

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL  
CIRCUIT, IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

### CHILD SUPPORT GUIDELINES WORKSHEET

I, {full legal name} \_\_\_\_\_, certify that the following statements are true:

	Father	Mother
<b>1. PRESENT NET MONTHLY INCOME</b> Enter the amount from line number 27, Section I of <input type="checkbox"/> Florida Family Law Form 12.901(d) or (e), Financial Affidavit.	1a. \$ _____	1b. \$ _____
<b>2. COMBINED PRESENT NET MONTHLY INCOME</b> Add 1a and 1b.		2. \$ _____
<b>3. BASIC MONTHLY OBLIGATION</b> There is (are) {number} _____ minor child(ren) common to the parties. Using the amount on line 2, enter the appropriate amount from the child support guidelines chart.		3. \$ _____
<b>4. PERCENT OF FINANCIAL RESPONSIBILITY</b> Divide the amount on line 1a. by the amount on line 2 to get Father's percentage financial responsibility. Enter answer on line 4a.  Divide the amount on line 1b. by the amount on line 2 to get Mother's percentage financial responsibility. Enter answer on line 4b.	4a. _____%	4b. _____%
<b>5. SHARE OF BASIC MONTHLY OBLIGATION</b> Multiply the number on line 3 by the percent on line 4a to get Father's share of basic obligation. Enter answer on line 5a.  Multiply the number on line 3 by the percent on line 4b to get Mother's share of basic obligation. Enter answer on line 5b.	5a. \$ _____	5b. \$ _____
<b>6. TOTAL MONTHLY CHILD CARE COSTS</b> Childcare costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.		6. \$ _____
<b>7. PERCENTAGE OF CHILD CARE COSTS</b> Multiply the amount on line 6 by .75 (to determine 75% of the total Child care costs). Enter answer on line 7.		7. \$ _____

Father                      Mother

**1. PRESENT NET MONTHLY INCOME**

Enter the amount from line number 27, Section I of  Florida Family Law Form 12.901(d) or (e), Financial Affidavit.

1a. \$ \_\_\_\_\_      1b. \$ \_\_\_\_\_

**2. COMBINED PRESENT NET MONTHLY INCOME** Add 1a and 1b.

2. \$ \_\_\_\_\_

**3. BASIC MONTHLY OBLIGATION**

There is (are) *{number}* \_\_\_\_\_ minor child(ren) common to the parties.

Using the amount on line 2, enter the appropriate amount from the child support guidelines chart.

3. \$ \_\_\_\_\_

**4. PERCENT OF FINANCIAL RESPONSIBILITY**

Divide the amount on line 1a. by the amount on line 2 to get Father's percentage financial responsibility. Enter answer on line 4a.

4a. \_\_\_\_\_ %

Divide the amount on line 1b. by the amount on line 2 to get Mother's percentage financial responsibility. Enter answer on line 4b.

4b. \_\_\_\_\_ %

**5. SHARE OF BASIC MONTHLY OBLIGATION**

Multiply the number on line 3 by the percent on line 4a to get Father's share of basic obligation. Enter answer on line 5a.

5a. \$ \_\_\_\_\_

Multiply the number on line 3 by the percent on line 4b to get Mother's share of basic obligation. Enter answer on line 5b.

5b. \$ \_\_\_\_\_

**6. TOTAL MONTHLY CHILD CARE COSTS**

Childcare costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.

6. \$ \_\_\_\_\_

**7. PERCENTAGE OF CHILD CARE COSTS**

Multiply the amount on line 6 by .75 (to determine 75% of the total child care costs). Enter answer on line 7.

7. \$ \_\_\_\_\_

Multiply the number on line 4a. by the amount on line 7 to get Father's share of the child care obligation. Enter answer on line 7a.

7a. \$ \_\_\_\_\_

Multiply the number on line 4b. by the amount on line 7 to get Mother's share of the child care obligation. Enter answer on line 7b.

7b. \$ \_\_\_\_\_

**8. TOTAL MONTHLY CHILD(REN)'S HEALTH INSURANCE COSTS**

This is only amounts paid for insurance on the child(ren). Enter answer on line 8.

8. \$ \_\_\_\_\_

Multiply the number on 4a. by the amount on line 8 to get Father's share of the child(ren)'s health insurance obligation. Enter answer on line 8a.

8a. \$ \_\_\_\_\_

Multiply the number on 4b. by the amount on line 8 to get Mother's

8b. \$ \_\_\_\_\_

share of the child(ren)'s health insurance obligation. Enter answer on line 8b.

**9. TOTAL MONTHLY OBLIGATION**

9a. \$ \_\_\_\_\_

Add lines 5a, 7a, and 8a to determine Father's total obligation. Enter answer on line 9a.

Add lines 5b, 7b, and 8b to determine Mother's total obligation. Enter answer on line 9b.

9b. \$ \_\_\_\_\_

**10. ADJUSTMENTS TO GUIDELINES AMOUNT.** If you or the other parent are 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 Family Law Form 12.943.

[ one only]

\_\_\_\_\_ a. **Deviation from the guidelines amount is requested.** The Motion to Deviate from Child Support Guidelines,  Florida 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 Family Law Form 12.943, is not attached.

I certify that a copy of this document was [ one only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_, \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Party**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**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 [ one only] \_\_\_ petitioner or \_\_\_ respondent, fill out this form.**