly Allowable Special Expenses for Child Rearing Divide Line 22 by Line 23 to obtain Nonparent's Pro-rata share of the Special Expenses. Multiply Nonparent's Pro-rata percentage by the amount on Line 27 and enter amount here.					\$ -

Names of Parties vs. _____

Submitted by _____ Today's Date: _____

Case # _____

CHILD SUPPORT SCHEDULE E
ADDITIONAL CIRCUMSTANCES

Supplemental Table 2. Use these tables to calculate amount for Line 12 Schedule E. For additional children use Supplemental Table 1.

1 Children's Names		Child 4	Child 5	Child 6		
Extraordinary Educational Expenses		Paid by			Totals	
2	Total yearly amount paid for Tuition, Room & Board Fees and Books	Mother	\$	- \$	- \$	- \$
3	Total yearly amount paid for Other Extraordinary Educational Expenses	Mother	\$	- \$	- \$	- \$
4	Total yearly amount paid for Tuition, Room & Board Fees and Books	Father	\$	- \$	- \$	- \$
5	Total yearly amount paid for Other Extraordinary Educational Expenses	Father	\$	- \$	- \$	- \$
6	Total yearly amount paid for Tuition, Room & Board Fees and Books	Nonparent Custodian	\$	- \$	- \$	- \$
7	Total yearly amount paid for Other Extraordinary Educational Expenses	Nonparent Custodian	\$	- \$	- \$	- \$
8	Total Yearly Amounts		\$	- \$	- \$	- \$
9	Monthly Average (Divide Line 8 by 12)		\$	- \$	- \$	- \$
9(a)	Mother's monthly Extraordinary Educational Expenses	Mother	\$	- \$	- \$	- \$
9(b)	Father's monthly Extraordinary Educational Expenses	Father	\$	- \$	- \$	- \$
9(c)	Nonparent's monthly Extraordinary Educational Expenses	Nonparent Custodian	\$	- \$	- \$	- \$
Extraordinary Medical Expenses		Paid by			Totals	
10	Total yearly amount paid for extraordinary medical expenses	Mother	\$	- \$	- \$	- \$
11	Total yearly amount paid for extraordinary medical expenses	Father	\$	- \$	- \$	- \$
12	Total yearly amount paid for extraordinary medical expenses	Nonparent Custodian	\$	- \$	- \$	- \$
13	Total Yearly Amounts		\$	- \$	- \$	- \$
14	Monthly Average (Divide Line 13 by 12)		\$	- \$	- \$	- \$
14(a)	Mother's monthly Extraordinary Medical Expenses	Mother	\$	- \$	- \$	- \$
14(b)	Father's monthly Extraordinary Medical Expenses	Father	\$	- \$	- \$	- \$
14(c)	Nonparent's monthly Extraordinary Medical Expenses	Nonparent Custodian	\$	- \$	- \$	- \$
Special Expenses for Child Rearing (including, but not limited to summer camp, music or art lessons, travel, band, clubs, athletics, etc.)		Paid by			Totals	
15	Total yearly amount paid for	Mother	\$	- \$	- \$	- \$
16	Total yearly amount paid for	Father	\$	- \$	- \$	- \$
17	Total yearly amount paid for	Nonparent Custodian	\$	- \$	- \$	- \$
18	Total Yearly Amounts (Add Lines 15, 16 & 17)		\$	- \$	- \$	- \$
19	Monthly Average (Divide Line 18 by 12)		\$	- \$	- \$	- \$

Names of Parties vs _____
 Submitted by _____ Today's Date _____
 Case # _____

CHILD SUPPORT SCHEDULE E
ADDITIONAL CIRCUMSTANCES

Supplemental Table 3. Use these tables to calculate amount for Line 12 Schedule E. For additional children use Supplemental Table 4.

