_____,ss.   Location _____

Docket No. _____   Docket No. _____

_____Plaintiff

                                                                    CHILD SUPPORT WORKSHEET
                                                                    ☐ Supplemental Worksheet Attached
v.   M.R. Civ. P. 108(B)
_____Defendant   19-A M.R.S. §§ 2001-2012

1. a. Primary care provider (parent children live with most of the time): ☐ Plaintiff   ☐ Defendant   ☐ Both
       If parents provide substantially equal care, higher income parent should be shown as the non-primary care provider.
    b. Parent providing health insurance for the children: ☐ Plaintiff   ☐ Defendant   ☐ Neither
    c. Parent providing weekly child care expenses for the children: ☐ Plaintiff   ☐ Defendant   ☐ Neither
    d. Parent providing extraordinary medical expenses for the children: ☐ Plaintiff   ☐ Defendant   ☐ Neither

2. Child's Name   Date of Birth   Child's Name   Date of Birth

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

Yearly Amounts	Primary Care Provider	Non-Primary Care Provider ☐ Self-support reserve ☐ Below poverty level	Combined Income
3. Gross income	$	$	
4. Minus other obligations a. Support paid to former spouse	a.	a.	
b. Support paid for other children	b.	b.	
5. Obligor Gross Income		(Subtract lines 4a and 4b from line 3.)	
6. Other children living with non-primary care provider (See instructions on page 3.)			
7. Adjusted Gross Income	a. (Subtract lines 4a and 4b from line 3.)	b. (Subtract line 6 from line 5.)	c. (Add lines 7a and 7b.)
8. Share of Adjusted Income (Divide each parent's income by combined income)	a. %	b. %	

9. Basic weekly support for all children up to 18 years (or up to 19 years if still in high school) **(See instructions on page 3.)**
       Total number of children (a)_____ multiplied by amount from table (b)_____ = 9c. _____

10. Weekly health insurance cost for children
       Name & amount per child per week   _____ $_____
                                               _____ $_____
                                               _____ $_____
                                               _____ $_____
                                               _____ $_____
                                               _____ $_____

                                                                    Total: 10._____

11. Weekly child care expenses
     Name & amount per child per week   _____ $_____

                                                      _____ $_____

                                                      _____ $_____

                                                      _____ $_____

                                                      _____ $_____

                                                      _____ $_____

                                                                         Total: 11. _____

12. Extraordinary medical expenses
     Name & amount per child per week   _____ $_____

                                                      _____ $_____

                                                      _____ $_____

                                                      _____ $_____

                                                      _____ $_____

                                                      _____ $_____

                                                                         Total: 12. _____

*If parents provide substantially equal care, continue calculations on supplemental worksheet.

13. TOTAL ☐ WEEKLY ☐ BIWEEKLY OBLIGATION (Add lines 9c, 10, 11 and 12; if biweekly, multiply x 2) 13. _____

14. ☐ WEEKLY ☐ BIWEEKLY PARENTAL SUPPORT OBLIGATION:

a. Primary Care Provider	b. Non-Primary Care Provider's support obligation $_____
Spends directly $_____	(Multiply line 8b by line 13)
(Multiply line 8a by line 13)	Non-Primary Care Provider Adjustments
	(Amounts paid directly by Non-Primary Care Provider)
	Weekly health insurance (line 10) - $ _____
	Weekly child care (line 11) - $ _____
	Extraordinary Medical Expenses (line 12) - $ _____
	Non-Primary Care Provider pays as support = $ _____

Date: _____   Prepared by: _____

                                                            (Attorney for) (Plaintiff) (Defendant) (Judge)(Magistrate)(Mediator)

CALCULATING "AMOUNT FROM TABLE" FOR LINE 9 OF THE WORKSHEET

1. Look at the Child Support Table.

2. Circle the amount in the Table under "Parents' Combined Annual Income" that is closest to the "Combined Adjusted Gross Income" on **Line 7c** of the Worksheet.

