IN THE COURT OF COMMON PLEAS OF FRANKLIN COUNTY, OHIO
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH
CHILD SUPPORT COMPUTATION WORKSHEET SOLE RESIDENTIAL PARENT OR SHARED PARENTING ORDER

NAMES OF PARTIES: John Doe _____ **CASE NO.** _____

Jane Doe _____ **JUDGE** _____

The following parent was designated as the residential parent and legal custodian: ✔ **MOTHER** ____ **FATHER** ____ **SHARED**

No. of minor children: One (1)

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
1. a. Annual gross income from employment or, when determined appropriate by the court or agency, average annual gross income from employment over a reasonable period of years. (Exclude overtime, bonuses, self-employment income, or commissions).	$ 18,000.00	$ 18,000.00	
b. Amount of overtime, bonuses, and commissions:	FATHER	MOTHER	
Year 3 (Three years ago).	$ 0.00	$ 0.00	
Year 2 (Two years ago).	$ 0.00	$ 0.00	
Year 1 (Last calendar year)	$ 0.00	$ 0.00	
AVERAGE:	$ 0.00	$ 0.00	$ 0.00	$ 0.00

(Include in Column I and/or Column II the average of the three years or the year 1 amount, whichever is less, if there exists a reasonable expectation that the total earnings from overtime and/or bonuses during the current calendar year will meet or exceed the amount that is the lower of the average of the three years or the year 1 amount. If, however, there exists a reasonable expectation that the total earnings from overtime/bonuses during the current calendar year will be less than the lower of the average of the three years or the year 1 amount, include only the amount reasonably expected to be earned this year.)

2. For self-employment income:			
a. Gross receipts from business.	$ 0.00	$ 0.00	
b. Ordinary and necessary business expenses	$ 0.00	$ 0.00	
c. 5.6% of adjusted gross income or the actual marginal difference between the actual rate paid by the self-employed individual and the F.I.C.A. rate.	$ 0.00	$ 0.00	
d. Adjusted gross income from self-employment (Subtract the sum of 2b and 2c from 2a).	$ 0.00	$ 0.00	
3. Annual income from interest and dividends (whether or not taxable).	$ 0.00	$ 0.00	
4. Annual income from unemployment compensation.	$ 0.00	$ 0.00	
5. Annual income from workers' compensation, disability insurance benefits, or Social Security Disability/Retirement benefits	$ 0.00	$ 0.00	
6. Other annual income (identify)_____.	$ 0.00	$ 0.00	

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	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
7.a. Total annual gross income (add lines 1a, 1b, 2d, and 3-6).	$ 18,000.00	$ 18,000.00	
b. Health insurance maximum (multiply line 7a by 5%)……	$ 900.00	$ 900.00	
ADJUSTMENTS TO INCOME			
8. Adjustment for minor children born to or adopted by either parent and another parent who are living with this parent; adjustment does not apply to stepchildren (number of children times federal income tax exemption less child support received, not to exceed the federal tax exemption).	$ 0.00	$ 0.00	
9. Annual court-ordered support paid for other children	$ 0.00	$ 0.00	
10. Annual court-ordered spousal support paid to any spouse or former spouse.	$ 0.00	$ 0.00	
11. Amount of local income taxes actually paid or estimated to be paid.	$ 240.00	$ 240.00	
12. Mandatory work-related deductions such as union dues, uniform fees, etc. (Not including taxes, Social Security, or retirement).	$ 0.00	$ 0.00	
13. Total gross income adjustments (add lines 8 through 12).	$ 240.00	$ 240.00	
14. a. Adjusted annual gross income (subtract line 13 from line 7a)	$ 17,760.00	$ 17,760.00	
b. Cash medical support maximum (If the amount on line 7a, Col. I, is under 150% of the federal poverty level for an individual, enter $0 on line 14b, Col. I. If the amount on line 7a, Col. I, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col. I,by 5% and enter this amount on line 14b, Col. I. If the amount on line 7a, Col. II, is under 150% of the federal poverty level for an individual, enter $0 on line 14b, Col. II. If the amount on line 7a, Col. II, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col. II, by 5% and enter this amount on line 14b, Col II.)	$ 888.00	$ 888.00	
15. Combined annual income that is basis for child support order (add line 14a, Col. I and Col. II).			$ 35,520.00

16. Percentage of parent's income to total income:

a. Father (divide line 14a,Col. I, by line 15, Col. III). . . . . 50 %

b. Mother (divide line 14a Col. II by line 15, Col. III). . . . . 50 %

17. Basic combined child support obligation (Refer to schedule, first column, locate the amount nearest to the amount on line 15, Col. III, then refer to column for number of children in this family. If the income of the parents is more than one sum, but less than

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another, you may calculate the difference.). . . . . $ 6,091.00