1 Children's Names	Paid by	Child 7	Child 8	Child 9	Totals
Extraordinary Educational Expenses					
2 Total yearly amount paid for Tuition, Room & Board, Fees and Books	Mother	\$	- \$	- \$	- \$
3 Total yearly amount paid for Other Extraordinary Educational Expenses	Mother	\$	- \$	- \$	- \$
4 Total yearly amount paid for Tuition, Room & Board, Fees and Books	Father	\$	- \$	- \$	- \$
5 Total yearly amount paid for Other Extraordinary Educational Expenses	Father	\$	- \$	- \$	- \$
6 Total yearly amount paid for Tuition, Room & Board, Fees and Books	Nonparent Custodian	\$	- \$	- \$	- \$
7 Total yearly amount paid for Other Extraordinary Educational Expenses	Nonparent Custodian	\$	- \$	- \$	- \$
8 Total Yearly Amounts		\$	- \$	- \$	- \$
9 Monthly Average (Divide Line 8 by 12)		\$	- \$	- \$	- \$
9(a) Mother's monthly Extraordinary Educational Expenses	Mother	\$	- \$	- \$	- \$
9(b) Father's monthly Extraordinary Educational Expenses	Father	\$	- \$	- \$	- \$
9(c) Nonparent's monthly Extraordinary Educational Expenses	Nonparent Custodian	\$	- \$	- \$	- \$
Extraordinary Medical Expenses					
10 Total yearly amount paid for extraordinary medical expenses	Mother	\$	- \$	- \$	- \$
11 Total yearly amount paid for extraordinary medical expenses	Father	\$	- \$	- \$	- \$
12 Total yearly amount paid for extraordinary medical expenses	Nonparent Custodian	\$	- \$	- \$	- \$
13 Total Yearly Amounts		\$	- \$	- \$	- \$
14 Monthly Average (Divide Line 13 by 12)		\$	- \$	- \$	- \$
14(a) Mother's monthly Extraordinary Medical Expenses	Mother	\$	- \$	- \$	- \$
14(b) Father's monthly Extraordinary Medical Expenses	Father	\$	- \$	- \$	- \$
14(c) Nonparent's monthly Extraordinary Medical Expenses	Nonparent Custodian	\$	- \$	- \$	- \$
Special Expenses for Child Rearing (including, but not limited to summer camp, music or art lessons, travel, band, clubs, athletics, etc.)					
15 Total yearly amount paid for	Mother	\$	- \$	- \$	- \$
16 Total yearly amount paid for	Father	\$	- \$	- \$	- \$
17 Total yearly amount paid for	Nonparent Custodian	\$	- \$	- \$	- \$
18 Total Yearly Amounts (Add Lines 15, 16 & 17)		\$	- \$	- \$	- \$
19 Monthly Average (Divide Line 18 by 12)		\$	- \$	- \$	- \$

Names of Parties

vs

Submitted by

Today's Date

Case #

CHILD SUPPORT SCHEDULE E
ADDITIONAL CIRCUMSTANCES

Supplemental Table 4 Use these tables to calculate amount for Line 12 Schedule E:

1 Children's Names		Child 10	Child 11	Child 12		
Extraordinary Educational Expenses		Paid by	Totals			
2	Total yearly amount paid for Tuition, Room & Board Fees and Books	Mother	\$ -	\$ -	\$ -	\$ -
3	Total yearly amount paid for Other Extraordinary Educational Expenses	Mother	\$ -	\$ -	\$ -	\$ -
4	Total yearly amount paid for Tuition, Room & Board Fees and Books	Father	\$ -	\$ -	\$ -	\$ -
5	Total yearly amount paid for Other Extraordinary Educational Expenses	Father	\$ -	\$ -	\$ -	\$ -
6	Total yearly amount paid for Tuition, Room & Board Fees and Books	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
7	Total yearly amount paid for Other Extraordinary Educational Expenses	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
8	Total Yearly Amounts		\$ -	\$ -	\$ -	\$ -
9	Monthly Average (Divide Line 8 by 12)		\$ -	\$ -	\$ -	\$ -
9(a)	Mother's monthly Extraordinary Educational Expenses	Mother	\$ -	\$ -	\$ -	\$ -
9(b)	Father's monthly Extraordinary Educational Expenses	Father	\$ -	\$ -	\$ -	\$ -
9(c)	Nonparent's monthly Extraordinary Educational Expenses	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
Extraordinary Medical Expenses		Paid by	Totals			
10	Total yearly amount paid for extraordinary medical expenses	Mother	\$ -	\$ -	\$ -	\$ -
11	Total yearly amount paid for extraordinary medical expenses	Father	\$ -	\$ -	\$ -	\$ -
12	Total yearly amount paid for extraordinary medical expenses	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
13	Total Yearly Amounts		\$ -	\$ -	\$ -	\$ -
14	Monthly Average (Divide Line 13 by 12)		\$ -	\$ -	\$ -	\$ -
14(a)	Mother's monthly Extraordinary Medical Expenses	Mother	\$ -	\$ -	\$ -	\$ -
14(b)	Father's monthly Extraordinary Medical Expenses	Father	\$ -	\$ -	\$ -	\$ -
14(c)	Nonparent's monthly Extraordinary Medical Expenses	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
Special Expenses for Child Rearing (including, but not limited to summer camp, music or art lessons, travel, dance, clubs, athletics, etc.)		Paid by	Totals			
15	Total yearly amount paid for	Mother	\$ -	\$ -	\$ -	\$ -
16	Total yearly amount paid for	Father	\$ -	\$ -	\$ -	\$ -
17	Total yearly amount paid for	Nonparent Custodian	\$ -	\$ -	\$ -	\$ -
18	Total Yearly Amounts (Add Lines 15, 16 & 17)		\$ -	\$ -	\$ -	\$ -
19	Monthly Average (Divide Line 18 by 12)		\$ -	\$ -	\$ -	\$ -

Names of Parties _____ vs _____
 Submitted by _____ Today's Date _____
 Case # _____