

**IN THE 18<sup>TH</sup> JUDICIAL DISTRICT,  
DISTRICT COURT SEDGWICK COUNTY, KANSAS  
FAMILY LAW DEPARTMENT**

**IN THE MATTER OF THE MARRIAGE OF**

\_\_\_\_\_  
**PLAINTIFF**

**and**

\_\_\_\_\_  
**DEFENDANT**

Case No. \_\_\_\_\_

**CHILD SUPPORT WORKSHEET**

CHILD SUPPORT WORKSHEET OF (name) \_\_\_\_\_

		Party Name		Party Name
<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	0-5	6-11	12-18	Total
Number Per Age Category	_____	_____	_____	
Total Amount	_____	+ _____	+ _____	= _____
* Cost of Living Differential Adjustment?		_____ Yes		_____ No
**Multiple Family Application?		_____ Yes		_____ No
Parenting Time Adjustment		_____ Yes		_____ No
Income Beyond the Child Support Schedule calculation used		_____ Yes		_____ No

Case No. \_\_\_\_\_

	Party Name	Party Name
4. Proportionate Share (Line D.3 x Line D.2)	_____	_____
5. Parenting Time Adjustment _____% x Line D.4 (-)	_____	_____
6. Proportionate Shares after Parenting Time Adjustment	_____	_____
7. Health and Dental Insurance Premium	\$_____	+ \$_____
8. Proportionate Shares Health Insurance Premium	_____	_____
9. Work-Related Child Care Costs Formula: Amt. - (Amt. x %) for each child care credit Example: 200 - (200 x 30%)	_____	_____
10. Proportionate Shares Work-Related Child Care Costs	_____	_____
11. Proportionate Child Support Obligation for Each Parent (Line D.6 + D.8 + D.10)	_____	_____
12. Credit for Insurance or Work-Related Child Care Paid (-)	_____	_____
13. Basic Parental Child Support Obligation ((Line 11-Line D.12); Insert on Line F.1. below)	_____	_____

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE	N/A	CATEGORY	PARTY NAME	PARTY NAME
1. <input type="checkbox"/>	<input type="checkbox"/>	Long Distance Parenting Time Costs	(+/-) _____	(+/-) _____
2. <input type="checkbox"/>	<input type="checkbox"/>	Income Tax Considerations	(+/-) _____	(+/-) _____
3. <input type="checkbox"/>	<input type="checkbox"/>	Special Needs	(+/-) _____	(+/-) _____
4. <input type="checkbox"/>	<input type="checkbox"/>	Agreement Past Majority	(+/-) _____	(+/-) _____
5. <input type="checkbox"/>	<input type="checkbox"/>	Overall Financial Condition	(+/-) _____	(+/-) _____
6.		TOTAL (Insert on Line F.2. below)	_____	_____

F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

AMOUNT ALLOWED

		<u>Party Name</u>	<u>Party Name</u>
1.	Basic Parental Child Support Obligation (Line D.13. from above)	_____	_____
2.	Total Child Support Adjustments (Line E.6. from above)	(+/-) _____	_____
3.	Adjusted Subtotal (Line F.1. +/- Line F.2.)	_____	_____
4.	Equal Parenting Time Obligation ( <input type="checkbox"/> EPT Worksheet or <input type="checkbox"/> Shared Expense Formula)	_____	_____
5. a	Ability to Pay Calculation Child Support Income (D.1) _____ - Poverty Guidelines for Household of One _____ = _____		
5. b.	Subtotal (lesser amount of F.3 and F.5.a)	_____	_____
6.	Social Security Dependent Benefits	(-) _____	(-) _____
6. b.	Final Subtotal	_____	_____
7.	Enforcement Fee Allowance** (Applied only to Nonresidential Parent) ((Line F.3. x Collection Fee %) x .5) or (Monthly Flat Fee x .5)	Percentage _____ % Flat Fee \$ _____	
		(+)	(+)
8.	Net Parental Child Support Obligation (Line 5.b. + Line F.4.)	_____	_____

\*\*Parent paying support.

\_\_\_\_\_  
Prepared By (Signature)

\_\_\_\_\_  
Judge/Hearing Officer Signature

\_\_\_\_\_  
Prepared By (Print Name)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Date Approved