

**CHILD SUPPORT COMPUTATION
SUPPLEMENTAL WORKSHEET**

Parent A _____

Parent B _____

WORKSHEET S-6 (CASH MEDICAL SUPPORT)

Use this section to determine the reasonable in cost cap for out-of-pocket medical expenses or for public health care coverage cost.

	Parent A	Parent B
1. Each parent's adjusted gross income (from CSCW line 7). If no Parent A, enter zero If Parent B's adjusted gross income (CSCW line 7) is less than or equal to full-time employment at the state minimum wage, cash medical support is not reasonable in cost. Return to CSCW line 20.		
2. Each parent's percentage share of income (from CSCW line 8)		
3. Reasonable in Cost cap (each parent's line 1 multiplied by 7%)		
4a. Cost of out-of-pocket medical expenses (enter total cost in column of parent who incurs cost); if none enter zero (OR)		
4b. Cost to be paid towards Public Health Care Coverage (enter line 3 Parent B) (if public health care coverage is ordered this cost includes any out-of-pocket medical expenses)		
5a. Costs owed to Parent B (line 2 Parent A times line 4a Parent B, if none enter zero ; if no Parent A, enter zero)		
5b. Costs owed to Parent A (line 2 Parent B times line 4a Parent A. If line 4a Parent A is zero, multiply line 2 Parent B by line 4b Parent B; if none enter zero)		
6a. IF line 5a Parent A is equal to or less than the amount in line 3 Parent A enter Parent A's line 5a in the column for Parent A; IF line 5a Parent A is greater than the amount in line 3 Parent A enter Parent A's line 3 in Parent A's column. IF line 5b Parent B is equal to or less than the amount in line 3 Parent B enter Parent B's line 5b in the column for Parent B; IF line 5b Parent B is greater than the amount in line 3 Parent B enter Parent B's line 3 in Parent B's column. (OR)		
6b. IF the fact finder determines that a cost greater than the 7% of adjusted gross should be used based on the best interests of the child enter the amount from line 5a or 5b in each parent's column here; otherwise enter zero		
7. Each parent's net child support obligation (from CSCW line 19 for each parent)		
8. Subtract the figure in line 6a or 6b Parent A from the figure in line 7 Parent B; if negative number place a minus sign in front or enclose the amount in parenthesis		
9. Total net child support obligation with cash medical support; add or subtract the figure in line 6a or 6b Parent B to the figure in line 8 Parent B. If negative number enter zero.		
10. Cash medical support portion from the total net child support obligation. Subtract line 7 Parent B from line 9 Parent B.		

Transfer figure from line 10 Parent B to CSCW line 20 Parent B; Enter zero on CSCW line 20 Parent A