

COMBINED ADJUSTED MONTHLY GROSS INCOME

(13) _____

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested:

(14) _____

(Explain on page 5)

Basic Child Support Obligation (from the Schedule)

(15) _____

ADJUSTMENTS FOR NECESSARY EXPENSES

Medical Insurance Premium for Children paid by Mother

(16) _____

(You may also need to complete item 30) Father

Child Care Costs Mother

(17) _____

(Explain on page 5) Father

Extra Education Expenses

(18) _____

Number of _____ Child(ren) 12 and Over

(19) _____

(Explain on page 5)

Extraordinary Child

(20) _____

Total Adjustments for Necessary Expenses

(21) _____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 21)

(22) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

Calculate for Each Parent:

Father

Mother

Adjusted Gross Income (from line 12)

_____ (23) _____

Combined Adjusted Gross Income (from line 13)

_____ (24) _____

Adjusted gross income DIVIDED BY combined adjusted

Gross income EQUALS

_____ % (25) _____ %

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Father

Mother

Total child support obligation (from line 22)

_____ (26) _____

Percentage of combined adjusted gross income (from line 25)

_____ % (27) _____ %

Percentage TIMES the total obligation EQUALS the amount

Of the parent's support obligation

_____ (28) _____

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Number of Visitation Days (Explain on page 6)

Visitation Table Percentage X Line 15 = _____ (29) _____

MEDICAL INSURANCE PREMIUM ADJUSTMENT

(Father)

(Mother)

Complete this item **ONLY** if the parent who will be ordered to pay

Support is also the parent who will pay the medical insurance _____ (30) _____

Premium. Enter the premium amount paid directly to insurance

Carrier by parent ORDERED to pay support from line 16.

NON-CUSTODIAL CHILD CARE ADJUSTMENT

Enter the annualized amount paid directly by the non-custodial _____ (31) _____

Parent for work related child care.

COURT APPROVED DISCRETIONARY VISITATION ADJUSTMENT

Adjustment for Additional Costs, NOT to exceed 16% of line 15. _____ (32) _____

(Explain on page 6)

ADJUSTMENTS SUBTOTAL

_____ (33) _____

Add lines 29 through 32

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 33 from line 28.

_____ (34) _____

SELF SUPPORT RESERVE TEST

Paying parent's ADJUSTED gross income

_____ (35) _____

Minus -\$645.00 = the resulting amount. (Line 12)

If this amount is less than the Preliminary Child Support Amount, the court SHALL

Order the resulting amount as child support order on line 35, absent a deviation.

AMOUNT TO BE ORDERED BASED ON THESE CALCULATIONS

Enter the lesser of the amounts shown on line 34 or line 35.

_____ (36) _____

Father

Mother

DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT

If you believe the Guidelines support amount is too high or too

_____ (37) _____

Low in your case, enter the amount which you believe the court

(Father)

(Mother)

Should order as child support in this case. Explain why on page 6.

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

Enter on this line the amount or percentage you think each parent should pay

_____ (38) _____

Towards the travel/transportation expenses associated with visitation. The

(Father)

(Mother)

Allocation of travel expenses does not change the amount of the support

Ordered. Explain on page 5.

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

Percentage of uninsured medical expenses that each parent should pay. _____ (39) _____
(Father) (Mother)

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date

Petitioner, Pro Se

STATE OF ARIZONA)
) ss.
COUNTY OF MARICOPA)

Subscribed and sworn or affirmed and acknowledged before me this date:

Notary Expiration Date Notary Public or Clerk

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date

Respondent, Pro Se

STATE OF ARIZONA)
) ss.
COUNTY OF MARICOPA)

Subscribed and sworn or affirmed and acknowledged before me this date:

Notary Expiration Date Notary Public or Clerk

BASIS FOR AMOUNTS SHOWN ON WORKSHEET

(7) **Estimated/Attributed Income** - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples.

(11) **Cost of Supporting Other Children** - Follow the instructions for item 11. List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for

these children.

Name Date of Birth Social Security Number

(14) **Children for whom Support is Requested** - List the names and ages of the natural or adopted children for whom you are requesting support.

Name	Date of Birth	12 or over Y/N	Social Security Number
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(17) **Child Care Costs** - If the custodial parents income is in excess of the chart in [Guidelines 8.b.1.], the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child Number Annual Adjusted

Care Costs X of months = Cost X .75 = Cost 12 = Adjusted Monthly Cost

X = X .75 = 12 =

Non-Custodial Parent

Child Care Costs X # of months 12 = Adjusted Monthly Cost 12 =

(19) **Child 12 and Over** - Follow the worksheet instructions for item 19. Explain why you need extra money to support the child(ren) age 12 and over.

(29) **Adjustment for Costs Associated with Visitation** - Calculate the number of visitation days per year. [Guidelines 10]

_____Extended periods days _____Weekend periods days

_____Holidays periods days _____ Midweek periods days
_____School breaks days _____ Other periods days

(32) **Court Approved Discretionary Visitation Adjustment** - Upon proof that in the best interests of the child costs for clothing and personal care items are duplicated, equally shared or incurred primarily by the non-custodial parent, the court may make a further adjustment if visitation exceeds 129 days. The amount of the adjustment shall not exceed 16% of line 15. Explain the basis of the requested adjustment:

(37) **Deviation From the Guidelines Support Amount** - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 17 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in items 29 and 32.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings.

Requested Support Amount: \$ _____

(38) **Visitation-Related Travel Expenses** - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 36. The allocation of travel expenses does not change the amount of the support ordered.

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated. [Guidelines 25]

Other Requests - Identify and explain any additional issues you want the court to address.