

Calculation Date: _____

CSP #: _____

GUIDELINE COMPUTATION FOR SPLIT CUSTODY WORKSHEET C

_____ children with (Parent 1) _____

_____ children with (Parent 2) _____

	Parent 1	Parent 2	COMBINED	SSB or VB Received for Child
1. Gross monthly income			////////// //////////	////////// //////////
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				////////// //////////
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 (if applicable) (4 combined + 4A)	////////// //////////	////////// //////////		////////// //////////
5. Basic child support obligation (apply line 4B combined income on scale for ALL joint children & list total support in each column) (see scale - if more than 6 children, use worksheet G to calculate the correct amount, then insert it in this blank)			////////// ////////// ////////// //////////	////////// ////////// ////////// //////////
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 4A)	////////// ////////// //////////	////////// ////////// //////////	////////// ////////// //////////	
B. Adjusted total child support obligation for each parent (5 minus 5A)			////////// //////////	////////// //////////
6. Prorated percentage (# joint children with each parent divided by total joint children)	%	%	////////// //////////	////////// //////////
7. Prorated basic support for children with each parent (line 6 times line 5B for each parent)			////////// //////////	////////// //////////
8. <i>ADDITIONAL COSTS/EXPENSES</i>			////////// ////////// //////////	////////// ////////// //////////
A. Health insurance (enter amount paid by each parent for pro rata cost of insurance for joint child(ren) in column for that parent)			////////// ////////// //////////	////////// ////////// //////////

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	Parent 1	Parent 2	COMBINED	SSB or VB Received for Child
B. Net child care costs for joint child(ren) (see attached worksheet E) (enter amount paid by each parent in column for that parent)			////////// ////////// //////////	////////// ////////// //////////
C. Medical expenses NOTE: DO NOT INCLUDE INSURANCE COSTS -- SEE 8A ABOVE (enter amount eligible for payment by each parent in column for that parent)			////////// ////////// ////////// //////////	////////// ////////// ////////// //////////
9. TOTAL SUPPORT/COSTS		//////////	//////////	//////////
A. Line 7 Parent 1 plus lines 8A, 8B and 8C for Parent 1		////////// ////////// //////////	////////// ////////// //////////	////////// ////////// //////////
B. Line 7 Parent 2 plus lines 8A, 8B and 8C for Parent 2	////////// //////////		////////// //////////	////////// //////////
10. ALLOCATION TO PARTIES			//////////	//////////
A. Percentage share of income (each parent's line 4 income divided by combined income)	%	%	////////// ////////// //////////	////////// ////////// //////////
B. Parent 1 owes to Parent 2 (line 10A Parent 1 times line 9B)		////////// //////////	////////// //////////	////////// //////////
C. Parent 2 owes to Parent 1 (line 10A Parent 2 times line 9A)	////////// //////////		////////// //////////	////////// //////////
11. TOTAL PRESUMED MONTHLY CHILD SUPPORT OBLIGATION <i>NET OBLIGATION (if applicable)</i> Subtract the smaller from the larger amounts in lines 10B and 10C and place the result in the parent's column with the larger amount			////////// ////////// ////////// ////////// //////////	////////// ////////// ////////// ////////// //////////

Joint children of the parties:

Comments: