

Child Support Schedule Worksheets

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) _____ (Column 2)

	Column 1	Column 2
Part I: Income (see Instructions, page 6)		
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)	\$	\$
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	\$	
5. Basic Child Support Obligation (enter total amount in box →) Child #1 _____ Child #3 _____ Child #5 _____ Child #2 _____ Child #4 _____	\$	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.	.

	Column 1	Column 2
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 \$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 equal to or more than 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 or the presumptive \$50 per child, whichever is greater.	\$	\$
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.	\$	\$
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$	\$
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	\$	
11. Day Care and Special Expenses		
a. Day Care Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 11a through 11d)	\$	\$
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	\$	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	\$	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$	\$
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$	\$
Part V: Child Support Credits (see Instructions, page 9)		
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)	\$	\$
d. Total Support Credits (add lines 16a through 16c)	\$	\$
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 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)	\$	\$
19. 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, page 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(ren)		
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
26. Other Factors For Consideration		

