

Child Support Guidelines Worksheet

Date: _____

Case no.: _____
Docket no.: _____

Dependents: _____

Name: _____

Name: _____

Custodial / Other Parent's Income

Noncustodial Parent's Income

Method(s) used to determine income

- () Financial Statement/Verified income
- () Other sources
- () CSRU median income

Method(s) used to determine income

- () Financial Statement/Verified income
- () Other sources
- () CSRU median income

I. Adjusted Net Monthly Income Computation

	Custodial Parent*	Noncustodial Parent*
	_____ (name)	_____ (name)
A. Gross monthly income	\$ _____	\$ _____
B. Federal income tax	\$ _____	\$ _____
C. State income tax	\$ _____	\$ _____
D. Social Security and Medicare tax / mandatory pension deduction	\$ _____	\$ _____
E. Mandatory occupational license fees deduction	\$ _____	\$ _____
F. Union dues	\$ _____	\$ _____
G. Health insurance premium costs for other children not in the pending matter (<i>See rule 9.5(2)(f).</i>)	\$ _____	\$ _____
H. Cash medical support and prior obligation of child support actually paid pursuant to court or administrative order for other children not in the pending matter	\$ _____	\$ _____
I. Qualified additional dependent deductions	\$ _____	\$ _____
J. Actual child care expenses, as defined in rule 9.11A for the custodial parent* (No deduction allowed if variance granted under rule 9.11A.)	\$ _____	\$ _____
K. Preliminary net income for each parent (Line A minus lines B through J for each parent.)	\$ _____	\$ _____
L. Cash medical support, if ordered in this pending matter	\$ _____	\$ _____
M. Adjusted net monthly income (Line K minus line L.) (Amount used to calculate the guideline amount of child support.)	\$ _____	\$ _____

*(In cases of joint physical care, use names only and designate both parents as custodial parents.)

II. Calculation of the Guideline Amount of Support (If applicable.)

	<u>Custodial Parent</u>		<u>Noncustodial Parent</u>		<u>Combined</u>
A.	Adjusted net monthly income	\$ _____	+	\$ _____	= \$ _____
B.	Proportional share of income (Also used for uncovered medical expenses.)	_____ %	+	_____ %	= 100%
C.	Number of children for whom support is sought				
D.	Basic support obligation using only NCP's adjusted net monthly income (If low-income adjustment does not apply, enter N/A.)			\$ _____	
E.	Basic support obligation using combined adjusted net monthly income (If low-income adjustment applies enter N/A; see rule 9.3(2) and grid in rule 9.14(2).)				\$ _____
F.	Each parent's share of the basic support obligation using combined incomes (If low-income adjustment applies enter N/A.)	\$ _____		\$ _____	
G.	NCP's basic support obligation before health insurance (NCP's amount from line F or low-income adjustment amount from line D.)			\$ _____	
H.	Allowable child(ren)'s portion of health insurance premium (Calculated pursuant to rule 9.14(5).)	\$ _____		\$ _____	
I.	Health insurance add-on or deduction from NCP's obligation		+/-	\$ _____	
J.	Guideline amount of child support for NCP (NCP's line G plus or minus NCP's line I.)			\$ _____	

II. a. Extraordinary Visitation Credit

Complete only if noncustodial parent's court-ordered visitation exceeds 127 overnights per year.

K.	NCP's basic support obligation before health insurance (Amount from NCP's line G.)	\$ _____
L.	Number of court-ordered visitation overnights with the noncustodial parent	_____
M.	Extraordinary visitation credit percentage	_____ %
N.	Extraordinary visitation credit (Line K multiplied by line M.)	\$ _____
O.	Guideline amount of child support (after credit for extraordinary visitation) (Line J minus line N; not less than \$50 for one child, \$75 for two children, or \$100 for three or more children.)	\$ _____

II. b. Child Care Expense Variance under rule 9.11A

As agreed by the parties and approved or determined by the court.

P.	NCP's guideline amount of child support (Amount from line J above [or line O, if applicable].)	\$ _____
Q.	Amount of variance for child care expenses	\$ _____
R.	Adjusted amount of child support (Line P plus line Q)	\$ _____

III. Calculation of the Joint (Equally Shared) Physical Care Guideline

Amount of Child Support (If applicable.)

IV. Deviations (See attachment.)

Text \$
 Text \$
 Text \$

Total deviations:

Adjusted Net Monthly Income Computation

	Custodial Parent*	Noncustodial Parent*
	_____ (name)	_____ (name)
K. Preliminary net income for each parent (Line A minus lines B through J for each parent.)	\$ _____	\$ _____
L. Cash medical support, if ordered in this pending matter	\$ _____	\$ _____
M. Adjusted net monthly income (Line K minus line L.) (Amount used to calculate the guideline amount of child support.)	\$ _____	\$ _____

Calculation of the Guideline Amount of Support (If applicable.)

	Custodial Parent		Noncustodial Parent		Combined
	_____ (name)		_____ (name)		
A. Adjusted net monthly income	\$ _____	+	\$ _____	=	\$ _____
B. Proportional share of income (Also used for uncovered medical expenses.)	_____ %	+	_____ %	=	100%
C. Number of children for whom support is sought					_____
D. Basic support obligation using only NCP's adjusted net monthly income (If low-income adjustment does not apply, enter N/A)			\$ _____		
E. Basic support obligation using combined adjusted net monthly income (If low-income adjustment applies enter N/A; see rule 9.3(2) and grid in rule 9.14(2).)					\$ _____
F. Each parent's share of the basic support obligation using combined incomes (If low-income adjustment applies enter N/A.)	\$ _____		\$ _____		
G. NCP's basic support obligation before health insurance (NCP's amount from line F or low-income adjustment amount from line D.)			\$ _____		
H. Allowable child(ren)'s portion of health insurance premium (Calculated pursuant to rule 9.14(5).)	\$ _____		\$ _____		
I. Health insurance add-on or deduction from NCP's obligation			\$ _____	+/-	
J. Guideline amount of child support for NCP (NCP's line G plus or minus NCP's line I.)			\$ _____		

Extraordinary Visitation Credit

Complete only if noncustodial parent's court-ordered visitation exceeds 127 overnights per year.

