

Child Support Guideline Worksheet

3/04 - 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. Parenting Time Adjustment: line 8 multiplied by .175 (if applicable)			
b. Basic Support Amount (Line 8 minus Line 8a)			
Order for Child Care Support:			
9. Childcare Amount (<i>Actual Amounts or Available Market Rate (if applicable)</i>) multiplied by .75:			
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>), if applicable:			
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 lines 11 and 12 are completed, skip to line 15.</i>			
<i>If neither parent has appropriate insurance available:</i>			
13. Health Care Costs (<i>Actual Amounts</i>):			
14. Proportionate share of each parent:			
a. Obligor: Obligor's Line 6 X Line 13			
b. Obligee: Obligee's Line 6 X Line 13			
OR If medical assistance expended, \$50 for obligor and monthly medical assistance amount for obligee; or amount just and appropriate			
Self-Support Adjustment	Obligor	Obligee	Combined
15. 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 14):			
C. Remaining income (Lines 15A minus 15B):			
D. 120% Federal poverty level (1 person):	\$886		
E. Lines 15C minus 15D:			
<i>If line 15E is greater than zero, no adjustment is necessary.</i>			
<i>If line 15E is less than zero, reduce the support amount until line 15E is equal to zero. Begin by first reducing the medical support amount, then reducing child care support amount, then reducing the basic support amount.</i>			
<i>If the reduced amount exceeds the sum of support in line 15B, order the presumptive minimum amounts pursuant to line 16 or 17.</i>			
Presumptive Minimum Order:			
<i>For 1 or 2 children:</i>			
16. \$50 per month			
<i>For 3 or more children:</i>			
17. \$75 per month			