

IN THE

COUNTY

COURT OF

COUNTY

STATE OF GEORGIA

DHS, ex rel., o/b/o

Civil Action Case No.:

IV-D Case No.:

* Plaintiff,

vs.

* Defendant,

Comments for Court:

Initial Action

Modification

Date of Initial Child Support Order:

Mother:

Father:

Child Support Worksheet - Enter amounts/data in yellow fields only. Calculations will automatically display in the appropriate white fields.

Next to the numbers below, enter the Name and Birth Year of all children for whom child support is being determined in this case.

Included	* Name	Birth Year	Included	* Name	Birth Year
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

Total Number of Children:0Noncustodial Parent

Mother

Father

Submitted by:Nonparent Custodian

Lines 12 and 14 are enterable fields; all other fields will automatically calculate and display amounts.		Mother	Father	Total
1.	Monthly Gross Income	\$ -	\$ -	\$ -
2.	Monthly Adjusted Income From <i>Schedule B, Line 9 or 14.</i>			
3.	Pro Rata Shares of Combined Income			
4.	Basic Child Support Obligation (from the Table)			
5.	Pro rata shares of Basic Child Support Obligation			
6.	Adjustment for Work Related Child Care and Health Insurance Expenses From <i>Schedule D, Line 5.</i>			
7.	Adjusted Child Support Obligation Total of Lines 5 & 6.			
8.	Adjustment for Additional Expenses Paid. From <i>Schedule D, Line 3.</i>			
9.	Presumptive Amount of Child Support Line 8 subtracted from Line 7.			
The amount on Line 9 is the Presumptive Child Support Amount.				

		Mother	Father	
10.	Deviations from Presumptive Child Support Amount Amounts from <i>Schedule E, Line 14</i> will automatically display.			
11.	Subtotal (Line 9 plus Line 10)			
12.	Social Security Payments (excludes Supplemental Security Income (SSI)) If a child receives Title II Social Security benefits as a dependent on a parent's account, enter that monthly amount here in that parent's column. If none, leave blank. (See <i>User Guide.</i>)	\$ -	\$ -	
13.	Final Monthly Child Support Amount (rounded to a whole number) If the amount on Line 12 is equal to or greater than Line 11, the child support responsibility is met and no further obligation is owed.			

The amount on Line 13 is the Final Child Support Amount.

Uninsured Health Expenses

14.	Carry down percentages from Line 3; enter percentages agreed to; or enter percentages otherwise ordered by the Court.	%	%	
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Schedules	Attached	Not Applicable
A Gross Income	<input type="checkbox"/>	
B Adjusted Income	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C Schedule C is not in use and is intentionally left blank		
D Additional Expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E Deviations from Presumptive Amount	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Print Instructions for the Child Support Worksheet and Schedules