

_____ County District/Juvenile Court Court Address: _____	▲ Court Use Only ▲
Petitioner: _____ and Co-Petitioner/ Respondent: _____	
Attorney or Party Without Attorney (My name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____  Division: _____ Courtroom: _____
<b>Worksheet A – Child Support Obligation: Sole Physical Care</b>	

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
<b>1. Monthly Gross Income</b>	\$	\$	
a. Plus maintenance (spousal/partner support) received (multiplied by 1.25 if non-taxable)	+	+	
b. Minus maintenance paid (multiplied by 1.25 if non-tax deductible)	-	-	
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**	-	-	
<b>2. Monthly Adjusted Gross Income</b> (If either the paying parent's income or Combined Income is \$1,500 or less, see Low-income Worksheet on page 2)	\$	\$	\$
<b>3. Percentage Share of Income</b> (Each parent's income from line 2 divided by Combined Income)	%	%	
<b>4. a. Basic Combined Obligation</b> (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)	\$	\$	
<b>5. Low-Income Adjustment</b> (If paying parent's income or combined income in line 2 is less than \$1500.00, see Low-income Worksheet on page 2)	\$	\$	
<b>6. Adjustments</b> (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.	\$	\$	
<b>7. Total Adjustments</b> (For each column, add 6a, 6b, 6c, 6d and 6e. Subtract line 6f for total. Then add two totals for Combined column amount)	\$	\$	\$
<b>8. Each Parent’s Fair Share of Adjustments</b> (Line 7 Combined column times line 3 for each parent)	\$	\$	
<b>9. Each Parent’s Share of Total Child Support Obligation</b> (Add lines 4b (or line 5 if less) and line 8 for each parent)	\$	\$	
<b>10. Paying Parent’s Adjustment</b> (Enter line 7 for parent with less parenting time only)	\$	\$	
<b>11. Recommended Child Support Order</b> (Subtract line 10 from line 9 for the paying parent only. Leave receiving parent column blank)	\$	\$	
<b>Comments:</b>			
*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.			
<b>Prepared by:</b>			<b>Date:</b>
Signature: _____ Print Name: _____			

**Low-Income Adjustment Worksheet**

If the paying parent’s monthly adjusted gross income is equal to or less than \$650 dollars, the recommended child support order is \$10 per month, regardless of the number of children. **Enter \$10 on lines 5 and 11 in that parent’s column and skip lines 6 through 10.**

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If the paying parent’s monthly adjusted gross income is between \$650 and \$1500.00, use this calculation worksheet to determine the adjustment allowed for the paying parent.

**Low-income Adjustment Calculation**

a. Based on the number of joint children input one of the following amounts on **Line 5**

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

b. Complete Lines 6 through 9

c. Multiply the paying parent’s monthly adjusted gross income (Line 2 in the paying parent’s column) by 0.2.

\_\_\_\_\_ x 0.2 = \_\_\_\_\_

**Paying parent’s monthly adjusted gross income from Line 2**

If this calculated amount is less than the amount in the paying parent’s column on Line 9, then put the same amount listed in Line 5 (50/70/90/110/130/150) into the paying parent’s column on Line 11. If this calculated amount is equal to or more than the amount in the paying parent’s column on Line 9, then complete Line 10 and subtract Line 10 from Line 9 to calculate Line 11.

### 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.

$$\begin{array}{cccccc} \$ & \div & = \$ & \times & = & \\ \text{Total Premium} & & \text{Per Person Cost} & & \text{Children's Portion of Cost of Health} & \\ & \text{Number of Persons} & & \text{Number of Children Who} & \text{Insurance Premium (Enter on line 6c)} & \\ & \text{Covered by Policy} & & \text{Are the Subject of this Order} & & \end{array}$$