

Instructions to complete the Child Support Worksheet may be found on the Kansas Judicial Branch website, <http://www.kscourts.org/Rules-procedures-forms/Child-support-guidelines/default.asp>, or by visiting your local law library. The Child Support Worksheet must be completed prior to your hearing.

Child Support Worksheet

IN THE _____ JUDICIAL DISTRICT
 _____ COUNTY, KANSAS

IN THE MATTER OF:

and

CASE NO. _____

CHILD SUPPORT WORKSHEET OF _____
 (name)

A. INCOME COMPUTATION – WAGE EARNER (Parent Name) (Parent Name)

1. Domestic Gross Income \$ _____ \$ _____
 (Insert on Line C.1. below)*

B. INCOME COMPUTATION – SELF-EMPLOYED

1. Self-Employment Gross Income* _____
 2. Reasonable Business Expenses (-) _____
 3. Domestic Gross Income _____
 (Insert on Line C.1. below)

C. ADJUSTMENTS TO DOMESTIC GROSS INCOME

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)

D. COMPUTATION OF CHILD SUPPORT

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	_____	+	_____	+	_____	=	_____

* Interstate Pay Differential Adjustment? _____ Yes _____ No

**Multiple Family Application? _____ Yes _____ No

	(Parent Name)	(Parent Name)
4. Health and Dental Insurance Premium	\$ _____	+ \$ _____
		= _____
5. Work-Related Child Care Costs Formula: Amt. – (Amt. X %) for each child care credit	_____	= _____
Example: 200 – (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	
			(Parent Name)	(Parent Name)
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	
			(Parent Name)	(Parent Name)
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.		Equal Parenting Time Obligation (EPT worksheet Line 12 or 14)	_____	_____
5.		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)	(+)	(+)
6.		Net Parental Child Support Obligation (Line F.3. + Line F.4.)	_____	_____

**Parent with nonprimary residency. Use local percentage.

Prepared By _____ (Signature)

Judge/Hearing Officer Signature

Prepared By _____ (Print Name)

Date Submitted

Date Approved