

CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	B. MOTHER	TOTAL
1. Present Net Monthly Income Enter the amount from line number 27, Section I of Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit.			
2. Basic Monthly Obligation There is (are) {number} ____ minor child(ren) common to the parties. Using the total amount from line 1, enter the appropriate amount from the child support guidelines chart.			
3. Percent of Financial Responsibility Divide the amount on line 1A by the total amount on line 1 to get Father's percentage financial responsibility. Enter answer on line 3A. Divide the amount on line 1B by the total amount on line 1 to get Mother's percentage financial responsibility. Enter answer on line 3B.	%	%	
4. Share of Basic Monthly Obligation Multiply the number on line 2 by the percentage on line 3A to get Father's share of basic obligation. Enter answer on line 4A. Multiply the number on line 2 by the percentage on line 3B to get Mother's share of basic obligation. Enter answer on line 4B.			
Additional Support — Health Insurance, Child Care & Other			
5. a. 100% of Monthly Child Care Costs [Child care costs should not exceed the level required to provide quality care from a licensed source. See section 61.30(7), Fla. Stat. for more information.]			

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	A. FATHER	B. MOTHER	TOTAL
b. Total Monthly Child(ren)'s Health Insurance Cost [This is only amounts actually paid for health insurance on the child(ren).]			
c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs			
d. Total Monthly Child Care & Health Costs [Add lines 5a+5b+5c]			
6. Additional Support Payments Multiply the number on line 5d by the percentage on line 3A to determine the Father's share. Enter answer on line 6A. Multiply the number on line 5d by the percentage on line 3B to determine the Mother's share. Enter answer on line 6B.			
Statutory Adjustments/Credits			
7.			
a. Monthly child care payments actually made			
b. Monthly health insurance payments actually made			
c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See § 61.30 (8), Florida Statutes]			
8. Total Support Payments actually made [Add 7a through 7c]			
9. MINIMUM CHILD SUPPORT OBLIGATION FOR EACH PARENT [Line 4 plus line 6; minus line 8]			
Substantial Time-Sharing (GROSS UP METHOD) If each parent exercises time-sharing at least 20 percent of the overnights in the year (73 overnights in the year), complete Nos. 10 through 21			

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10. Basic Monthly Obligation x 150% [Multiply line 2 by 1.5]			
11. Increased Basic Obligation for each parent Multiply the number on line 10 by the percentage on line 3A to determine the Father's share. Enter answer on line 11A. Multiply the number on line 10 by the percentage on line 3B to determine the Mother's share. Enter answer on line 11B.			
12. Percentage of overnight stays with each parent The child(ren) spend(s) _____ overnight stays with the father each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12A. The child(ren) spend(s) _____ overnight stays with the mother each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12B.	%	%	
13. Parent's support multiplied by other Parent's percentage of overnights [Multiply line 11A by line 12B. Enter this number in 13A. Multiply line 11B by line 12A. Enter this number in 13B.]			
Additional Support — Health Insurance, Child Care & Other			
14. a. Total Monthly Child Care Costs [Child care costs should not exceed the level required to provide quality care from a licensed source. See section 61.30(7), Fla. Stat. for more information.]			

CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	B. MOTHER	TOTAL
b. Total Monthly Child(ren)'s Health Insurance Cost. [This is only amounts actually paid for health insurance on the child(ren).]			
c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Costs.			
d. Total Monthly Child Care & Health Costs [Add lines 14a+14b+14c]			
15. Additional Support Payments Multiply the number on line 14d by the percentage on line 3A to determine the Father's share. Enter answer on line 15A. Multiply the number on line 14d by the percentage on line 3B to determine the Mother's share. Enter answer on line 15B.			
Statutory Adjustments/Credits			
16.			
a. Monthly child care payments actually made			
b. Monthly health insurance payments actually made			
c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See § 61.30 (8), Florida Statutes]			
17. Total Support Payments actually made [Add 16a through 16c]			
18. Total Additional Support Transfer Amount [Line 15 minus line 17; Enter any negative number as zero]			

CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	B. MOTHER	TOTAL
19. Total Child Support Owed from Father to Mother [Add line 13A+18A]			
20. Total Child Support Owed from Mother to Father [Add line 13B+18B]			
21. Actual Child Support to Be Paid. [Comparing lines 19 and 20, Subtract the smaller amount owed from the larger amount owed and enter the result in the column for the parent that owes the larger amount of support]	\$	\$	

ADJUSTMENTS TO GUIDELINES AMOUNT. If you or the other parent is requesting the Court to award a child support amount that is more or less than the child support guidelines, you must complete and file Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943.

[check **one** only]

- a. **Deviation from the guidelines amount is requested.** The Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is attached.
- b. **Deviation from the guidelines amount is NOT requested.** The Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is not attached.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the [check **one** only] petitioner **or** respondent, fill out this form.