

Child Support Guideline Worksheet

2/28/03- **DRAFT FOR DISCUSSION ONLY**

This information is available in other forms to people with disabilities by contacting us at 651-215-1714, toll free at 1-800-657-3954, or through the Minnesota Relay Service at 1-800-627-3529 (TTY) or 1-800-627-3848 (speech-to-speech relay service).

Number of children for whom support is being determined: _____

Determining Parental Responsibility	Obligor	Obligee	Combined
Income:			
1. Gross monthly income			
Deductions:			
2. Other child support orders, excluding amounts for arrears:			
3. Deduction for other legally dependent children (<i>Table A</i>):			
4. Total deductions (Line 2 + Line 3)			
Gross Income for Determining Basic Support:			
5. Gross monthly income minus deductions (<i>Line 1 minus Line 4</i>):			
Parents' Proportionate Share:			
6. Each parent's proportionate share:			
Obligor: Obligor's Line 5 divided by Combined Line 5:			
Obligee: Obligee's Line 5 divided by Combined Line 5:			

Determining Support Amounts	Obligor	Obligee	Combined
Order for Basic Support:			
7. Basic Support Amount (<i>Basic Support Schedule</i>):			
8. Proportionate share of each parent: (Line 7 multiplied by line 6)			
a. Separate Household Discount: line 8 multiplied by .20			
b. Basic Support Amount (Line 8 minus Line 8a)			
Order for Child Care Support:			
9. Childcare Amount (<i>Actual Amounts</i>):			
10. Proportionate share of each parent:			
a. Obligor: Obligor's Line 6 multiplied by Line 9 <i>OR</i> Child Care Sliding Fee (<i>Table C</i>), whichever is <i>less</i> :			
b. Obligee: Obligee's Line 6 multiplied by Line 9:			
Order for Medical Support: The order for medical support must also apportion the parent's share of uninsured and unreimbursed medical and dental expenses. Such expenses must be allocated to each parent in proportion to each parent's share line 6.			
<i>If at least one parent has appropriate insurance available:</i>			
11. Medical Coverage Amount (<i>Actual Amounts</i>):			
12. Proportionate share of each parent:			
a. Obligor: Obligor's Line 6 X Line 11:			
b. Obligee: Obligee's Line 6 X Line 11:			
<i>If neither parent has appropriate insurance available:</i>			
13. Obligor: MinnesotaCare Premium (<i>Table D</i>): <i>OR</i> 5% of Obligor Line 5, whichever is <i>less</i>			

Self-Support Adjustment	Obligor	Obligee	Combined
14.			
A. Obligor's gross income for determining basic support (Line 5):			
B. Sum of basic support, child care support, and medical support (Obligor's Line 8 + Line 10 + Line 12 or 13):			
C. Remaining income (Lines 14A minus 14B):			
D. 120% Federal poverty level (1 person):	\$886		
E. Lines 16C minus 16D:			
<p><i>If line 14E is greater than zero, no adjustment is necessary</i></p> <p><i>If line 14E is less than zero, first reduce medical support amount, then reduce child care support amount, then reduce basic support amount</i></p> <p><i>If reduction is greater than line 14B, order presumptive minimum amounts pursuant to line 15 or 16.</i></p> <p>Presumptive Minimum Order:</p> <p><i>For 1 or 2 children:</i></p>			
15. \$50 per month			
<i>For 3 or more children:</i>			
16. \$75 per month			