

WORKSHEET A--BASIC VISITATION
MONTHLY CHILD SUPPORT OBLIGATION

	Custodial Parent		Other Parent		Combined
1. Gross Monthly Income	\$ _____	+	\$ _____	=	\$ _____
2. Percentage of Combined Income (Each parent's income divided by combined income)	_____ %	+	_____ %	=	100%
3. Number of Children	_____				
4. Basic Support from <u>Schedule</u> (Use combined income from Line 1)					= \$ _____
5. Children's Health and Dental Insurance Premium	_____	+	_____	=	\$ _____
6. Work-Related Child Care	_____	+	_____	=	\$ _____
7. Additional Expenses	_____	+	_____	=	\$ _____
8. Total Support (Add Lines 4, 5, 6 and 7 for each parent and for combined column)					= \$ _____
9. Each Parent's Obligation (Combined Column Line 8 x each parent's Line 2)	_____		_____		
10. Enter amount for each parent from Line 8	- _____		- _____		
11. Each parent's net obligation (Subtract Line 10 from Line 9 for each parent).	_____		\$		OTHER PARENT PAYS CUSTODIAL PARENT AMOUNT IN BOX

_____ PAYS _____ each month \$ _____

Petitioner's Signature

Respondent's Signature

Date: _____