

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

ATLAS Number: _____

Lawyer's Bar Number: _____

Representing Self, without a Lawyer OR Attorney for Petitioner OR Respondent

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
IN _____ COUNTY**

CHILD SUPPORT WORKSHEET

Petitioner/Party A: _____ Case No. _____

Respondent/Party B: _____ ATLAS: _____

Total Number of Children: _____

Parenting Plan: Party A Party B equal

Child Support Income figures for the OTHER PARENT are:

- ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
- ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
- ATTRIBUTED**, based on what other party could and should be earning (see Guidelines, Section II(A)(4)(b)).

	<u>PARTY A</u>	<u>PARTY B</u>
Child Support Income (Pre-Tax Income. Before deductions.)	\$ _____	\$ _____

Adjustments to Child Support Income: [Mandatory]

Court-Ordered Spousal Maintenance (Paid)/Received	\$ _____	\$ _____
Court-Ordered Child Support of Other Relationships (Actually Paid)	\$ _____	\$ _____
Support of Child[ren] from Other Relationship A: _____ B: _____	\$ _____	\$ _____

Adjusted Child Support Income	\$ _____	\$ _____
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Combined Adjusted Child Support Income	\$ _____	\$ _____
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Basic Combined Child Support Obligation for _____ Children \$ _____

Adjustments to Basic Combined Child Support Obligation:

Adjustment for _____ Children over Age 12 at 10% \$ _____
[Mandatory]

Medical, Dental, and Vision Insurance Paid by \$ _____ \$ _____
[Mandatory]

Monthly Child Care Costs for _____ Children
Paid by [Discretionary] \$ _____ \$ _____

Extra Education Expenses Paid by
[Discretionary] \$ _____ \$ _____

Extraordinary (Gifted or Special Needs) Child
Expenses Paid by [Discretionary] \$ _____ \$ _____

Total Child Support Obligation \$ _____

Each Parent's Proportionate Percentage of Combined
Adjusted Child Support Income _____% _____%

Each Parent's Proportionate Share of Total
Support Obligation \$ _____ \$ _____

Parenting Time Adjustment

Using Parenting Time Table for _____ Days
at _____% [Mandatory] \$ _____ \$ _____

Total Adjustments to Child Support Obligation from
Above \$ _____ \$ _____

Presumptive Child Support Obligation \$ _____ \$ _____

Self-Support Reserve Test for Parent Who Will Pay
Adjusted Child Support Income: \$ _____
[Discretionary]

Less Reserve Amount (\$ _____) \$ _____ \$ _____

Monthly Child Support to be Paid by _____ to _____
\$ _____ \$ _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date

Signature of Parent