

SHARED RESPONSIBILITY WORKSHEET B

Petitioner

vs.

Case No. _____

Respondent

MONTHLY CHILD SUPPORT OBLIGATION

PART 1 -- BASIC SUPPORT

	Mother	Father	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 Schedule (Use combined income from Line 1)			= _____
5. Shared Responsibility Basic Obligation (Line 4 x 1.5)			= _____
6. Each Parent's Share (Line 5 x each parent's Line 2)	_____	_____	
7. Number of 24 hour days with each parent (must total 365)	_____	_____ = 365	
8. Percentage with each parent (Line 7 divided by 365)	_____	_____ = 100%	
9. Amount retained (Line 6 x Line 8 for each parent)			
10. Each Parent's Obligation (subtract Line 9 from Line 6)	_____	_____	
11. Amount Transferred (subtract smaller amount on Line 10 from larger amount on Line 10.) Parent with larger amount on Line 10 pays other parent the difference.			_____

PART 2--ADDITIONAL PAYMENTS:

	Mother	Father	Combined
12. Children's Health and Dental Insurance Premium	\$ _____	\$ _____	\$ _____
13. Work-Related Child Care	\$ _____	\$ _____	\$ _____
14. Additional Expenses	\$ _____	\$ _____	\$ _____
15. Total Additional Payments (Add Lines 12, 13 and 14 for each parent and combined column)	\$ _____	\$ _____	\$ _____
16. Each Parent's Obligation (Combined Column Line 15 x each parent's Line 2)	\$ _____	\$ _____	
17. Amount transferred (Subtract each parent's Line 16 from his Line 15). Parent with "minus" figure pays that amount to other parent.	\$ _____	\$ _____	\$ _____

PART 3--NET AMOUNT TRANSFERRED:

18. Combine Lines 11 and 17 by addition if same parent pays on both lines, otherwise by subtraction. \$ _____

_____ pays _____ each month: \$ _____

Petitioner's Signature

Respondent's Signature

Date: _____