

_____, ss.

Location _____

Docket No. _____

Docket No. _____

Plaintiff

SUPPLEMENTAL WORKSHEET

v.

Defendant

Supplemental Child Support Worksheet

(For use when parents provide substantially equal care. FM-040-S must be prepared first.)

Higher income parent is the Plaintiff Defendant (higher of line 7a and 7b).

15. Higher income parent's share of basic weekly support
_____ (higher of line 8a and 8b) x _____ (line 9c) = 15. _____

16. Enhanced weekly support entitlement
_____ (line 9c) x 1.5 = 16. _____

17. Lower income parent's share of enhanced weekly support entitlement
_____ (lower of line 8a and 8b) x _____ (line 16) = 17. _____

18. Higher income parent's share of enhanced weekly support entitlement
_____ (higher of line 8a and 8b) x _____ (line 16) = 18. _____

19. Enhanced Support Obligation
_____ (line 18) - _____ (line 17) = 19. _____

20. Presumptive Parental Support Obligation
Enter the amount from line 15 or line 19, whichever is less = 20. _____

21. Additional expenses to be shared by parents in proportion to their incomes:

| Expense | Weekly Amount | Parent Paying | HIP Share* | LIP Share* |
|---|----------------------------|---------------|------------|------------|
| Health Insurance (enter amount from line 10) | | | \$ | \$ |
| Child Care (enter amount from line 11) | | | \$ | \$ |
| Extraordinary Medical Expenses (enter amount from line 12) | | | \$ | \$ |
| *HIP = higher income parent | *LIP – lower income parent | TOTAL: | \$ | \$ |

Adjustment for additional expenses = 21. _____
(If HIP pays the expense(s), subtract LIP share.
If LIP pays the expense(s), add HIP share.)

22. Total weekly support obligation of HIP to be paid to LIP = 22. _____