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
18. Annual support obligation per parent			
a. Father (Multiply line 17, Col. III, by line 16a).	$ 3,045.50		
b. Mother (Multiply line 17, Col. III, by line 16b).		$ 3,045.50	
19. Annual child care expenses for the children who are the subject of this order that are work-, employment training-, or education-related, as approved by the court or agency (deduct tax credit from annual cost, whether or not claimed).	$ 0.00	$ 0.00	
20. a. Marginal, out-of-pocket costs, necessary to provide for health insurance for the children who are the subject of this order (contributing cost of private family health insurance, minus the contributing cost of private single health insurance, divided by the total number of dependents covered by the plan, including the children subject of the support order, times the number of children subject of the support order).	$ 120.00	$ 0.00	
b. Cash medical support obligation (enter the amount on line 14b or the amount of annual health care expenditures estimated by the United States Department of Agriculture and described in 3119.30 of the Revised Code, whichever amount is lower).	$ 888.00	$ 888.00	

21. ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:

Father (Only if obligor or shared parenting)

a. Additions: Line 16a times sum of amounts shown on line 19, Col. II and Line 20a, Col II $ 0.00

c. Subtractions: Line 16b times sum of amounts shown on line 19, Col. I and Line 20a, Col. I $ 60.00

Mother (Only if obligor or shared parenting)

b. Additions: Line 16b times sum of amounts shown on line 19, Col. I and Line 20a, Col. I $

d. Subtractions: Line 16a times sum of amounts shown on Line 19, Col. II and Line 20a, Col. II $

22. OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:

Father: Lines 18a plus or minus the difference between line 21a minus line 21c . . . . . $ 2,985.50

Mother: Line 18b plus or minus the difference between line 21b minus line 21d. . . . . $ 3,045.50

23. ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS PROVIDED:

a. (Line 22a or 22b, whichever line corresponds to the parent who is the obligor).	$ 2,985.50	$
b. Any non-means-tested benefits, including Social Security and Veterans' benefits, paid to and received by a child or a person on behalf of the child due to death,		

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disability, or retirement of the parent. . . $0.00 $_____

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
c. Actual annual obligation (subtract line 23b from line 23a). . .	$2,985.50	$_____	

24. ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:

Father (Only if obligor or shared parenting)

a. Additions: Line 16a times sum of amounts shown on line 19, Col. II and Line 20b, Col II $_____

c. Subtractions: Line 16b times sum of amounts shown on line 19, Col. I and Line 20b, Col. I $_____

Mother (Only if obligor or shared parenting)

b. Additions: Line 16b times sum of amounts shown on line 19, Col. I and Line 20b, Col. I $_____

d. Subtractions: Line 16a times sum of amounts shown on Line 19, Col. II and Line 20b, Col. II $_____

25. OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:

Father: Lines 18a plus or minus the difference between line 24a minus line 24c . . . . . $_____

Mother: Line 18b plus or minus the difference between line 24b and line 24d. . . . . $_____

26. ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS NOT PROVIDED:

a. (Line 25a or 25b, whichever line corresponds to the parent who is the obligor).	$_____	$_____
b. Any non-means-tested benefits, including Social Security and Veterans' benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent.	$_____	$_____
c. Actual annual obligation (subtract line 26b from line 26a).	$_____	$_____

27.a. Deviation from sole residential parent support amount shown on line 23c if amount would be unjust or inappropriate: (See section 3119.23 of the Revised Code.) (Specific facts and monetary value must be stated.)

The parties believe that the child support amount should be $1,185.50 less each year. Their the parties agreement that said amount of $150.00 per month shall be sufficient to cover all of the child's activities and needs.

b. Deviation from shared parenting order: (See sections 3119.23 and 3119.24 of the Revised Code.) (Specific facts including amount of time children spend with each parent, ability of each parent to maintain adequate housing for children, and each parent's expenses for children must be stated to justify deviation.)

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	WHEN HEALTH INSURANCE IS PROVIDED	IS NOT PROVIDED
28. FINAL CHILD SUPPORT FIGURE: (This amount reflects final annual child support obligation; in Col. I, enter line 23c plus or minus any amounts indicated in line 27a or 27b; in Col. II, enter line 26c plus or minus any amounts indicated in line 27a or 27b).	$ 1,800.00	$ _____
		FATHER / MOTHER OBLIGOR
29. FOR DECREE: Child support per month (divide obligor's annual share, line 28, by 12) plus any processing charge. . .	$ 153.00	$ _____
30. FINAL CASH MEDICAL SUPPORT FIGURE: (This amount reflects the final, annual cash medical support to be paid by the obligor when neither parent provides health insurance coverage for the child; enter obligor's cash medical support amount from line 20b.	$ 888.00	
31. FOR DECREE: Cash medical support per month (divide line 30 by 12) plus any processing charge.	$ 75.48	

PREPARED BY:

COUNSEL: _____ PRO SE: _____
(FOR MOTHER / FATHER)

CSEA: _____ OTHER: _____

WORKSHEET HAS BEEN REVIEWED AND AGREED TO:

_____ _____
MOTHER DATE

_____ _____
FATHER DATE

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