

Parent A: IV-D Case Number: Number of joint children:
 Parent B: Court File Number: Begin Date:

| Income: | Parent A | Parent B | Combined |
|------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|
| 1a. Monthly Income Received | | | |
| 1b. Child(ren)'s Social Security/ Veterans' Benefits Derived from a Parent's Eligibility | | | |
| 1c. Potential Income | | | |
| 1d. Spousal Maintenance Orders Obligated to be Paid | | | |
| 1e. Child Support Order(s) Obligated to be Paid for Nonjoint Child(ren) | | | |
| 1f. Monthly Gross Income (1a+1b+1c-1d-1e) | | | |
| Adjustments: | | | |
| 2a. Number of Nonjoint Children in the Home (Maximum of 2) | | | |
| 2b. Deduction for Nonjoint Child(ren) in the Home | | | |
| 3. Parental Income for Determining Child Support (PICS) | | | |
| 4. Percentage Share of Combined PICS | | | |
| 5. Combined Basic Support Obligation | | | |
| 6. Pro Rata Basic Support Obligation | | | |
| Basic Support Obligation: | | | |
| 7. Basic Support Obligation after Parenting Expense Adjustment | | | |
| Child Care Support Obligation: | | | |
| 8. Child Care Support Obligation for Joint Children | | | |
| Medical Support Obligation: | | | |
| Appropriate Coverage Available: | | | |
| 9a. Monthly Cost of Health Care Coverage for Joint Child(ren) | | | |
| 9b. Pro Rata Share of Health Care Coverage Costs | | | |
| 9c. Contribution to Health Care Coverage | | | |
| 9d. Monthly Cost of Dental Coverage for Joint Child(ren) | | | |
| 9e. Pro Rata Share of Dental Coverage Costs | | | |
| 9f. Contribution to Dental Coverage | | | |
| 9g. Medical Support Obligation – Appropriate Coverage Available | | | |
| No Appropriate Coverage Available: | | | |
| 10. Medical Support Obligation for Public Coverage | | | |
| Uninsured and/or Unreimbursed Medical Expenses: | | | |
| 11. Share of Uninsured and/or Unreimbursed Medical Expenses | | | |
| 12. Net Child Support Obligation | | | |

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|----------------------------------------------------------------------------------------|--|--|--|
| Benefits Adjustment: | | | |
| 13. Child(ren)'s Social Security/ Veterans' Benefits Derived from Parent's Eligibility | | | |
| Computing a Final Obligation: | | | |
| 14. Total Child Support Obligation | | | |
| 15a. Monthly Gross Income | | | |
| Ability to Pay Calculation: | | | |
| 15b. Income Available for Support | | | |
| 16. Monthly Child Support Obligation – No Adjustment Necessary | | | |
| 17. Amount of Reduction | | | |
| Child Support Obligation Adjustment: | | | |
| 18. Medical Support | | | |
| Original Obligation | | | |
| Amount of Reduction | | | |
| New Obligation | | | |
| 19. Child Care Support | | | |
| Original Obligation | | | |
| Amount of Reduction | | | |
| New Obligation | | | |
| 20. Basic Support | | | |
| Original Obligation | | | |
| Amount of Reduction | | | |
| New Obligation | | | |
| 21. Monthly Child Support Obligation After Adjustment | | | |
| Presumptive Minimum Order (Basic Support Only): | | | |
| 22a. Presumptive Minimum Order for 1 or 2 Joint Children | | | |
| 22b. Presumptive Minimum Order for 3 or 4 Joint Children | | | |
| 22c. Presumptive Minimum Order for 5 or More Joint Children | | | |