

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS

DIVISION \_\_\_\_\_

(Caption) Case No. \_\_\_\_\_

**CHILD SUPPORT WORKSHEET OF:**

**A. INCOME COMPUTATION-WAGE EARNER** MOTHER FATHER

1. Domestic Gross Income (Insert on Line C.1. below)\* \_\_\_\_\_

**B. 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 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 DCF 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

**IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**  
**DIVISION \_\_\_\_\_**  
**IN THE MATTER OF THE MARRIAGE OF:**

\_\_\_\_\_,

**And**

CASE NO.: \_\_\_\_\_

\_\_\_\_\_.

DATE: \_\_\_\_\_

**MANDATORY SUPPLEMENTAL ORDERS**

The following mandatory supplemental orders pertaining to enforcement of child support are incorporated in the foregoing order and are incorporated as a part thereof pursuant to Shawnee County District Court Rule **#3.401.5(b):**

IT IS FURTHER ORDERED that all child support and maintenance payments be paid to the Kansas Payment Center, PO Box 758599, Topeka, Kansas 66675-8599 unless otherwise ordered by the Court. Any payments of child support not made in accordance with this provision shall be presumptively disallowed. Any payments made payable to the obligee may be endorsed and cashed by the Kansas Payment Center.

IT IS FURTHER ORDERED that all new or modified non-IV-D support orders must be accompanied by a support order information sheet available in the office of the Clerk of the District Court.

IT IS FURTHER ORDERED that the office of DCF or their contracting agent for IV-D cases, or the District Court Trustee for private cases shall monitor and enforce the payments of support ordered herein and may pursue on behalf of any child all civil remedies available to the obligee to enforce payments of child support.

IT IS FURTHER ORDERED that each party shall inform the Clerk of the District Court and the other party in writing of any changes of name, residence and employer including business address within seven (7) days of such change.

IT IS FURTHER ORDERED that withholding of income to enforce this order of child support or modification shall take effect thereto without further notice pursuant to K.S.A. 23-4, 107, and any amendments thereto.

IT IS FURTHER ORDERED that the amount of child support payable per month in this case is \$\_\_\_\_\_, current, due on or before the \_\_\_\_\_ day of each month and \$\_\_\_\_\_ on arrears per month. The payments in this case are to be paid monthly.

IT IS FURTHER ORDERED that the following information be provided each time an Order is entered:

**Petitioner Respondent**

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Soc. Sec. No.: (last 4 digits) \_\_\_\_\_ Soc. Sec. No.: (last 4 digits) \_\_\_\_\_

\_\_\_\_\_

Prepared and submitted by: Judge of the District Court/AHO