

**Monthly Income and Expenses of** \_\_\_\_\_

**Date:** \_\_\_\_\_

Chancery No. \_\_\_\_\_

Employed By		
City & State		
Occupation		
Pay Period		<b>Children in Household</b>
Next Payday		
Salary/Wage		
# Exemptions		
	<b>Name</b>	<b>Age</b>

<b>Average Gross Pay per Month</b>	
<b>LESS:</b> Federal Taxes	
State Taxes	
FICA	
Health Insurance	
Life Insurance	
Required Retirement	
<b>Average Monthly Net Pay</b>	
Other Income	
<b>MONTHLY NET INCOME</b>	

**Household**

Mortgage (PITI) or Rent	
Real Estate Property Taxes	
Homeowner's Insurance	
Repairs/Maintenance	
Furniture/Furnishings	

**Utilities**

Electricity	
Gas/Heating Oil	
Water/Sewer	
Telephone	
Trash	
Cable TV	

**Food**

Groceries	
Lunches	

**Automobile**

Payment/Depreciation	
Gasoline	
Repair/Tags/Inspection, etc.	
Auto Insurance	
Parking/Other Transportation	
Personal Property Tax	

**Childcare Expenses**

Child Care	
School Tuition	
Lunch Money	
School Supplies	
Lessons/Sports	
New Clothing	
_____	
_____	

**Fixed Debts with Payments**

**Balance Mo. Pmt.**


**Charge Account Debt**


**Clothing**

New (Excluding Children)	
Cleaning/Laundry	
Uniforms	

**Health Expenses**

Doctor	
Dentist	
Therapist	
Eyeglasses	
Hospital	
Medicines	
Other	

**Dues**

Professional Associations	
Social Associations	
Homeowner's Association	

**Miscellaneous**

Gifts (Xmas, Birthday)	
Church/Charity	
Entertainment	
Vacations	
Hobbies	
Personal Grooming	
Newspaper/Magazines	
Disability Insurance	
Life Insurance	
Legal Expenses	
_____	

**Totals Per Month**

Subtotal Expenses	
Subtotal Debt Payments	
<b>TOTAL EXPENSES</b>	
<b>TOTAL NET INCOME</b>	
<b>BALANCE (+)</b>	
<b>BALANCE (-)</b>	

**Liquid Assets on Hand**

Cash/Checking/Savings	
Other Liquid Assets	
<b>TOTAL LIQUID ASSETS</b>	

Submitted By: \_\_\_\_\_

**SHARED CUSTODY GUIDELINE WORKSHEET**

For custody cases in which each parent has a child or children more than 110 days per year

Plaintiff v. Defendant

Chancery No.: \_\_\_\_\_

Date: \_\_\_\_\_

Worksheet of: \_\_\_\_\_

**A. GROSS INCOME OF THE PARTIES**

Mother      Father

1. Monthly Gross Income of Each

2. Combined Gross Income:

3. Each Party's Percent of Combined Gross Income:

Number of Children:

--> **Income Shares**

Ages of Children

**B. SUPPORT NEED OF CHILDREN**

1. Child Support from Guideline Table:

2. Total Shared Support (Guideline Table X 1.25):

Mother

Father

<---- **From Guideline Table**

3. Total Days in Year Each Parent has Children:

4. Each Parent's Custody Share (%):

Sum =

Must = 365

(Both must exceed 110 days)

**C. SUPPORT OBLIGATION OF FATHER**

1. Basic Support Obligation to Mother:

2. Work-related Child Care Costs of Mother:

3. Health Insurance Paid by Mother:

4. Sum 1+2+3 = Total Support:

**Father's Support Obligation:**

Mother's Custody Share (Line B.4) X Total Shared Support (Line B.2)

Total Support (Line C.4) X Father's Income Share (Line A.3)

**D. SUPPORT OBLIGATION OF MOTHER**

1. Basic Support Obligation to Father:

2. Work-related Child Care Costs of Father:

3. Health Insurance Paid by Father:

4. Sum 1+2+3 = Total Support:

**Mother's Support Obligation:**

Father's Custody Share (Line B.4) X Total Shared Support (Line B.2)

Total Support (Line D.4) X Mother's Inc. Share (Line A.3)

**E. NET SUPPORT PAYABLE BY ONE PARENT TO OTHER**

Net Guideline Child Support Payable to:

**Guideline Support**

**Guideline Support**

**F. PROPOSED CHANGES TO GUIDELINE SUPPORT**

Mother

Father

**G. EACH PARTY'S PROPOSED SHARE**

**PROPOSED ADJUSTED SUPPORT:**  
Payable to:

NOTE: All uncovered medical and dental expenses of children will be shared by both parents in accordance with their respective income shares, regardless as to who has child for what percent of time.

