☑ District Court ☐ Denver Juvenile Court
Denver County, Colorado

Court Address: 1437 Bannock Street, Room 256
Denver, CO 80202

In Re:
☑ The Marriage of:
☐ Parental Responsibilities concerning:

Petitioner: John Doe
and
Co-Petitioner/Respondent: Jane Doe

▲ COURT USE ONLY ▲

Attorney or Party Without Attorney (Name and Address):
John Doe
321 Elm Street, Denver, CO 12345

Phone Number: (111) 123-4567 E-mail:
FAX Number: Atty. Reg. #:

Case Number:

Division: Courtroom:

WORKSHEET A – CHILD SUPPORT OBLIGATION: SOLE PHYSICAL CARE

Children	Date of Birth	Children	Date of Birth
Susan Doe	January 1, 1999		
Harry Doe	January 1, 2002		

Check box of parent with 273 or more overnights per year*	☑ Mother	☐ Father	Combined
1. Monthly Gross Income	$ 2839.91	$ 2839.91	
a. Plus maintenance received	+ 1,000.00	+ 0.00	
b. Minus maintenance paid	- 0.00	- 0.00	
c. Minus ordered child support payments for other children pursuant to §14-10-115(6)(a), C.R.S.	- 0.00	- 0.00	
d. Minus legal responsibility for children not of this marriage/relationship pursuant to §14-10-115(6)(b)(I), C.R.S.	- 0.00	- 0.00	
e. Minus ordered post-secondary education contributions**	- 0.00	- 0.00	
2. Monthly Adjusted Gross Income (If either the paying parent's income or Combined Income is less than $850.00, enter $50.00 on line 11 for paying parent.)	$ 3,839.91	$ 2839.91	$ 6,679.82
3. Percentage Share of Income (Each parent's income from line 2 divided by Combined Income)	57.49 %	42.51 %	
4. a. Basic Combined Obligation (Apply line 2 Combined column to Child Support Schedule)			$ 1,278.00
b. Each parent's share of basic support obligation (Each parent's percentage from line 3 times combined obligation in 4a)	$ 734.66	$ 543.34	
5. Low-Income Adjustment (If paying parent's income in line 2 is less than $1850.00, see Low-income Worksheet on page 2)	$	$	
6. Adjustments (Expenses paid directly by each parent)			
a. Work-related Child Care Costs - Actual costs minus Federal Tax Credit pursuant to §14-10-115(9), C.R.S.	$ 0.00	$ 0.00	
b. Education-related Child Care Costs pursuant to §14-10-115(9), C.R.S.	$ 100.00	$ 0.00	
c. Health Insurance premium costs – Children's portion only pursuant to §14-10-115(10), C.R.S. (See page 2 for calculation worksheet)	$ 36.67	$ 0.00	
d. Extraordinary Medical Expenses - Uninsured only pursuant to §14-10-115(10), C.R.S.	$ 0.00	$ 0.00	

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e. Extraordinary Expenses - Agreed to by parents or by order of the Court pursuant to §14-10-115(11)(a), C.R.S.	$ 0.00	$ 0.00	
f. Minus Extraordinary Adjustments pursuant to §14-10-115(11)(b), C.R.S.	$ 0.00	$ 0.00	
7. Total Adjustments (For each column, add 6a, 6b, 6c, 6d and 6e. Subtract line 6f then add two totals for Combined column amount)	$ 136.67	$ 0.00	$ 136.67
8. Each Parent's Fair Share of Adjustments (Line 7 Combined column times line 3 for each parent)	$ 78.57	$ 58.10	
9. Each Parent's Share of Total Child Support Obligation (Add lines 4b (or line 5 if less) and line 8 for each parent)	$ 813.23	$ 601.44	
10. Paying Parent's Adjustment (Enter line 7 for parent with less parenting time only)	$ 0.00	$ 0.00	
11. Recommended Child Support Order (Subtract line 10 from line 9 for the paying parent only. Leave receiving parent column blank)	$	$ 601.44	

Comments:

*The children reside with one parent for 273 or more overnights per year. If this is not the case, use Worksheet B.

**This adjustment applies only to modification of child support orders entered between 7/1/91 and 7/1/97 that provide for post-secondary education expenses pursuant to § 14-10-115(15)(c), C.R.S.

Prepared by:	**Date:**
Signature: _____ Print Name: John Doe	

Low-Income Adjustment Worksheet

If the parents' combined monthly adjusted gross income is more than $850.00 and the monthly adjusted gross income of the parent with fewer overnights per year is less than $1850.00, use this calculation worksheet to determine the adjustment allowed for that parent.

Low-income Adjustment Calculation

Adjusted monthly gross income of parent with fewer overnights (paying parent) from line 2
$ _____ minus $900.00 = $ _____ times 40% (.40) = $ _____

Plus one of the following, according to number of children
1 child = $75.00 2 children = $150.00 3 children = $225.00
4 children = $275.00 5 children = $325.00 6 or more children = $350.00 + $ _____

Low-income adjustment amount (#5 on worksheet) $ _____

If this amount is less than the amount on line 4b (on page 1) for the parent with fewer overnights per year, this parent qualifies for the Low-income Adjustment. **Enter this amount on line 5 in that parent's column on page 1. If this number is a negative or zero, enter zero.**

Heath Insurance Premium Calculation

If the actual amount of the health insurance premium that is attributable to the child(ren) who are the subject of this order is not available or cannot be verified, the total cost of the premium should be divided by the number of persons covered by the policy to determine a per person cost. This amount is then multiplied by the number of children who are the subject of this order and are covered by the policy. This amount is then entered on line 6c on page 1 of this form.

$ 0.00	÷ 0	= $ 0.00	x 1	= 0.00
Total Premium	Number of Persons Covered by the Policy	Per Person Cost	Number of Children Who Are the Subject of this Order	Children's Portion of Cost of Health Insurance Premium (Enter on line 6c)

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