Child Support Schedule Worksheets

$\square \text{ Proposed by } \square \text{ (name)} \qquad \square \text{ State of WA} \square \text{ Other}$				
☐ Proposed by ☐ (name) ☐ State of WA ☐ Other Or, ☐ Signed by the Judicial/Reviewing Officer.				
Kalispel Tribal Court/County Case No.				
Child/ren and Age/s:				
Parents' names: (Column 1)			_ (Colun	nn 2)
		umn 1	Colun	
Part I: Income (see Instructions, page 6)			<u>.</u>	
1. Gross Monthly Income				
a. Wages and Salaries	\$		\$	
b. Interest and Dividend Income	\$		\$	
c. Business Income	\$		\$	
d. Maintenance Received	\$		\$	
e. Other Income	\$		\$	
f. Imputed Income	\$		\$	
g. Total Gross Monthly Income (add lines 1a through 1f)	\$		\$	
2. Monthly Deductions from Gross Income				
a. Income Taxes (Federal and State)	\$		\$	
b. FICA (Soc. Sec.+ Medicare)/Self-Employment Taxes	\$		\$	
c. State Industrial Insurance Deductions	\$		\$	
d. Mandatory Union/Professional Dues	\$		\$	
e. Mandatory Pension Plan Payments	\$		\$	
f. Voluntary Retirement Contributions	\$		\$	
g. Maintenance Paid	\$		\$	
h. Normal Business Expenses	\$		\$	
i. Total Deductions from Gross Income				
(add lines 2a through 2h)	\$		\$	
3. Monthly Net Income (line 1g minus 2i)	\$		\$	
 Combined Monthly Net Income (add both parents' monthly net incomes from line 3) 		\$		
5. Basic Child Support Obligation (enter total amount in box \rightarrow)				
Child #1 Child #3 Child #5 Child #2 Child #4		\$		
 Proportional Share of Income (divide line 3 by line 4 for each parent) 		•		

Part II: Basic Child Support Obligation (see Instructions, page 7) 7. Each Parent's Basic Child Support Obligation without consideration of low income limitations: (Multiply each number on line 6 by line 5) \$ 8. Calculating low income limitations: Fill in only those that apply. \$ \$ Self-Support Reserve: (125% of the Federal Poverty Guideline.) \$ \$ \$ a. Is Combined Net Income Less Than 51.0002. If yes, for each parent subtract the self-Support Reserve? If yes, for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount presumptive \$50 per child. \$ \$ 9. Each parent's basic child support obligation after calculating applicable limitations. For each parent subtract the self-support. \$ \$ 9. Health Care Expenses \$ \$ \$ \$ 10. Health Care Expenses \$ \$ \$ \$ \$ 10. Uninsured Monthly Health Care Expenses (line 10a plus line 10b) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ <th></th> <th>Col</th> <th>umn 1</th> <th>Colu</th> <th>mn 2</th>		Col	umn 1	Colu	mn 2
of low income limitations. (Multiply each number on line 6 by line 5.) \$ \$ 8. Calculating low income limitations: Fill in only those that apply. a. Is Combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child. \$ b. Is Monthly Net Income Less Than Self-Support Reserve? If yes, for that parent enter the presumptive \$50 per child. \$ c. Is Monthly Net Income Less Than Self-Support Reserve? If yes, for each parent enter the presumptive \$50 per child. \$ searce 2? for hat parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive \$50 per child. \$ 9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child. \$ 10. Health Care Expenses \$ \$ a. Monthly Health Care Expenses Paid for Child(ren) \$ \$ b. Uninsured Monthly Health Care Expenses Paid for Child(ren) \$ \$ a. Day Care Expenses \$ \$ a. Day Care Expenses \$ \$ a. Day Care Expenses \$ \$ a. Day Care and Special Expenses \$ \$ a. Day Care Expenses \$ \$ b. Lunisured Monthly Health Care Expenses (line 10a plus line 10b) \$ \$ c. Total Mon	Part II: Basic Child Support Obligation (see Instructions, page 7)				
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Part V: Child Support Credits (see Instructions, page 9) 16. Child Support Credits	15. Gross Child Support Obligation (line 9 plus line 14)	\$		\$	
16. Child Support Credits					
	a. Monthly Health Care Expenses Credit	\$		\$	

	Column 1	Column 2
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)		
	\$	\$
	φ	Φ
d. Total Support Credits (add lines 16a through 16c)	\$	\$
Part VI: Standard Calculation/Presumptive Transfer Payment (see	Instructions, pag	ge 9)
17. Standard Calculation (line 15 minus line 16d or \$50 per child		
whichever is greater)	\$	\$
Part VII: Additional Informational Calculations		
18. 45 % of each parent's net income from line 3 (.45 x amount from		
line 3 for each parent)	\$	\$
 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent) 	\$	\$
Part VIII: Additional Factors for Consideration (see Instructions, pa	ge 9)	•
20. Household Assets		
(List the estimated present value of all major household assets.)		
a. Real Estate	\$	\$
b. Investments	\$	\$
c. Vehicles and Boats	\$	\$
d. Bank Accounts and Cash	\$	\$
e. Retirement Accounts	\$	\$
f. Other (describe)	\$	\$
	\$	\$
21. Household Debt		
(List liens against household assets, extraordinary debt.)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner		
(if not the other parent of this action)	¢	¢
Name	\$	\$
Name	\$	\$
b. Income Of Other Adults In Household		
Name	\$	\$
Name	\$	\$
c. Gross income from overtime or from second jobs the party is		
asking the court to exclude per Instructions, page 8	¢	¢
	\$	\$

	Column 1	Column 2
d. Income Of Child(ren) (if considered extraordinary)		
Name	\$	\$
Name	\$	\$
e. Income From Child Support		
Name	\$	\$
Name	\$	\$
f. Income From Assistance Programs		
Program	\$	\$
Program	\$	\$
g. Other Income (describe)		
	\$	\$
	\$	\$
23. Non-Recurring Income (describe)		
	_ \$	\$
	_ \$	\$
24. Child Support Owed, Monthly, for Biological or Legal Child(rer	ו)	
Name/age:Paid []Yes []N	lo \$	\$
Name/age: Paid [] Yes [] N	lo \$	\$
Name/age: Paid []Yes []N		\$
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
26. Other Factors For Consideration		

Other Factors for Consideration (continued) (a	ttach additional pages as nece	essary)		
Signature and Dates				
I declare, under penalty of perjury under the laws of the Kalispel Tribe of Indians, the information contained in these Worksheets is complete, true, and correct.				
Parent's Signature (Column 1)	Parent's Signature (Column 2)			
Date City	Date	City		

This worksheet has been certified by the State of Washington Administrative Office of the Courts. Photocopying of the worksheet is permitted.

Date

Judicial/Reviewing Officer