**SPLIT CUSTODY SUPPORT GUIDELINE WORKSHEET**

For custody cases in which each parent has custody of at least one child of the parties

Plaintiff v. Defendant

Date: \_\_\_\_\_ Chancery No.: \_\_\_\_\_ Worksheet of: \_\_\_\_\_

**A. GROSS INCOME OF PARTIES**

Mother      Father

1. Monthly Gross Income of Each Party:

2. Combined Gross Income:

3. Percent of Combined Gross Income:


-----> Income      Shares

**B. SUPPORT OBLIGATION OF FATHER**

1. Number of Children Residing with \_\_\_\_\_ Children

2. Support from Guideline Table:

3. Work-Related Childcare Costs of Mother:

4. Extraordinary Medical Expenses Paid by Mother:

5. Health Insurance Paid by Mother:

6. Sum 2+3+4+5 = Total Support:

**Father's Support Obligation**


<--- From Support Table      §20-108.2

---> Mother's Support      Need

= Total Support x      Father's Inc Share

**C. SUPPORT OBLIGATION OF MOTHER**

1. Number of Children Residing with \_\_\_\_\_:

2. Support from Guideline Table:

3. Work-Related Childcare Costs of Father:

4. Extraordinary Medical Expenses Paid by Father:

5. Health Insurance Paid by Father:

6. Sum 2+3+4+5 = Total Support:

**Mother's Support Obligation**


<----From Support Table      §20-108.2

---> Father's Support Need

= Total Support x Mother's Inc Share

**D. NET SUPPORT PAYABLE BY ONE PARENT TO THE OTHER**

**Net Guideline Child Support Payable to:**

	-		=	
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**Guideline Support**  
**Guideline Support**

**E. PROPOSED CHANGES TO GUIDELINE SUPPORT**

2. Each Party's Proposed Share:

	Mother	Father	

**PROPOSED ADJUSTED SUPPORT:**  
**Payable to:**

Submitted by:

\_\_\_\_\_

\_\_\_\_\_

**A. GROSS INCOME OF PARTIES**

Mother/Wife      Father/Husband

1. Monthly Gross Income of Each Party: \_\_\_\_\_

2. Combined Gross Income:

3. Each Party's Percent of Combined Gross Income:

<b>Income Shares</b>	

<b>Custodian</b>	
	Mother
	Father

Number of Children:

Ages of Children: \_\_\_\_\_

**B. CHILD SUPPORT**

1. Schedule Amount for Basic Child Support: \_\_\_\_\_

← From Support Table

2. Extraordinary Medical/Dental Expenses: \_\_\_\_\_

3. Work-related Child Care Costs: \_\_\_\_\_

4. Medical Insurance for Child/Children: \_\_\_\_\_

5. Total Child Support Need (Sum: 1+2+3+4): \_\_\_\_\_

Child Support Need

6. Child Support Obligation of Each Party:  
(Total Support Need x Income Share)

<b>Mother</b>	<b>Father</b>

7. Direct Payment of Medical Insurance (Subtract): \_\_\_\_\_

8. Each Party's Presumptive Guideline Share: \_\_\_\_\_

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Guideline Child Support

9. Guideline Child Support Payable by Non-Custodial Parent: \_\_\_\_\_

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**C. PROPOSED ADJUSTMENTS TO GUIDELINE SUPPORT:**

1. \_\_\_\_\_

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2. Each Party's Proposed share: \_\_\_\_\_

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TOTAL SUPPORT

**3. PROPOSED ADJUSTED CHILD SUPPORT**

**PAYABLE TO:**