

STATE OF CONNECTICUT

COMMISSION FOR CHILD SUPPORT GUIDELINES

WORKSHEET for the *Connecticut Child Support and Arrearage Guidelines***Mother**

Mary Jones

Father

John Jones

Custodian

 MOTHER FATHER

OTHER:

Court	Bridgeport	D.N. Case No.	FA2008-9137642	Number of Children	1
	Child's Name	Date of Birth	Child's Name	Date of Birth	
	Thomas Jones	06/25/1999			

All money amounts in this worksheet may be rounded to the nearest dollar

Mary

John

I. NET INCOME (Weekly amounts)				Mother	Father
1.	Gross cash income (attach verification)			\$615	\$1,952
1a.	Number of hours used in calculation			0	0
1b.	Non-Cash Income			0	0
1c.	Social security benefit for child			0	0
2.	Federal income tax (based on all allowable exemptions, deductions & credits)			10	373
2a.	Eliminate refundable earned income credit on line 2			0	0
3.	Social Security/Self-Employment tax			36	124
3a.	Mandatory retirement			0	0
4.	Medicare tax			8	29
5.	State and local income tax (based on all allowable exemptions, deductions & credits)			0	93
6.	Medical/hospital/dental insurance premiums (including Husky) for parent & all legal dependents			10	10
7.	Court-ordered life insurance for benefit of child			0	0
8.	Court-ordered disability insurance			0	0
9.	Mandatory union dues or fees (if deducted by employer)			0	0
10.	Mandatory uniforms and tools (if deducted by employer)			0	0
11.	Non-arrearage payments on court-ordered alimony & child support awards (for other than child)			0	0
12.	Imputed support obligation for qualified child (line 12d below times number of qualified children)			0	0
			Mary	John	
	<i>Number of qualified children</i>		0	0	
12a.	Sum of lines 2-11		0	0	
12b.	Line 1 minus line 12a		0	0	
12c.	Current support amount for parent's qualified children plus all children for whom support is being determined		0	0	
12d.	Line 12c divided by number of children used in line 12c		0	0	
13.	Sum of lines 2-12			\$64	\$629
14.	Net Income (line 1 minus line 13)			\$551	\$1,323
II. CURRENT SUPPORT					
15.	Combined net weekly income (rounded to nearest \$10)			\$1,870	
16.	Basic child support obligation (from schedule) (Noncustodial parent low-income obligor) NO			\$306	
17.	Each parent's percentage share of line 15 (line 14 for each parent divided by line 15, times 100%) (If noncustodial parent is a low-income obligor, skip this line and enter line 16 amount in noncustodial parent's column on line 18)			29%	71%
18.	Each parent's share of basic child support obligation (line 17 times line 16 for each parent)			\$89	\$217
19.	Social security dependency benefits adjustment				0
20.	Presumptive current support amounts (line 18 minus line 19) (Enter noncustodial parent's amount on line 34, unless deviation criteria apply - see section VII.)			\$89	\$217

III. NET DISPOSABLE INCOME		Mother	Father
21.	Line 14 plus line 34 (for custodial parent); line 14 minus line 34 (for noncustodial parent)	\$768	\$1,106
22.	Amount of weekly alimony (if any) (paid by: <input checked="" type="checkbox"/> noncustodial parent <input type="checkbox"/> custodial parent)	231	(231)
23.	Line 22 times 80%	185	(185)
24.	Line 21 plus line 23 (for recipient of alimony); line 21 minus line 23 (for payer of alimony)	953	921
24a.	Amount of weekly non-taxable spousal support (paid by <input type="checkbox"/> noncustodial parent <input type="checkbox"/> custodial parent)	0	0
25.	Noncustodial parent's line 19 amount (social security dependency benefits for child)	0	0
26.	Line 24 plus line 24a plus line 25 (for custodial parent); line 24 minus line 24a minus line 25 (for noncustodial parent)	\$953	\$921

IV. UNREIMBURSED MEDICAL EXPENSE			
27.	Sum of line 26 amounts (combined net disposable income)	\$1,874	
28.	Each parent's percentage share of combined net disposable income (line 26 for each parent divided by line 27, times 100% - rounded to the nearest whole percentage) If noncustodial parent is a low-income obligor, proceed to line 29.	51%	49%
28a.	Noncustodial parent is low-income obligor based on line 26: NO If noncustodial parent is not low-income obligor, enter these percentages on line 35, unless deviation criteria apply.		
29.	Unless deviation criteria apply, enter on line 35 for the noncustodial parent the lesser of the noncustodial parent's line 28 percentage or 50%; and enter on line 35 for the custodial parent 100% minus the percentage entered for the noncustodial parent.		

V. CHILD CARE CONTRIBUTION	
30.	If noncustodial parent is low-income obligor (see line 28a), proceed to line 31. If not low-income obligor, skip line 31 and enter noncustodial parent's line 28 percentage on line 36, unless deviation criteria apply.
31.	Custodial parent is low-income based on line 26: NO If NO, enter 20% on line 36 as the noncustodial parent's child care contribution, unless deviation criteria apply. If YES, enter on line 36 the lesser of the noncustodial parent's line 28 percentage or 50%, unless deviation criteria apply.

