

Calculation Date: _____
 CSP #: _____

REBUTTAL COMPUTATION FOR REGULAR CUSTODY WORKSHEET BR

(NOTE: This worksheet may only be used after the SED 109B worksheet has first been completed.)

(Parent 1) _____
 (Parent 2) _____

	Parent 1 <small>(primary physical custodian)</small>	Parent 2	Combined	SSB or VB Received for Child
1. Gross monthly income			////////// //////////	////////// //////////
A. Rebuttal amount applied, if any (see attached worksheet F)			////////// //////////	////////// //////////
2. Add monthly spousal support ordered to be received. Subtract monthly spousal support ordered to be paid.			////////// ////////// //////////	////////// ////////// //////////
3. Subtract credit for nonjoint child(ren) (see attached worksheet A)			////////// //////////	////////// //////////
4. Adjusted gross monthly income				//////////
5. Percentage share of income (each parent's line 4 income divided by combined income)	%	%	////////// //////////	////////// //////////
A. Full amount of monthly Social Security benefits received for joint child(ren) or amount of Veteran's Benefits apportioned to joint child(ren) (if applicable)	////////// ////////// ////////// //////////	////////// ////////// ////////// //////////	////////// ////////// ////////// //////////	
B. New adjusted gross monthly income (4 combined plus 5A)	////////// //////////	////////// //////////		////////// //////////
6. Basic child support obligation (combined total family income from 5B at # of children) (see scale - if more than 6 children, use worksheet G to calculate the correct amount, then insert it in this blank)				////////// ////////// //////////
A. Rebuttal amount applied, if any (see attached worksheet F)		////////// //////////		////////// //////////
B. Net child care costs for joint child(ren) (see attached worksheet E)				////////// //////////
C. Medical expenses (amount incurred per month) NOTE: DO NOT INCLUDE INSURANCE COSTS -- SEE 10 BELOW				////////// //////////

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	Parent 1 (primary physical custodian)	Parent 2	Combined	SSB or VB Received for Child
7. Total child support obligation (line 6 plus or minus 6A, plus 6B and plus 6C)	////////// //////////	////////// //////////		////////// //////////
A. Full amount of monthly Social Security benefits received for joint child(ren) or amount of Veteran's Benefits apportioned to joint child(ren) (if applicable) (same as 5A)	////////// ////////// ////////// ////////// //////////	////////// ////////// ////////// ////////// //////////	////////// ////////// ////////// ////////// //////////	
B. Adjusted total child support obligation (line 7 minus 7A)	////////// //////////	////////// //////////		////////// //////////
8. Each parent's child support obligation (line 5 for each parent times line 7B)			////////// ////////// //////////	////////// ////////// //////////
9. Monthly child support obligation (line 8 Parent 2)	////////// //////////		////////// //////////	////////// //////////
10. Health Insurance (monthly pro rata cost of insurance for joint child(ren) only in column for parent who will provide.) If the cost to Parent 2 is greater than line 9, enter zero.			////////// ////////// ////////// //////////	////////// ////////// ////////// //////////
11. Each parent's percentage share of insurance cost (If the cost to Parent 1 on line 10 is greater than line 9, multiply line 5 times line 9 for each parent; otherwise multiply line 5 times line 10 for each parent)			////////// ////////// ////////// ////////// //////////	////////// ////////// ////////// ////////// //////////
12. ADJUSTED CHILD SUPPORT OBLIGATION (\$50 minimum order) If Parent 2 provides insurance, line 9 MINUS line 11 Parent 1. If Parent 1 provides insurance, line 9 PLUS line 11 Parent 2.	////////// ////////// ////////// ////////// ////////// ////////// //////////		////////// ////////// ////////// ////////// ////////// ////////// //////////	////////// ////////// ////////// ////////// ////////// ////////// //////////

ABILITY TO PAY CALCULATION

13. Parent 2's adjusted gross monthly income (from line 4).	////////// //////////		////////// //////////	////////// //////////
14. Self-support reserve from OAR 137-050-0475	//////////	\$776.00	//////////	//////////
15. Parent 2's income available for support (line 13 MINUS line 14; negative values = 0)	////////// //////////		////////// //////////	////////// //////////

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16. <i>MONTHLY CHILD SUPPORT OBLIGATION</i> (Line 15 or Line 12, whichever amount is less; but may not be lower than \$50 minimum)	///////// ///////// /////////		///////// ///////// /////////	///////// ///////// /////////
A. Rebuttal amount applied, if any (see attached worksheet F)	///////// /////////		///////// /////////	///////// /////////
<i>TOTAL MONTHLY CHILD SUPPORT OBLIGATION AFTER REBUTTAL</i>	///////// /////////		///////// /////////	///////// /////////

Joint child(ren) of the parties:

Rebuttal Comments: (You must explain why the standard calculation is unjust. Then cite the particular rebuttal factor used from OAR 137-050-0330, and explain the reason for the dollar amount attributed.)

Other Comments:

**** REGARDING THE OBLIGOR'S CALCULATED HEALTH INSURANCE OBLIGATION ****

- PARENT 2's COST OF INSURANCE EXCEEDS THE MONTHLY CHILD SUPPORT OBLIGATION DETERMINED BY THE GUIDELINES. Parent 2 is not required to provide medical insurance at this time.
- PARENT 1's COST OF INSURANCE EXCEEDS THE MONTHLY CHILD SUPPORT OBLIGATION DETERMINED BY THE GUIDELINES. The support amount is increased by Parent 2's pro rata share of the insurance cost equal to the child support obligation (from Line 9).
- COST OF INSURANCE DOES NOT EXCEED THE MONTHLY CHILD SUPPORT OBLIGATION DETERMINED BY THE GUIDELINES.
 - Based on current cost to Parent 2 of \$_____, the support amount is reduced by Parent 1's pro rata share of the insurance costs.
 - The support amount is increased by Parent 2's pro rata share of the insurance costs.
 - The support amount is NOT adjusted because proof of child(ren)'s enrollment has not been received. If this is incorrect or the child(ren) was recently enrolled, contact our office within 30 days.
- AVAILABILITY OF INSURANCE TO OBLIGOR FOR CHILD(REN) IS NOT KNOWN. No credit can be given for cost of insurance off the child support obligation.