K. NCP's basic support obligation before health insurance (Amount from NCP's line G.)	\$ _____
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- L. Number of court-ordered visitation overnights with the noncustodial parent _____
- M. Extraordinary visitation credit percentage _____ %
- N. Extraordinary visitation credit
(Line K multiplied by line M.) _____ \$
- O. Guideline amount of child support (after credit for extraordinary visitation)
(Line J minus line N; not less than \$50 for one child, \$75 for two children, or \$100 for three or more children.) _____ \$

Child Care Expense Variance Under Rule 9.11A

As agreed by the parties and approved or determined by the court.

- P. NCP's guideline amount of child support
(Amount from line J above [or line O, if applicable].) _____ \$
- Q. Amount of variance for child care expenses _____ \$
- R. Adjusted amount of child support
(Line P plus line Q.) _____ \$

Parent Name (NCP)

V. a. Recommended Amount of Child Support: \$ _____ per _____

V. b. Recommended Amount of Accrued Support: \$ _____ (see attachment)

V. c. Recommended Amount of Cash Medical Support: \$ _____ per _____

V. d. Recommended Medical Support-Health Insurance: _____ (see comments)

Reasonable Cost for Health Insurance: \$ _____ per month

V. e. Uncovered Medical Expenses: _____ %

Parent Name (CP)

V. f. Recommended Amount of Cash Medical Support: \$ _____ per _____

V. g. Recommended Medical Support-Health Insurance: _____ (see comments)

Reasonable Cost for Health Insurance: \$ _____ per month

V. h. Uncovered Medical Expenses: _____ %

VI. Changes in Child Support Obligation as Number of Children Entitled to Support Changes

For cases with multiple children based on present income and applicable guidelines calculation method.

VI. a. Basic Obligation (If applicable.)

Number of children	NCP's basic support obligation (NCP's line G)**	Health insurance add-on or deduction (NCP's line I)**	Extraordinary visitation credit (If applicable.) (line N)**	Guideline amount of child support (line J or O)**
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

** (All Line references are to Division II, Calculation of the Guideline Amount of Support section of the worksheet.)

VI. b. Joint (Equally Shared) Physical Care Obligation (If applicable.)

VII. Qualified Additional Dependent Deduction (See guidelines for the definition of this term.)

Child's name	Whose child	Date of birth	Paternity Establishment Method			
			Court/ admin. order	In court stmt. & consent	Paternity affidavit	Child born during marriage

Prepared by: _____
Name

Prepared by: _____
Name

Guidelines Calculation Supporting Documentation

CP NAME

METHOD USED TO DETERMINE GROSS INCOME:
(Method)

NCP NAME

METHOD USED TO DETERMINE GROSS INCOME:
(Method)

FEDERAL INCOME TAX:

Yearly taxable income: \$
Federal income tax year:
Number of allowances:
Federal filing status:

FEDERAL INCOME TAX:

Yearly taxable income: \$
Federal income tax year:
Number of allowances:
Federal filing status:

IOWA STATE INCOME TAX:

Yearly taxable income: \$
Iowa state income tax year:
Credits:

IOWA STATE INCOME TAX:

Yearly taxable Income: \$
Iowa state income tax year:
Credits:

FICA TAX:

Yearly taxable income: \$
FICA tax year:

FICA TAX:

Yearly taxable income: \$
FICA tax year:

Medical Support – Reasonable Cost Calculation

	CP NAME	NCP NAME
1. Preliminary net monthly income (Section I, line K)	\$ _____	\$ _____
2. Number of children for whom support is sought		_____
3. Percent from the Medical Support table (0-5%) – <i>see</i> Iowa Court rule 9.12 (percent comes from the preliminary net income and number of children for whom support is sought.)	_____	_____
4. Total gross monthly income (Section I, line A)	\$ _____	\$ _____
5. Reasonable cost (multiply gross income on line 4 by medical percent on line 3)	\$ _____	\$ _____
6. Family amount health insurance (if available)	\$ _____	\$ _____
7. Single amount health insurance (if available)	\$ _____	\$ _____
8. Family less single premium amount. Compare line 8 to line 5. If line 8 is more than line 5, the cost is not reasonable according to the Iowa Court rules. If line 8 is equal to or less than line 5, the cost is reasonable according to the Iowa Court rules.	\$ _____	\$ _____

Review and Adjustment Variance Percentage

Current obligation: \$ New obligation: \$ Variance: %

Child Care Expense Variance Step-Downs

<u>Amount of child care variance (line Q)***</u>	<u>Dates</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

*** (All Line references are to Division II.b, Child Care Expense Variance section of the worksheet.)

Guidelines Calculation Comments

Section -
Text

Section -
Text

Section -
Text

Section -
Text

Section -
Text

Section -
Text

Section -
Text

Section -
Text

Accrued Support Calculation

Assistance by period:

	<u>Begin date</u>	<u>Through date</u>	<u>Number of children</u>	<u>Guidelines amount of child support</u>	<u>Number of months</u>	<u>Subtotal for period</u>
#1.				\$	X	= \$
#2.				\$	X	= \$
#3.				\$	X	= \$
TOTAL:						\$ _____

Deviations:

Text	\$
Text	\$
Text	\$
Sum of deviations:	\$ _____

Recommended amount of accrued support: \$ _____