VI. ARREARAGE PAYMENT (Enter line 32 amount on line 38 unless deviation criteria apply.)	
32.	20% of line 34: \$43 OR amount determined in A, B, C, or D below: \$0
	<input type="checkbox"/> A. If noncustodial parent is low-income obligor, enter the greater of 10% of line 34 or \$1 per week, unless paragraph B below applies.
	<input type="checkbox"/> B. If the child is living with the obligor, enter: (1) \$1 per week if the obligor's gross income is less than or equal to 250% of poverty level, OR (2) 20% of an imputed support obligation for the child if the obligor's gross income is greater than 250% of poverty level.
	<input type="checkbox"/> C. If there is no current support order and paragraph B above does not apply, enter: (1) 20% of an imputed support obligation if the child is an unemancipated minor, OR (2) 50% of an imputed support obligation if the child is deceased, emancipated, or over age 18.
	<input type="checkbox"/> D. If paragraphs A, B and C, above, do not apply and the sum of the current support and arrearage payments would exceed 55% of the noncustodial parent's line 14 amount, enter 55% of the noncustodial parent's line 14 amount, minus the line 34 amount.

VII. DEVIATION CRITERIA (Attach additional sheet if necessary)																																
33.	Reason(s) for deviation from presumptive support amounts: (Check all boxes that apply)	<input type="checkbox"/> Check here if deviating by agreement																														
	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%; text-align: left;"><i>Parent's other financial resources</i></th> <th style="width:33%; text-align: left;"><i>Extraordinary parental expenses</i></th> <th style="width:33%; text-align: left;"><i>Coordination of total family support</i></th> </tr> <tr> <td><input type="checkbox"/> substantial assets</td> <td><input type="checkbox"/> significant visitation expenses</td> <td><input type="checkbox"/> division of assets and liabilities</td> </tr> <tr> <td><input type="checkbox"/> parent's earning capacity</td> <td><input type="checkbox"/> unreimbursed employment expenses</td> <td><input type="checkbox"/> provision of alimony</td> </tr> <tr> <td><input type="checkbox"/> parental support provided to a minor obligor</td> <td><input type="checkbox"/> unreimbursed medical/disability expenses</td> <td><input type="checkbox"/> tax planning considerations</td> </tr> <tr> <td><input type="checkbox"/> recurring gifts of spouse or domestic partner</td> <td colspan="2" style="text-align: left;"><i>Needs of parent's other dependents</i></td> </tr> <tr> <td><input type="checkbox"/> employment over 45 hours per week</td> <td><input type="checkbox"/> resources available to qualified child</td> <td><input type="checkbox"/> shared physical custody</td> </tr> <tr> <td colspan="3" style="text-align: left;"><i>Extraordinary expenses for child</i></td> </tr> <tr> <td><input type="checkbox"/> education expenses</td> <td><input type="checkbox"/> child care expenses for qualified child</td> <td><input type="checkbox"/> extraordinary disparity in parental income</td> </tr> <tr> <td><input type="checkbox"/> unreimbursable medical expenses</td> <td><input type="checkbox"/> verified support for non-resident child</td> <td><input type="checkbox"/> best interests of the child</td> </tr> <tr> <td><input type="checkbox"/> special needs</td> <td><input type="checkbox"/> significant and essential needs of a spouse</td> <td><input type="checkbox"/> other equitable factors (explain below)</td> </tr> </table>	<i>Parent's other financial resources</i>	<i>Extraordinary parental expenses</i>	<i>Coordination of total family support</i>	<input type="checkbox"/> substantial assets	<input type="checkbox"/> significant visitation expenses	<input type="checkbox"/> division of assets and liabilities	<input type="checkbox"/> parent's earning capacity	<input type="checkbox"/> unreimbursed employment expenses	<input type="checkbox"/> provision of alimony	<input type="checkbox"/> parental support provided to a minor obligor	<input type="checkbox"/> unreimbursed medical/disability expenses	<input type="checkbox"/> tax planning considerations	<input type="checkbox"/> recurring gifts of spouse or domestic partner	<i>Needs of parent's other dependents</i>		<input type="checkbox"/> employment over 45 hours per week	<input type="checkbox"/> resources available to qualified child	<input type="checkbox"/> shared physical custody	<i>Extraordinary expenses for child</i>			<input type="checkbox"/> education expenses	<input type="checkbox"/> child care expenses for qualified child	<input type="checkbox"/> extraordinary disparity in parental income	<input type="checkbox"/> unreimbursable medical expenses	<input type="checkbox"/> verified support for non-resident child	<input type="checkbox"/> best interests of the child	<input type="checkbox"/> special needs	<input type="checkbox"/> significant and essential needs of a spouse	<input type="checkbox"/> other equitable factors (explain below)	
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VIII. RECOMMENDED ORDERS (Explain any amounts that are different from presumptive amounts in Section VII.)	
34.	Current support: \$217 (presumptive current support from line 20: \$217)
35.	Unreimbursed medical expenses: Mother 51% Father 49%
36.	Child care contribution: 49% (OR in conjunction with a finding of noncompliance: \$0)
36a.	(weekly qualifying child care costs: \$0 child care order: \$0)
37.	Total arrearage: \$0 to state \$0 to family \$0 38. Arrearage payment: \$0
39.	Total child support award (exclusive of percentage amounts): \$217
40.	Additional orders (if any) Other Comments: