

Child Support Amounts Under SB 382 and Current Law

Hypothetical Problems for ALAS-GLSP Training

November 30, 2006

HYPO B and Answers

Family B - (very low income)	
<ul style="list-style-type: none">• Two children, ages 2 and 6, live with Mom B• Dad B earns \$893 per month• Mom B is disabled, receives SSI of \$603 per month• No child care or health insurance premium (children on Medicaid)	
Current Law — Range of CS to be paid by Dad B	\$205-250
SB 382 — CS to be paid by Dad B	\$313

IN THE SUPERIOR COURT OF DEKALB COUNTY
STATE OF GEORGIA

Mrs. B
Plaintiff,
vs.
Mr. B
Defendant.

Civil Action
Case Number 06CV99999-0
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
Tommy	1-2-2004				
Tammy	3-4-2000				
Total Number of Children in this case:	2	Noncustodial Parent:	<input type="checkbox"/> Mother		
		<input checked="" type="checkbox"/> Father			
Submitted by:	Mrs. B	Nonparent Custodian:	<input type="checkbox"/>		

	(a) Mother	(b) Father	(c) Total
1. Monthly Gross Income (from Schedule A, Line 23)	\$ 0	\$ 893	\$
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.	\$ 0	\$ 893	\$
3. Pro Rata Shares of Combined Income on Line 2 above (Divide each parent's income by the combined income to find %)	0 %	100 %	100%
4. Basic Child Support Obligation (from Table)			\$ 313
5. Pro Rata shares of Basic Child Support Obligation (Multiply line 4 by percentages on Line 3)	\$ 0	\$ 313	
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.	\$ 0	\$ 0	
7. Add Lines 5 & 6, and enter results here.	\$ 0	\$ 313	
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).	\$ 0	\$ 0	
9. Subtract Line 8 from Line 7 above.	\$ 0	\$ 313	

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	(a) Mother	(b) Father	(c) Total
The amount on Line 9 is the Presumptive Child Support Amount			
10. Deviations From Presumptive Child Support Amount > Enter the amount from Schedule E, Line 14 here.	\$ 0	\$ 0	
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.	\$ 0	\$ 313	
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.	\$ 0	\$ 0	
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.	\$ 0	\$ 313	
The amount on Line 13 is the Final Child Support Amount .			

C

Children's Uninsured Health Care Expenses			
14. Carry down the percentage from Line 3, or enter the percentage otherwise ordered by the Court.	0 %	100 %	100%

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

D

Submitted by: Mrs. B	Date: 12/14/2006
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CHILD SUPPORT SCHEDULE A - GROSS INCOME

U

If parent receives TANF, check box & enter other income below.		<input type="checkbox"/>	<input type="checkbox"/>	
Gross Income (convert all amounts to monthly average)		(a) Mother	(b) Father	(c) Combined
1.	Salary or Wages	\$	\$ 893.00	
2.	O Commissions, Fees, Tips	\$	\$	
3.	Income from Self-Employment	\$	\$	
4.	F Bonuses	\$	\$	
5.	Overtime Payments	\$	\$	
6.	F Severance Pay	\$	\$	
7.	I Recurring Income from Pensions or Retirement Plans	\$	\$	
8.	I Interest Income	\$	\$	
9.	C Income from Dividends	\$	\$	
10.	Trust Income	\$	\$	
11.	I Income from Annuities	\$	\$	
12.	Capital Gains	\$	\$	
13.	A Social Security Disability or Retirement Benefits (Do not include SSI or payments for children)	\$	\$	
14.	L Worker's Compensation Benefits	\$	\$	
15.	Unemployment Benefits	\$	\$	
16.	Judgments From Personal Injury or Other Civil Cases	\$	\$	
17.	D Gifts (cash or other gifts that can be converted to cash)	\$	\$	
18.	Prizes / Lottery Winnings	\$	\$	
19.	R Alimony & maintenance from persons not in this case	\$	\$	
20.	Assets which are used for support of family	\$	\$	
21.	A Fringe Benefits (if significantly reduce living expenses)	\$	\$	
22.	F Any Other Income (Do not include means-tested public assistance, such as TANF or food stamps.)	\$	\$	
23.	TOTAL GROSS MONTHLY INCOME Enter here & on Line 1 of Child Support Worksheet.	\$ 0	\$ 893.00	\$ 893.00

Names of Parties: Mrs. B vs. Mr. B

Submitted by: Mrs. B

Case # 06cv99999-0

CHILD SUPPORT SCHEDULE E – DEVIATIONS FROM PRESUMPTIVE AMOUNT

Low-Income Deviation with Self-Support Reserve		
If Noncustodial Parent's Monthly Gross Income (from Worksheet, Line 1) is \$1,850 or Less, Complete This Section to Determine Self-Support Reserve. Otherwise, start with Section 2 below.	(a) Mother	(b) Father
1(a) Enter Monthly Adjusted Gross Incomes (from <i>Child Support Worksheet, Line 2</i>)	\$ 0	\$ 893.00
1(b) Self-Support Reserve amount	- 900.00	- 900.00
1(c) Income available for support. Subtract Line 1(b) from 1(a) and enter here.	\$ <900.00>	\$ <7.00>
1(d) Enter Presumptive Child Support Amounts (from <i>Worksheet, Line 9</i>)	\$ 0	\$ 313.00
1(e) Enter Lesser of Lines 1(c) and 1(d) here.	\$ <900.00>	\$ <7.00>
1(f) Enter \$75 in Noncustodial Parent's column only.		75.00
1(g) Compare the amounts for the Noncustodial Parent on Line 1(e) and 1(f) > If the amount on Line 1(e) is greater, enter that amount here. > If the amount on Line 1(f) is greater, enter that amount here.	\$	\$ 75.00
1(h) > If the Custodial Parent's Gross Monthly Income is \$1,850 or Less, AND the amount on Line 1(c) for the Custodial Parent is less than Line 1(d) for the Custodial Parent, the Noncustodial Parent does not qualify for the Self-Support Reserve Deviation. Enter the Noncustodial Parent's amount from Line 1(d) in the Noncustodial Parent's column here. > Otherwise, if the Custodial Parent's Gross Monthly Income is over \$1,850, OR the amount on Line 1(c) for the Custodial Parent is greater than Line 1(d) for the Custodial Parent, then enter the Noncustodial Parent's amount from Line 1(g) in the Noncustodial Parent's column here.	\$	\$ 313.00
1(i) Subtract Line 1(h) from Line 1(d) for the Noncustodial Parent . This is the amount of low-income deviation that may be allowed by the Court or jury.	\$	\$ 0

Circumstances Supporting Other Deviations & Monthly Amounts	(a) Mother	(b) Father	(c) Total
Check the applicable reasons for Deviation, and provide monthly amounts or other information as required below.			
<input type="checkbox"/> 2(a) High Income - Combined Adjusted Income for Parents Over \$30,000/Month (<i>Line 2 on CS Worksheet</i>)			\$
<input type="checkbox"/> 2(b) Deviation based on High Income	\$	\$	
<input type="checkbox"/> (3) Vision or Dental Insurance Cost	\$	\$	
<input type="checkbox"/> (4) Life Insurance Premium on Parent's Life for Benefit of Child	\$	\$	
<input type="checkbox"/> (5) Child & Dependent Care Tax Credit Received by a Parent	\$	\$	
<input type="checkbox"/> (6) Travel Expenses for Visitation	\$	\$	
<input type="checkbox"/> (7) Alimony Paid by a Parent	\$	\$	
<input type="checkbox"/> (8) Mortgage Paid / Home Provided for Child and Custodial Parent	\$	\$	
<input type="checkbox"/> (9) Permanency Plan or Foster Care Plan (Child in DHR Custody)	\$	\$	
<input type="checkbox"/> (10) Other _____	\$	\$	
(11) Enter on this line the Deviation, with "+" for increase or "-" for decrease, recommended based on the amounts entered above.	\$	\$	

SCHEDULE E - Deviation for Special Circumstances (Continued)	(a) Mother	(b) Father	(c) Total
<input type="checkbox"/> 12(a) Extraordinary Educational Expenses (Line 9 of Supp. Tables)			\$
<input type="checkbox"/> 12(b) Extraordinary Medical Expenses (Line 14 of Supp. Tables)			\$
<input type="checkbox"/> 12(c) Special Child Rearing Expenses (Line 22 of Supp. Tables)			\$
12(d) Total Extraordinary & Special Expenses [Add Lines 12 (a) - (c)]			\$
12(e) Parents' Pro Rata Shares of Income (Line 3 of CS Worksheet)	%	%	
12(f) Multiply Line 12(d) by percentages on Line 12(e) and enter results here. This is the Deviation amount for Extraordinary and Special Expenses.	\$	\$	
(13) Parenting Time Deviation – for Extended Parenting Time > Enter the amount in Noncustodial Parent's column only, with "+" for increase or "-" for decrease. Maximum Deviation amount is Noncustodial Parent's share of the Basic Child Support Obligation (Line 5 of Child Support Worksheet). > If no Parenting Time Deviation applies, enter zero here.	\$	\$	
(14) Total Allowable Deviations Add or subtract the allowable deviations on Lines 1(i), 11, 12(f) and 13 together, if any apply. Enter the total here and on Child Support Worksheet, Line 10. (The total may be a positive or negative number.)	\$ 0	\$ 0	

These Questions Must Be Answered in All Cases

B. Would the presumptive amount be unjust or inappropriate? Explain.

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C. Would deviation serve the best interests of the children for whom support is being determined? Explain.

D

D. Would deviation seriously impair the ability of the custodial parent or nonparent caretaker to maintain minimally adequate housing, food and clothing for the children being supported by the order and to provide other basic necessities? Explain.

R

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F
Names of Parties: Mrs. B vs. Mr. B

Submitted by: Mrs. B

Case # 06cv99999-0

Supplemental Tables for Schedule E – Deviation for Special Circumstances

Supplemental Tables for Schedule E – Deviation for Special Circumstances					
1. Children's Names →					
Extraordinary Educational Expenses	Paid by				Totals
2. Total Yearly Amount Paid for Tuition, Room & Board, Fees, and Books	Mother	\$	\$	\$	\$
3. Total Yearly Amount Paid for other extraordinary educational expenses	Mother	\$	\$	\$	\$
4. Total Yearly Amount Paid for Tuition, Room & Board, Fees, and Books	Father	\$	\$	\$	\$
5. Total Yearly Amount Paid for other extraordinary educational expenses	Father	\$	\$	\$	\$
6. Total Yearly Amount Paid for Tuition, Room & Board, Fees, and Books	Nonparent Custodian	\$	\$	\$	\$
7. Total Yearly Amount Paid for other extraordinary educational expenses	Nonparent Custodian	\$	\$	\$	\$
8. Total Yearly Amounts (Add Lines 2 - 7)		\$	\$	\$	\$
9. Monthly Average (Divide Line 8 by 12)		\$	\$	\$	\$
Extraordinary Medical Expenses	Paid by				Totals
10. Total Yearly Amount Paid	Mother	\$	\$	\$	\$
11. Total Yearly Amount Paid	Father	\$	\$	\$	\$
12. Total Yearly Amount Paid	Nonparent Custodian	\$	\$	\$	\$
13. Total Yearly Amounts (Add Lines 10-12)					
14. Monthly Average (Divide Line 13 by 12)		\$	\$	\$	\$
Monthly Special Expenses	Paid by				Totals
15. Total Yearly Amount Paid for _____	Mother	\$	\$	\$	\$
16. Total Yearly Amount Paid for _____	Father	\$	\$	\$	\$
17. Total Yearly Amount Paid for _____	Nonparent Custodian	\$	\$	\$	\$
18. Total Yearly Amounts (Add Lines 15-17)		\$	\$	\$	\$
19. Monthly Average (Divide Line 18 by 12)		\$	\$	\$	\$
20. Enter Basic Child Support Obligation (From Line 4 of Child Support Worksheet)					\$
21. Multiply amount on Line 20 by 7% (0.07)					\$
22. If Total on Line 19 is greater than Line 21, subtract Line 21 from Line 19, and enter result here. If Total on Line 19 is less than Line 21, enter zero here.					\$