

IN THE CIRCUIT COURT OF THE
FIFTEENTH JUDICIAL CIRCUIT, IN
AND FOR PALM BEACH COUNTY,
FLORIDA

Case No.:
Division:

_____,
Petitioner,
and

_____,
Respondent.

CHILD SUPPORT GUIDELINES WORKSHEET

I, *{full legal name}* _____, certify that the following statements are true:

	FATHER	MOTHER
1. PRESENT NET MONTHLY INCOME Enter the amount from line number 27, Section I of O' Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit.	1a. \$ _____ —	1b. \$ _____ —
2. COMBINED PRESENT NET MONTHLY INCOME Add 1a and 1b.		2. \$ _____ —
3. BASIC MONTHLY OBLIGATION There is (are) <i>{number}</i> _____ minor child(ren) common to the parties. Using the amount on line 2, enter the appropriate amount from the child support guidelines chart.		3. \$ _____ —
4. PERCENT OF FINANCIAL RESPONSIBILITY Divide the amount on line 1a. by the amount on line 2 to get Father's percentage financial responsibility. Enter answer on line 4a. Divide the amount on line 1b. by the amount on line 2 to get Mother's percentage financial responsibility. Enter answer on line 4b.	4a. _____ %	4b. _____ %
5. SHARE OF BASIC MONTHLY OBLIGATION Multiply the number on line 3 by the percent on line 4a to get Father's share of basic obligation. Enter answer on line 5a. Multiply the number on line 3 by the percent on line 4b to get Mother's share of basic obligation. Enter answer on line 5b.	5a. \$ _____ —	5b. \$ _____ —

If the noncustodial parent does not exercise visitation at least 40 percent of the overnights in the year (146 overnights in the year) you should complete Nos. 6 through 9 and No. 17 below. If the noncustodial parent does exercise visitation at least 40 percent of the overnights in the year (146 overnights in the year), skip to No. 10 and complete Nos. 10 through 17 below.

6. TOTAL MONTHLY CHILD CARE COSTS

Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.

6. \$ _____

-

7. PERCENTAGE OF CHILD CARE COSTS

Multiply the amount on line 6 by .75 (to determine 75% of the total child care costs). Enter answer on line 7.

7. \$ _____

-

Multiply the number on line 4a. by the amount on line 7 to get Father's share of the child care obligation. Enter answer on line 7a.

7a. \$ _____

-

Multiply the number on line 4b. by the amount on line 7 to get Mother's share of the child care obligation. Enter answer on line 7b.

7b. \$ _____

-

8. TOTAL MONTHLY CHILD(REN)'S HEALTH INSURANCE COSTS

This is only amounts paid for insurance on the child(ren). Enter answer on line 8.

8. \$ _____

-

Multiply the number on 4a. by the amount on line 8 to get Father's share of the child(ren)'s health insurance obligation. Enter answer on line 8a.

8a. \$ _____

-

Multiply the number on 4b. by the amount on line 8 to get Mother's share of the child(ren)'s health insurance obligation. Enter answer on line 8b.

8b. \$ _____

-

9. TOTAL MONTHLY OBLIGATION

Add lines 5a, 7a, and 8a to determine Father's total obligation. Enter answer on line 9a.

9a. \$ _____

-

Add lines 5b, 7b, and 8b to determine Mother's total obligation. Enter answer on line 9b. **Stop and continue to No. 17.**

9b. \$ _____

-

10. SHARED PARENTING ADJUSTMENT

Multiply each line 5a and 5b by 1.5. Enter each answer on line 10a

10a. \$ _____

-

10b

\$ _____

11. PERCENTAGE OF OVERNIGHT STAYS

The child(ren) spend(s) _____ Overnight stays with the father each year.

Using the number on the above line, multiply it by 100 and divide by

If the noncustodial parent does not exercise visitation at least 40 percent of the overnights in the year (146 overnights in the year) you should complete Nos. 6 through 9 and No. 17 below. If the noncustodial parent does exercise visitation at least 40 percent of the overnights in the year (146 overnights in the year), skip to No. 10 and complete Nos. 10 through 17 below.

365. Enter this number on line 11a.
 The child(ren) spend(s) _____ Overnight stays with the mother each year.
 Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 11b.

11a. ____%

11b. ____%

12. ADJUSTED FINANCIAL RESPONSIBILITY

Multiply the number on line 10a by the percent on line 11b to get father's financial responsibility. Enter answer on line 12a.

12a. _____

12b

Multiply the number on line 10b by the percent on line 11a to get the mother's financial responsibility. Enter answer on line 12b.

13. TOTAL MONTHLY CHILD CARE COSTS

Calculate the net amount owed for the expenses incurred for day care. Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information. Enter this amount on line 13. For purposes of calculating child support under this shared parenting arrangement, day care shall be calculated without regard to the 25% reduction.

13
 \$ _____

Multiply the number on line 4a by the amount on line 13 to get the father's share of the child care obligation. Enter the answer on line 13a.

13a
 \$ _____

Multiply the number on line 4b by the amount on line 13 to get the mother's share of the child care obligation. Enter the answer on line 13b.

13b
 \$ _____

14. TOTAL MONTHLY CHILD(REN)'S HEALTH INSURANCE COSTS

This is only amounts paid for insurance on the child(ren). Enter answer on line 14.

14
 \$ _____

Multiply the number on line 4a by the amount on line 14 to get father's share of the child(ren)'s health insurance obligation. Enter answer on line 14a.

14a
 \$ _____

Multiply the number on line 4b by the amount on line 14 to get mother's share of the child(ren)'s health insurance obligation. Enter answer on line 14b.

14b
 \$ _____

15. TOTAL MONTHLY OBLIGATION

Add lines 12a, 13a, and 14a to determine father's total obligation. Enter answer on line 15a.

15a
 \$ _____

Add lines 12b, 13b, and 14b to determine mother's total obligation. Enter answer on line 15b.

15b
 \$ _____

16. MONETARY TRANSFER

Using the amounts on lines 15a and 15b, subtract the lesser number from the greater number. Enter the answer on line 16. If the number on line 15a is the lesser number, the amount on line 16 shall be paid to the father, subject to any direct payments for child care or health insurance expense. If the number on line 15b is the lesser number, the amount on line 16 shall be paid to the mother, subject to any direct payments for child or health insurance expense.

16
\$ _____

17. ADJUSTMENTS TO GUIDELINES AMOUNT. If you or the other parent are requesting the Court to Award a child support amount that is more or less than the child support guidelines, you must complete and file Motion to Deviate from Child Support Guidelines O' or O' Florida Supreme Court Approved Family Law Form 12.943. [O' **one** only]

_____ a. **Deviation from the guidelines amount is requested.** The Motion to Deviate from Child Support Guidelines, O' O' Florida Supreme Court Approved Family Law Form 12.943, is attached.

_____ b. **Deviation from the guidelines amount is NOT requested.** The Motion to Deviate from Child Support Guidelines, O' O' Florida Supreme Court Approved Family Law Form 12.943, is not attached.

I certify that a copy of this document was [**one** only] () mailed () faxed and mailed () hand delivered to the person(s) listed below on {date}

_____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Date: _____

Signature of Party

Printed Name:

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of
notary or deputy clerk.]

_____ Personally known

_____ Produced identification

Type of identification produced _____.

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST
FILL IN THE BLANKS BELOW:** [fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* _____

_____,

a nonlawyer, located at *{street}* _____

_____, *{city}* _____, *{state}* _____, *{phone}*

_____, helped *{name}* _____

_____, who is the [T **one** only] _____

petitioner **or** _____ respondent, fill out this form.