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IN THE _____ COURT OF _____ COUNTY
STATE OF GEORGIA

_____,
Plaintiff,
vs.
_____,
Defendant.

Civil Action
Case Number _____
IV-D Case # _____
 Initial Action Modification
Initial Date of Prior Order _____

CHILD SUPPORT WORKSHEET

Mother: _____ Father: _____

Children for Whom Support Is Being Determined in This Case					
Name	Birth Date	Name	Birth Date	Name	Birth Date

Total Number of Children in this case: _____	Noncustodial Parent: <input type="checkbox"/> Mother
	<input type="checkbox"/> Father
Submitted by: _____	Nonparent Custodian: <input type="checkbox"/>

	(a) Mother	(b) Father	(c) Total
1. Monthly Gross Income (from Schedule A , Line 23)	\$	\$	\$
2. Monthly Adjusted Income > If either parent pays self-employment tax or pays child support under a pre-existing order, or is entitled to a credit for other qualified children living in the home, complete Schedule B and insert amount from Schedule B , Line 9 or Line 14 here. > Otherwise, insert amount from Line 1 above here.	\$	\$	\$
3. Pro Rata Shares of Combined Income on Line 2 above (Divide each parent's income by the combined income to find %)	%	%	100%
4. Basic Child Support Obligation (from Table)			\$
5. Pro Rata shares of Basic Child Support Obligation (Multiply line 4 by percentages on Line 3)	\$	\$	
6. Adjustment for Child Care & Health Insurance Expenses > If any, complete Schedule D and insert amounts from Schedule D , Line 5 here. > If none, skip Schedule D , and enter zero here.	\$	\$	
7. Add Lines 5 & 6, and enter results here.	\$	\$	
8. Adjustment for Additional Expenses Paid - Insert amounts PAID by each parent for child care & children's insurance from Schedule D , Line 3, Columns (a) and (b).	\$	\$	
9. Subtract Line 8 from Line 7 above.	\$	\$	
The amount on Line 9 is the Presumptive Child Support Amount			

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	(a) Mother	(b) Father	(c) Total
10. Deviations From Presumptive Child Support Amount > Enter the amount from Schedule E, Line 14 here.	\$	\$	
11. > If Line 10 is zero, then enter amount from Line 9 here. > If Line 10 is positive (+), add Lines 9 + 10, and enter result here. > If Line 10 is negative (-), subtract Line 10 from Line 9, & enter here.	\$	\$	
12. Social Security Payments > If children receive Title II benefits as dependents on a parent's account, enter the monthly amount in that parent's column here. > If none, enter zero here.	\$	\$	
13. > If amount on Line 12 is greater than Line 11, enter zero here. > Otherwise, subtract Line 12 from Line 11, and enter result here.	\$	\$	
The amount on Line 13 is the Final Child Support Amount .			

Children's Uninsured Health Care Expenses			
14. Carry down the percentage from Line 3, or enter the percentage otherwise ordered by the Court.	%	%	100%

Schedules	Attached	Not Applicable
A - Gross Income	<input type="checkbox"/>	
B - Adjusted Income - Self-Employment Tax or Supporting Other Children	<input type="checkbox"/>	<input type="checkbox"/>
C - None		
D - Additional Expenses - Child Care & Insurance	<input type="checkbox"/>	<input type="checkbox"/>
E - Deviations From Presumptive Amount	<input type="checkbox"/>	

Submitted by:	Date:
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