

Calculation Date: _____

CSP #: _____

REBUTTAL COMPUTATION FOR SHARED CUSTODY WORKSHEET DR

(Note: This worksheet may only be used after the worksheet D has first been completed.)

(Parent 1) _____

(Parent 2) _____

| | Parent 1 | 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 | | | | ////////// ////////// |
| A. Full amount of monthly Social Security benefits received for joint child(ren) or the amount of Veteran's Benefits apportioned to joint child(ren) (if applicable) | ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// | |
| B. New adjusted gross monthly income (if applicable) (4 combined plus 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) | | | ////////// ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// ////////// |
| 6. Basic support for each parent (line 5 times 1.5) | | | ////////// ////////// | ////////// ////////// |
| A. Full amount of monthly Social Security benefits received for joint child(ren) or the amount of Veteran's Benefits apportioned to joint child(ren) (if applicable) (same as 4A) | ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// | |
| B. Adjusted total child support obligation for each parent (6 minus 6A) | | | ////////// ////////// | ////////// ////////// |
| 7. Percentage of overnights child(ren) will be in custody of each parent [IF ONE PARENT'S PERCENT = LESS THAN 35, DO NOT USE THIS WORKSHEET. INSTEAD USE THE REGULAR CUSTODY WORKSHEET (WORKSHEET BR)] | % | % | ////////// ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// ////////// |
| 8. Prorated basic support for children (line 7 times line 6B for each parent) | | | ////////// ////////// | ////////// ////////// |

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| | Parent 1 | Parent 2 | COMBINED | SSB or VB Received for Child |
|--|--------------------------|--|--|--|
| 9. ADDITIONAL COSTS/EXPENSES | | | ////////// | ////////// |
| A. Health insurance (enter amount paid by each parent for monthly pro rata cost of insurance for joint child(ren) in column for that parent) | | | ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// |
| B. Net child care costs for joint child(ren)(enter monthly amount paid by each parent in column for that parent) (see attached worksheet E) | | | ////////// ////////// ////////// | ////////// ////////// ////////// |
| C. Medical expenses NOTE: DO NOT INCLUDE INSURANCE COSTS -- SEE 9A ABOVE (enter monthly amount eligible for payment by each parent in column for that parent) | | | ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// |
| D. Rebuttal amount applied, if any (see attached worksheet F) | | | ////////// ////////// | ////////// ////////// |
| 10. TOTAL SUPPORT/COSTS | | ////////// | ////////// | ////////// |
| A. Line 8 for Parent 1 plus lines 9A, 9B, 9C and 9D for Parent 1 | | ////////// ////////// ////////// | ////////// ////////// ////////// | ////////// ////////// ////////// |
| B. Line 8 for Parent 2 plus lines 9A, 9B, 9C and 9D for Parent 2 | ////////// ////////// | | ////////// ////////// | ////////// ////////// |
| 11. 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 11A Parent 1 times line 10B) | | ////////// ////////// | ////////// ////////// | ////////// ////////// |
| C. Parent 2 owes to Parent 1 (line 11A Parent 2 times line 10A) | ////////// ////////// | | ////////// ////////// | ////////// ////////// |
| 12. NET OBLIGATION (if applicable) | | | ////////// | ////////// |
| A. Subtract the smaller from the larger amounts in lines 11B and 11C and enter the result in the parent's column with the larger amount | | | ////////// ////////// ////////// ////////// | ////////// ////////// ////////// ////////// |
| B. Rebuttal amount applied, if any (see attached worksheet F) | | | ////////// ////////// | ////////// ////////// |
| TOTAL MONTHLY CHILD SUPPORT OBLIGATION AFTER REBUTTAL | | | ////////// ////////// | ////////// ////////// |

Joint children 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: