

CHILDHOOD & PARENTHOOD

QUESTIONNAIRE: Child Support Calculation Information

Every state in the United States has enacted guidelines that help establish the amount of child support that must be paid by a non-custodial parent. The guidelines vary from state to state, but they are all generally based on the parents' incomes and expenses and the needs of the children. Often, the guidelines calculate the child support amount as a percentage of the paying parent's income that increases with the number of children being supported. In some instances, the amount can deviate from the guidelines, if there are very good reasons for the deviation.

Judges will often review a financial statement completed by each parent that lists all sources and amounts of income and expense before issuing an order. The following form is intended to be a guide to help you and your attorney gather the necessary financial information.

***INFORMATION ABOUT YOU
PARENT***

***INFORMATION ABOUT OTHER
PARENT***

Gross Monthly Income

Source/Amount _____/\$_____ _____/\$_____

Source/Amount _____/\$_____ _____/\$_____

Source/Amount _____/\$_____ _____/\$_____

TOTAL: \$_____ \$_____

Deductions from Gross Income

State Income Tax \$_____ \$_____

Federal Income Tax \$_____ \$_____

Social Security \$_____ \$_____

Self-employment Tax \$_____ \$_____

Health Insurance \$ _____ \$ _____

Union Dues \$ _____ \$ _____

Pension/Retirement \$ _____ \$ _____

Mandatory? Yes ____ No ____ Yes ____ No ____

Support Orders \$ _____ \$ _____

Other \$ _____ \$ _____

TOTAL DEDUCTIONS: \$ _____ \$ _____

NET MONTHLY INCOME: (gross income minus total deductions)

 \$ _____ \$ _____

Monthly Expenses

Rent or Mortgage \$ _____ \$ _____

Utilities:

 Telephone \$ _____ \$ _____

 Gas \$ _____ \$ _____

 Electricity \$ _____ \$ _____

 Water & Sewer \$ _____ \$ _____

 Garbage Collection \$ _____ \$ _____

 Cable Television \$ _____ \$ _____

 Cellular Phone \$ _____ \$ _____

 Internet Service \$ _____ \$ _____

Property Taxes \$ _____ \$ _____

Insurance:

 Medical \$ _____ \$ _____

Dental \$ _____ \$ _____

Life \$ _____ \$ _____

Disability \$ _____ \$ _____

Long-term Care \$ _____ \$ _____

Homeowners/Renters \$ _____ \$ _____

Auto(s) \$ _____ \$ _____

Recreational Vehicle \$ _____ \$ _____

Debt Payments:

Vehicle #1 \$ _____ \$ _____

Vehicle #2 \$ _____ \$ _____

Home Equity Loan \$ _____ \$ _____

Student Loan \$ _____ \$ _____

Other Loans \$ _____ \$ _____

Credit Card #1 \$ _____ \$ _____

Credit Card #2 \$ _____ \$ _____

Credit Card #3 \$ _____ \$ _____

Educational Expenses:

For Self \$ _____ \$ _____

For Children \$ _____ \$ _____

Day Care:

For Children \$ _____ \$ _____

For Parent(s) \$ _____ \$ _____

Transportation Expenses:

Gasoline \$ _____ \$ _____

Parking/Commuting \$ _____ \$ _____

Vehicle Maintenance \$ _____ \$ _____

Licenses \$ _____ \$ _____

Food:

Groceries \$ _____ \$ _____

Take-out Food \$ _____ \$ _____

Restaurants \$ _____ \$ _____

School Lunches \$ _____ \$ _____

Clothing:

For Self \$ _____ \$ _____

For Children \$ _____ \$ _____

Repair and Cleaning \$ _____ \$ _____

Household Expenses:

Cleaning Supplies \$ _____ \$ _____

Cleaning Service \$ _____ \$ _____

Yard Maintenance \$ _____ \$ _____

Home Maintenance \$ _____ \$ _____

Home Security \$ _____ \$ _____

Home Improvements \$ _____ \$ _____

Home Furnishings \$ _____ \$ _____

Appliances \$ _____ \$ _____

Uninsured Health-care Costs:

Medical (Self)	\$ _____	\$ _____
Medical (Children)	\$ _____	\$ _____
Dental (Self)	\$ _____	\$ _____
Dental (Children)	\$ _____	\$ _____
Prescriptions (Self)	\$ _____	\$ _____
Prescrips. (Children)	\$ _____	\$ _____
Non-prescrip. (Self)	\$ _____	\$ _____
Non-prescrip. (Child.)	\$ _____	\$ _____
Personal Expenses:		
Grooming	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Hobbies	\$ _____	\$ _____
Babysitting	\$ _____	\$ _____
Pet-care Costs	\$ _____	\$ _____
Donations	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL EXPENSES:	\$ _____	\$ _____