

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____	
In Re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: Petitioner: and Co-Petitioner/Respondent: Attorney or Party Without Attorney (Name and Address): _____	▲ COURT USE ONLY ▲
Phone Number: _____ 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
Check box of parent with 273 or more overnights per year*	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	Combined
1. Monthly Gross Income	\$	\$	
a. Plus maintenance (spousal/partner support) received multiplied by 1.25	+	+	
b. Minus maintenance paid multiplied by 1.25	-	-	
c. Minus ordered child support payments for other children pursuant to §14-10-115(6)(a), C.R.S.	-	-	
d. Minus legal responsibility for children not of this marriage/civil union/relationship pursuant to §14-10-115(6)(a)(II) and (III), C.R.S.	-	-	
e. Minus ordered post-secondary education contributions**	-	-	
2. Monthly Adjusted Gross Income (If either the paying parent's or combined income is less than \$1,100.00, enter \$50.00 for one child; \$70.00 for two children; \$90.00 for three children; \$110.00 for four children; \$130.00 for five children; and \$150.00 per month for six or more children on line 11 for paying parent.)	\$	\$	\$
3. Percentage Share of Income (Each parent's income from line 2 divided by Combined Income)	%	%	
4. a. Basic Combined Obligation (Apply line 2 Combined column to Child Support Schedule)			\$
b. Each parent's share of basic support obligation (Each parent's percentage from line 3 times combined obligation in 4a)	\$	\$	
5. Low-Income Adjustment (If paying parent's income in line 2 is less than \$1900.00, 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.	\$	\$	
b. Education-related Child Care Costs pursuant to §14-10-115(9), C.R.S.	\$	\$	

c. Health Insurance premium costs – Children’s portion only pursuant to §14-10-115(10), C.R.S. (See page 3 for calculation worksheet)	\$	\$	
d. Extraordinary Medical Expenses - Uninsured only pursuant to §14-10-115(10), C.R.S.	\$	\$	
e. Extraordinary Expenses - Agreed to by parents or by order of the Court pursuant to §14-10-115(11)(a), C.R.S.	\$	\$	
f. Minus Extraordinary Adjustments pursuant to §14-10-115(11)(b), C.R.S.	\$	\$	
7. Total Adjustments (For each column, add 6a, 6b, 6c, 6d and 6e. Subtract line 6f then add two totals for Combined column amount)	\$	\$	\$
8. Each Parent’s Fair Share of Adjustments (Line 7 Combined column times line 3 for each parent)	\$	\$	
9. Each Parent’s Share of Total Child Support Obligation (Add lines 4b (or line 5 if less) and line 8 for each parent)	\$	\$	
10. Paying Parent’s Adjustment (Enter line 7 for parent with less parenting time only)	\$	\$	
11. Recommended Child Support Order (Subtract line 10 from line 9 for the paying parent only. Leave receiving parent column blank)	\$	\$	
Comments:			
<p>*The children reside with one parent for 273 or more overnights per year. If this is not the case, use Worksheet B.</p> <p>**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.</p>			
Prepared by:			Date:
Signature: _____ Print Name: _____			

Low-Income Adjustment Worksheet

If the parents’ combined monthly adjusted gross income is more than \$1,100.00 and the monthly adjusted gross income of the parent with fewer overnights per year is less than \$1900.00, 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 \$1100.00 = = \$ _____

(If this total is zero or a negative number, indicate zero.)

Plus one of the following, according to number of children

1 child = \$50.00 2 children = \$70.00 3 children = \$90.00

4 children = \$110.00 5 children = \$130.00 6 or more children = \$150.00 + \$ _____

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.

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