

- DISCLAIMER -

The following form is provided by FindLaw, a Thomson Business, for informational purposes only and is intended to be used as a guide prior to consultation with an attorney familiar with your specific legal situation. FindLaw is not engaged in rendering legal or other professional advice, and this form is not a substitute for the advice of an attorney. If you require legal advice, you should seek the services of an attorney by linking to FindLaw.com. © 2005 FindLaw.com. All rights reserved.

Questionnaire: Child Support Calculation Information

The obligation to pay child support attaches to all parents, married, divorced, and never married. If you are in a cohabitation relationship that includes children, you and your partner are legally obligated to provide the necessities for the child's well being, both while the relationship is intact and after it dissolves. If the relationship does end, legal guidelines in each state help establish the amount of child support that must be paid by the noncustodial parent. The guidelines vary from state to state, but they are all generally based on the parents' incomes and expenses and the needs of the children. Often, the guidelines calculate the child support amount as a percentage of the paying parent's income that increases with the number of children being supported. In some instances, the amount can deviate from the guidelines, if there are very good reasons for the deviation.

Judges will often review a financial statement completed by each parent that lists all sources and amounts of income and expense before issuing a child support order. The following form is intended to be a guide to help you and your attorney gather the necessary financial information.

INFORMATION ABOUT YOU

INFORMATION ABOUT OTHER PARENT

Gross Monthly Income

Source/Amount _____ / \$ _____

_____ / \$ _____

Source/Amount _____ / \$ _____

_____ / \$ _____

Source/Amount _____ / \$ _____

_____ / \$ _____

TOTAL: \$ _____

\$ _____

Deductions from Gross Income

State Income Tax \$ _____

\$ _____

Federal Income Tax \$ _____

\$ _____

Social Security \$ _____

\$ _____

Self-employment Tax \$ _____

\$ _____

Health Insurance \$ _____

\$ _____

Union Dues \$ _____

\$ _____

Pension/Retirement \$ _____

\$ _____

Mandatory? Yes ____ No ____

Yes ____ No ____

Support Orders \$ _____

\$ _____

Other \$ _____

\$ _____

TOTAL DEDUCTIONS: \$ _____ \$ _____

NET MONTHLY INCOME: (Gross Income minus Total Deductions)

 \$ _____ \$ _____

Monthly Expenses

Rent or Mortgage \$ _____ \$ _____

Utilities:

 Telephone \$ _____ \$ _____

 Gas \$ _____ \$ _____

 Electricity \$ _____ \$ _____

 Water & Sewer \$ _____ \$ _____

 Garbage Collection \$ _____ \$ _____

 Cable Television \$ _____ \$ _____

 Cellular Phone \$ _____ \$ _____

 Internet Service \$ _____ \$ _____

Property Taxes \$ _____ \$ _____

Insurance:

 Medical \$ _____ \$ _____

 Dental \$ _____ \$ _____

 Life \$ _____ \$ _____

 Disability \$ _____ \$ _____

 Long-term Care \$ _____ \$ _____

 Homeowners/Renters \$ _____ \$ _____

 Auto(s) \$ _____ \$ _____

 Recreational Vehicle \$ _____ \$ _____

Debt Payments:

 Vehicle #1 \$ _____ \$ _____

 Vehicle #2 \$ _____ \$ _____

 Home Equity Loan \$ _____ \$ _____

 Student Loan \$ _____ \$ _____

Other Loans \$ _____ \$ _____

Credit Card #1 \$ _____ \$ _____

Credit Card #2 \$ _____ \$ _____

Credit Card #3 \$ _____ \$ _____

Educational Expenses:

For Self \$ _____ \$ _____

For Children \$ _____ \$ _____

Day Care:

For Children \$ _____ \$ _____

For Parent(s) \$ _____ \$ _____

Transportation Expenses:

Gasoline \$ _____ \$ _____

Parking/Commuting \$ _____ \$ _____

Vehicle Maintenance \$ _____ \$ _____

Licenses \$ _____ \$ _____

Food:

Groceries \$ _____ \$ _____

Take-out Food \$ _____ \$ _____

Restaurants \$ _____ \$ _____

School Lunches \$ _____ \$ _____

Clothing:

For Self \$ _____ \$ _____

For Children \$ _____ \$ _____

Repair and Cleaning \$ _____ \$ _____

Household Expenses:

Cleaning Supplies \$ _____ \$ _____

Cleaning Service \$ _____ \$ _____

Yard Maintenance \$ _____ \$ _____

Home Maintenance \$ _____ \$ _____

Home Security \$ _____ \$ _____

Home Improvements	\$ _____	\$ _____
Home Furnishings	\$ _____	\$ _____
Appliances	\$ _____	\$ _____
Uninsured Health-care Costs:		
Medical (Self)	\$ _____	\$ _____
Medical (Children)	\$ _____	\$ _____
Dental (Self)	\$ _____	\$ _____
Dental (Children)	\$ _____	\$ _____
Prescriptions (Self)	\$ _____	\$ _____
Prescrip. (Children)	\$ _____	\$ _____
Non-prescrip. (Self)	\$ _____	\$ _____
Non-prescrip. (Child.)	\$ _____	\$ _____
Personal Expenses:		
Grooming	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Hobbies	\$ _____	\$ _____
Babysitting	\$ _____	\$ _____
Pet-care Costs	\$ _____	\$ _____
Donations	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL EXPENSES:	\$ _____	\$ _____