F 3.405N

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS
DIVISION _____

_____	)	Case No.
[CAPTION]	)	Document No. _____
vs.	)	
_____	)	

CHILD SUPPORT WORKSHEET OF:_____

A. INCOME COMPUTATION-WAGE EARNER	**MOTHER**	**FATHER**
1. Domestic Gross Income (Insert on Line C.1. below)*	_____	_____

INCOME COMPUTATION-SELF-EMPLOYED

1. Self-Employment Gross Income*	_____	_____
2. Reasonable Business Expenses (-)	_____	_____
3. Domestic Gross Income (Insert on Line C.1. below)	_____	_____

C. ADJUSTMENTS TO DOMESTIC GROSS INCOME

1. Domestic Gross Income	_____	_____
2. Court-Ordered Child Support Paid (-)	_____	_____
3. Court-Ordered Maintenance Paid (-)	_____	_____
4. Court-Ordered Maintenance Received (+) (Insert on Line D.1. below)	_____	_____

D. COMPUTATION OF CHILD SUPPORT

1. Child Support Income _____ +_____ = _____

2. Proportionate Shares of Combined Income
(Each parent's income divided by combined income) _____%_____%

3. Basic Child Support Obligation**
(Using combined income from Line D.1., find amount for each child and enter total for all children)

Age of Children	0-6	7-15	16-18	
Number Per Age Category	_____	_____	_____	
Total Amount	_____	_____	_____	= _____

* Cost of Living Differential Adjustment? _____ Yes _____ No
* Multiple Family Adjustment? _____ Yes _____ No

	MOTHER	FATHER
4. Health and Dental insurance Premium	_____	_____
5. Work-Related Child Care Costs (Amount x % + [.25 x (Amt. x %)] for child care credit = _____)	_____	_____
6. Parents' Total Child Support Obligation (Line D.3. plus Lines D.4. and D.5)	_____	_____
7. Parental Child Support Obligation (Line D.2. times Line D.6. for each parent)	_____	_____
8. Adjustment for Insurance and Child Care (Subtract for actual payment made for items D.4. and D.5.)	_____	_____
9. Net Parental Child Support Obligation (Obligation (Line D.7. minus Line D.8. Insert on Line F.1. below)	_____	_____

E. CHILD SUPPORT ADJUSTMENTS

APPLICABLE	N/A	CATEGORY	AMOUNT ALLOWED PARENT A	AMOUNT ALLOWED PARENT B
1. _____	_____	Long Dist. Parenting Time Costs	(+/-) _____	(+/-) _____
2. _____	_____	Parenting Time Adjustment	(+/-) _____	(+/-) _____
3. _____	_____	Income Tax Considerations	(+/-) _____	(+/-) _____
4. _____	_____	Special Needs	(+/-) _____	(+/-) _____
5. _____	_____	Agreement Past Minority	(+/-) _____	(+/-) _____
6. _____	_____	Overall Financial Condition	(+/-) _____	(+/-) _____
7. TOTAL (Insert on Line F.2. below)			_____	_____

F. DEVIATION(S) FROM REBUTTABLE PRESUMPTION AMOUNT

1. Net Parental Child Support Obligation (Line D.9 from above)	_____	_____
2. Total Child Support Adjustments (Line E.7 above)	(+-) _____	(+/-) _____
3. Adjusted Child Support Obligation	_____	_____
4. Child Support Enforcement Fee	+_____	+_____
5. *Estimated amount of arrearage _____		
6. Monthly support towards arrearage	+_____	+_____
7. Total Monthly Support Due	_____	_____

* As shown by the records of the collecting agency. Arrearage does not include interest.

Attorneys are expected to check the arrearage amount with SRS for IV-D cases, and the District Court Trustee for private cases, prior to submitting this worksheet.

_____
District Court Judge/Administrative Hearing Officer

PREPARED AND SUBMITTED BY:

_____
Attorney for Respondent/Petitioner