CHILD SUPPORT WORKSHEET

IN THE _____ COURT OF _____ COUNTY

STATE OF GEORGIA

☐ DHS, ex rel., o/b/o

Civil Action Case No.: _____

* Plaintiff,

vs.

IV-D Case No.: _____

Comments for Court:

* Defendant,

☐ Initial Action

☐ Modification

Date of Initial Child Support Order: _____

Mother: _____   Father: _____

Child Support Worksheet - Enter amounts/data in yellow fields only. Calculations will automatically display in the appropriate white fields.

Beside the numbers below, enter the Name and Birth Date of all Children for Whom Support is Being Determined in This Case

	Included	* Name	Birth Date		Included	* Name	Birth Date
1.	☐			7.	☐		
2.	☐			8.	☐		
3.	☐			9.	☐		
4.	☐			10	☐		
5.	☐			11.	☐		
6.	☐			12.	☐		

Total Number of Children: 0   Noncustodial Parent

☐ **Mother**

☐ **Father**

Submitted by: _____   Nonparent Custodian   ☐

Lines 12 and 14 are enterable fields; all other fields will automatically calculate and display amounts.

			Mother	Father	Total
1.	**Monthly Gross Income**		$ -	$ -	$ -
2.	**Monthly Adjusted Income** From *Schedule B, Lines 9 or 14*.		$ -	$ -	$ -
3.	**Pro Rata Shares of Combined Income**		%	%	%
4.	**Basic Child Support Obligation** (from the Table)				$ -
5.	**Pro rata shares of Basic Child Support Obligation**		$ -	$ -	
6.	**Adjustment for Work Related Child Care and Health Insurance Expenses** From **Schedule D, Line 5.**		$ -	$ -	
7.	**Adjusted Child Support Obligation** Total of Lines 5 & 6.		$ -	$ -	
8.	**Adjustment for Additional Expenses Paid.** From *Schedule D, Line 3*.		$ -	$ -	
9.	**Presumptive Amount of Child Support** Line 8 subtracted from Line 7.		$ -	$ -	

The amount on Line 9 is the Presumptive Child Support Amount.

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		Mother	Father	
10.	**Deviations from Presumptive Child Support Amount** Amounts from *Schedule E* , *Line 14* will automatically display.	$ -	$ -	
11.	**Subtotal (Line 9 plus Line 10)**	$ -	$ -	
12.	**Social Security Payments (excludes Supplemental Security Income (SSI))** If a child receives Title II Social Security benefits as a dependent on a parent's account, enter that monthly amount here in that parent's column. If none, leave blank. *(See User Guide.)*			
13.	**Final Child Support Amount** (rounded to a whole number) If the amount on Line 12 is equal to or greater than Line 11, the child support responsibility is met and no further obligation is owed.	$ -	$ -	

The amount on Line 13 is the Final Child Support Amount.

Uninsured Health Expenses

		Mother	Father	
14.	Carry down percentages from Line 3; enter percentages agreed to; or enter percentages otherwise ordered by the Court.	%	%	

Schedules

		Attached	Not Applicable	
A	Gross Income	☐		
B	Adjusted Income	☐	☑	
C	Schedule C is not in use and is intentionally left blank			
D	Additional Expenses	☐	☑	
E	Deviations from Presumptive Amount	☐	☑	

Print Instructions for the Child Support Worksheet and Schedules

Names of Parties: vs.

Submitted by: Today's date: