

IN THE CIRCUIT COURT FOR  
..... COUNTY, FLORIDA

Case No. ....

IN RE THE MARRIAGE OF

.....,  
Petitioner/.....Husband/Wife.....,

and

.....,  
Respondent/.....Husband/Wife.....

**CHILD SUPPORT GUIDELINES WORKSHEET**

**CHILD SUPPORT SUMMARY**

Number of children (Section I): .....

	FATHER	MOTHER
Total actual income (Section III)	\$ _____	\$ _____
Imputed income	_____	_____
Less total deductions (Section IV)	_____	_____
<b>Total Net Monthly Income</b>	\$ _____	\$ _____
<b>COMBINED NET MONTHLY INCOME</b>	\$ _____	
Basic obligation (from chart)	\$ _____	\$ _____
Prorate financial responsibility	_____%	_____%
Prorate share of basic obligation	\$ _____	\$ _____
Additions to basic obligation (Section II)		
Prorate share of 75% of child care costs equaling \$ _____	\$ _____	\$ _____
Health insurance premiums of \$ _____	\$ _____	\$ _____
Statutory child support obligation	\$ _____	\$ _____
Statutory adjustments (Section V)	\$ _____	\$ _____
Adjustment for secondary residential parent paying child care expenses	\$ _____	\$ _____

Adjustment for secondary residential parent paying child(ren)'s health insurance premiums \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total child support responsibility of primary residential parent \$ \_\_\_\_\_

Total child support responsibility of secondary residential parent \$ \_\_\_\_\_

**SECTION I -- CHILDREN**

Name	Date of birth	Age
.....	.....	.....
.....	.....	.....

**SECTION II -- ADDITIONS TO BASIC OBLIGATION**

Child(ren)'s health insurance costs \$ .....

75% of allowable child care costs due to job search or education to enhance income or current employment

Allowable amount: \$.....

TOTAL ADDITIONS TO BASIC OBLIGATION \$.....

**SECTION III -- INCOME**

	FATHER	MOTHER
AVERAGE GROSS INCOME FROM EMPLOYMENT	\$.....	\$.....
Bonuses, commissions, allowances, over-time, tips, and similar payments	\$.....	\$.....
Business income from sources such as self-employment, partnerships, close corporations, or independent contracts (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing this income)	\$.....	\$.....
Disability benefits/SSI	\$.....	\$.....
Workers' compensation	\$.....	\$.....
Unemployment compensation	\$.....	\$.....
Pension, retirement, or annuity payments	\$.....	\$.....
Social Security benefits	\$.....	\$.....

Spousal support received from previous marriage(s)	\$.....	\$.....
Interest and dividends	\$.....	\$.....
Rental income (gross receipts minus ordinary and necessary expenses required to produce income) (Attach sheet itemizing the income and expense items)	\$.....	\$.....
Income from royalties, trusts, or estates	\$.....	\$.....
Reimbursed expenses or in-kind payments to the extent they reduce personal living expenses	\$.....	\$.....
Gains derived from dealing in real property (not including nonrecurring gains)	\$.....	\$.....
<b>TOTAL GROSS MONTHLY INCOME</b>	<b>\$.....</b>	<b>\$.....</b>

#### **SECTION IV -- DEDUCTIONS**

Federal income tax, including estimated income tax payments	\$.....	\$.....
FICA or self-employment taxes	\$.....	\$.....
Medicare tax	\$.....	\$.....
Mandatory union dues	\$.....	\$.....
Mandatory retirement	\$.....	\$.....
Health insurance and dental payments excluding portion paid for child(ren) of the parties	\$.....	\$.....
Ordered support actually paid for child(ren) not of this relationship	\$.....	\$.....
<b>TOTAL DEDUCTIONS</b>	<b>\$.....</b>	<b>\$.....</b>

#### **SECTION V -- ADJUSTMENTS**

Extraordinary medical, psychological, educational, or dental expenses	\$.....	\$.....
Independent income of child(ren)	\$.....	\$.....
Payment of both child support and spousal support for a parent that regularly has been paid and for which there is a demonstrated need	\$.....	\$.....
Seasonal variations in a parent's income	\$.....	\$.....
Age of the child(ren), taking into consider-		

ation the greater needs of older children	\$.....	\$.....
Special needs that have been met traditionally within the family budget even though the fulfilling of those needs will cause support to exceed the guidelines	\$.....	\$.....
The child(ren) spend(s) a substantial amount of time with the nonresidential parent, thereby reducing expenses of the residential parent	\$.....	\$.....
Refusal of the nonresidential parent to become involved in the activities of the child(ren)	\$.....	\$.....
Due consideration given to the residential parent's homemaking services	\$.....	\$.....
Visitation with nonresidential parent for more than 28 consecutive days	\$.....	\$.....
Total available assets of obligee, obligor, and child(ren)	\$.....	\$.....
Impact of IRS dependency exemption and waiver of that exemption	\$.....	\$.....
Application of the child support guidelines requires the obligor to pay more than 55% of gross income for a single support order	\$.....	\$.....
Any other adjustment that is needed to achieve an equitable result, which may include reasonable and necessary expenses jointly incurred during the marriage	\$.....	\$.....
Residency of subsequently born or adopted children with the obligor, including consideration of the subsequent spouse's income, only in the case of upward modification proceeding	\$.....	\$.....
<b>TOTAL ADJUSTMENTS</b>	<b>\$.....</b>	<b>\$.....</b>

**SECTION VI -- APPLICABLE SECTION OF CHART**

[Insert applicable section of child support guidelines table]

OR

Combined income in this case exceeds \$10,000 per month. Calculations in this Worksheet are based on the basic obligation of \$..... This is the minimum amount of support provided by the guidelines, plus .....% multiplied by the amount of income over \$10,000 per month (section 61.30(6), Florida Statutes).

Copies to:

Petitioner or .....his/her.....  
attorney if represented

.....(name).....  
.....(address and telephone  
number).....  
.....(telefax number).....

Other

.....(name).....  
.....(address and telephone  
number).....  
.....(telefax number).....

Respondent

.....(name).....  
.....(address and telephone number).....  
.....(telefax number).....

Dated: .....

.....(name, typed or printed).....  
Attorney for .....husband/wife.....  
.....(address and telephone number).....  
Florida Bar number .....