3. In the "Number of Children" column, circle the TOTAL number of children in this case.
   Draw a line from the circled number of children down the column until it meets the circle you drew for parents' yearly combined income. Circle the number and write the number you circled in the space after "amount from table" on **Line 9b** of the Worksheet.

4. For example, if you have **two** children and a combined adjusted gross income of $18,000, use the column for 2 children. The "Parents' Combined Annual Income" and the "Number of Children" lines should meet at **$54**.
   Using this example, you would write the following on the Worksheet:
   9. Total number of children _____2_____ multiplied by amount from table $_____54_____ = $_____108_____ .

NON-PRIMARY CARE PROVIDERS WITH VERY LOW INCOMES

When the non-primary care provider's income is very low, different rules for calculating child support apply. If the annual gross income of the non-primary care provider is less than the federal poverty guidelines, the non-primary care provider's weekly parental support obligation may not exceed 10% of the non-primary care provider's weekly gross income, regardless of the amount of the parties' combined annual gross income. No additional amounts such as health insurance, child care, or extraordinary medical expenses should be added to this total.

If the non-primary care provider's annual gross income, without adjustments, is in the self-support reserve for the total number of children for whom support is being determined, the amount listed in the self-support reserve multiplied by the number of children is the non-primary care provider's basic support obligation for the children, regardless of the parties' combined annual gross income. The non-primary care provider's proportional share of childcare, health insurance premiums, and extraordinary medical expenses is added to this basic support obligation. This paragraph does not apply if its application would result in a greater support obligation than a support obligation determined without application of this paragraph.

If the non-primary care provider's income falls in the self-support reserve (the shaded area of the Child Support Table), check the box in the non-primary care provider column next to "self-support reserve" on the child support worksheet. If the non-primary care provider's income is lower than all income amounts listed in the Child Support Table, check the box next to "below poverty level" on the child support worksheet.

CALCULATING AMOUNT FOR LINE 6 OF THE WORKSHEET
(OTHER CHILDREN LIVING WITH NON-PRIMARY CARE PROVIDER)

If the non-primary care provider has a legal obligation to support other children living in his/her home, the non-primary care provider is entitled to an adjustment. The amount of the adjustment is written on line 6. To determine the adjustment to be entered on Line 6, follow the steps in paragraphs 1, 2, 3, and 4, with some changes. In step 2, circle the amount in the Table under "Parents' Combined Adjusted Gross Income" that is closest to the non-primary care provider's gross income at Line 5. Do not circle the combined adjusted gross income of both parties in this case. In step 3, in the "Number of Children" column, circle the total number of other children living with the non-primary care provider that the non-primary care provider has a legal obligation to support. Do not circle the total number of children in this case.
Warning: If there is an existing child support order for the children in this case, the adjustment may not apply.

CALCULATING THE NON-PRIMARY CARE PROVIDER ADJUSTMENT FOR SEC 14b OF THE WORKSHEET

If the non-primary care provider pays directly out of pocket the cost of the child(ren)'s health insurance, child care for children under the age of 12 (or otherwise eligible), and/or extraordinary medical expenses, that parent's weekly support obligation must be adjusted. The amount of the adjustment is the cost of the health insurance for the children (line 10), the cost of child care for the child(ren) under the age of 12 (or otherwise eligible) (line 11), and the cost of extraordinary medical expenses for the child(ren) (line 12). Subtract lines 10, 11, and 12 from the Non-Primary Care Provider's support obligation to determine the amount that must be paid as support.

If the primary care provider pays the cost of the children's health insurance, child care for children under the age of 12 (or otherwise eligible), or extraordinary medical expenses, or if neither parent pays for health insurance, child care for children under the age of 12 (or otherwise eligible), or extraordinary medical expenses, enter 0 on the line next to "Non-Primary Care Provider Adjustment."