

IN THE CIRCUIT COURT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA  
FAMILY LAW DIVISION

IN RE:           The Marriage of

                  '           Petitioner/,

and

Case No.:  
Division:        ""

                  '           Respondent/.

\_\_\_\_\_ /

**'S CHILD SUPPORT GUIDELINES WORKSHEET (GROSS UP METHOD)**

(Basis: )

	CHILDREN	D//O/B	AGE
Father: _____			
Occupation: _____	_____		
Employer: _____	_____		
Employer's Address: _____	_____		
Father's SSN: _____	_____		
Mother: _____			
Occupation: _____	_____		
Employer: _____	_____		
Employer's Address: _____	_____		
Mother's SSN: _____	_____		

		FATHER		MOTHER	TOTAL
1. Actual Gross Income (Schedule A)	1a	_____	1b	_____	
2. Imputed Monthly Income pursuant to Section 61.30(2)(b), Florida Statutes	2a	_____	2b	_____	
3. TOTAL GROSS MONTHLY INCOME (Add Lines 1 and 2)	3a	_____	3b	_____	
4. Total Deductions (Schedule B)	4a	_____	4b	_____	

	FATHER	MOTHER	TOTAL
5. PRESENT NET MONTHLY INCOME (Subtract Line 4 from Line 3)			
5a	\$	5b	\$
6. Combined Present Net Monthly Income (Add 6a and 6b)			6
7. Basic Monthly Obligation			
There is (are) ___ minor child(ren) common to the parties.			
Basic monthly amount (See Schedule C) \$ _____ plus			
Adjustment for monthly net incomes above \$10,000 (See Schedule C) \$ _____			
Total monthly obligation			
			7
8. Percent of Financial Responsibility			
Divide the amount on line 5a by the amount on line 6 to get Father's percentage financial responsibility.			
8a	_____		
Divide the amount on line 5b by the amount on line 6 to get Mother's percentage financial responsibility.			
		8b	_____
9. Share of Basic Monthly Obligation			
Multiply the # on line 7 by the percent on line 8a or 8b to get Father/Mother's share of basic obligation.			
9a	\$	9b	\$
<p><b>* If the noncustodial parent does not exercise visitation at least 40% of the overnights in the year (146 overnights in the year) you should complete #10-13 and #19 below.</b></p> <p><b>* If the noncustodial parent does exercise visitation at least 40% of the overnights in the year, skip to #14 and complete #14-19 below.</b></p>			
10. Total Monthly Child Care Costs			
(Should not exceed the level required to provide quality care from a licensed source for the child(ren).			
			10
11. Percentage of Child Care Costs			
Multiply the amount on line 10 by .75			
			11

	FATHER	MOTHER	TOTAL
	Multiply the # on line 8a or 8b by the amount on line 11 to get Father/Mother's share of the child care obligation.		
	11a _____	11b _____	_____
12.	Total Monthly Child(ren)'s Health Insurance Costs		
	This is only amounts paid for insurance on the child(ren) \$ _____ plus		
	Amounts paid for child(ren)'s noncovered medical, dental and prescription medication costs \$ _____		
	Total Monthly Child(ren) Health costs		12 _____
	Multiply the number on 8a or 8b by the amount on line 12 to get Father/Mother's share of the child(ren)'s health care obligation.		
	12a _____	12b _____	
13.	TOTAL MONTHLY OBLIGATION		
	Add lines 9a, 11a, and 12a to determine Father's total obligation, and add lines 9b, 11b, and 12b to determine Mother's total obligation.		
	13a _____ \$	13b _____ \$	
14.	Shared Parenting Adjustment		
	9a _____	9b _____	
	x 1.5	X 1.5	
	Multiply each line 9a and 9b by 1.5.		
	14a _____	14b _____	
15.	Percentage of Overnight Stays		
	The Child(ren) spend(s) _____ Overnight stays with the Father each year. (Using the number on the above line, multiple it by 100 and divide it by 365.)		
	15a _____ %		
	The Child(ren) spend(s) _____ Overnight stays with the Mother each year. (Using the number on the above line, multiple it by 100 and divide it by 365.)		
		15b _____	

	FATHER	MOTHER	TOTAL
16. Adjust Financial Responsibility			
Multiply the # on line 14a by the percent on line 15b to get Father's Financial Responsibility.	16a _____		
Multiply the # on line 14b by the percent on line 15a to get Mother's Financial Responsibility.		16b _____	
17. Total Monthly Child Care Costs			
Calculate the net amount owed for the expenses incurred for day care. For purposes of calculating child support under this under this shared parenting arrangement, day care should be calculated without regard to the 25% reduction.			17 _____
Multiply the # on line 8a or 8b by the amount on line 17 to get the Father/Mother's share of the child care obligation.	17a _____	17b _____	
18. Total Monthly Child(ren)'s Health Insurance Costs			
This is only amounts paid for insurance on the child(ren) \$ _____ <b>plus</b>			
Amounts paid for child(ren)'s noncovered medical, dental and prescription medication costs \$ _____			
Total Monthly Child(ren) Health costs			18 _____
Multiply the # on line 8a or 8b by the amount on line 18 to get the Father/Mother's share of the child care obligation.	18a _____	18b _____	
19. TOTAL MONTHLY OBLIGATION			
Add lines 16a, 17a, and 18a to determine Father's Total Obligation.	19a _____		
Add lines 16b, 17b, and 18b to determine Mother's Total Obligation.		19b _____	

		FATHER	MOTHER	TOTAL
20.	Statutory Adjustments/Credits			
	Monthly child care payments actually made	20a	20b	
		_____	_____	
21.	Monthly health insurance payments actually made	21a	21b	
		_____	_____	
22.	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.	22a	22b	
		_____	_____	
23.	<b>TOTAL ADJUSTMENTS TO MONTHLY OBLIGATION</b>			
	Add lines 20a, 21a, and 22a to determine Father's Total Adjustments to Monthly Obligation.	23a		
		_____		
	Add lines 20b, 21b, and 22b to determine Mother's Total Adjustments to Monthly Obligation.		23b	
			_____	
24.	<b>TOTAL ADJUSTED MONTHLY OBLIGATION</b>			
	Subtract Line 23a from Line 19a to determine Total Child Support owed from Father to Mother	24a		
		_____		
	Subtract Line 23b from Line 19b to determine Total Child Support owed from Mother to Father		24b	
			_____	
25.	<b>ACTUAL CHILD SUPPORT TO BE PAID:</b>			
	Comparing Lines 24a and 24b, 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.	25a	<b>OR</b>	
		\$ _____	25b	\$ _____
		_____	_____	

\*\* If recurring income is not sufficient to meet the needs of the children, the court may order support to be paid from non-recurring income or assets. The court may also consider the

obligor to pay the clerk's fee for payments ordered to be paid through the clerk of court central depository.

**SCHEDULE A**  
**AVERAGE GROSS MONTHLY INCOME**

Average gross monthly income shall include the following:

	FATHER per month	MOTHER per month
a. Gross Salary or Wages		
b. Bonuses, commissions, allowances, overtime, tips, and similar income.		
c. Business Income from sources such as self-employment, partnership, close corporations, and/or independent contractors (gross receipts minus ordinary and necessary expenses required to produce income)		
d. Disability Benefits		
e. Workers' Compensation Benefits		
f. Unemployment Compensation		
g. Pension, Retirement, or Annuity Payments		
h. Social Security Benefits		
i. Spousal Support Received from Prior Marriage		
j. Interest and Dividends		
k. Rental Income (gross receipts minus ordinary and necessary expenses required to produce income)		
l. Income from Royalties, Trusts, and Estates		
m. Reimbursed Expenses and In-Kind Payments to the extent that they reduce personal living expenses		
n. Gains Derived from Dealing in Property (not including non-recurring gains)		
o. Itemize any Other Income of a recurring nature or factor considered		
<b>TOTAL MONTHLY GROSS INCOME</b>	<b>\$</b>	<b>\$</b>

**SCHEDULE B**  
**THE JUDGE SHALL DEDUCT THE FOLLOWING FROM GROSS INCOME**

	FATHER per month	MOTHER per month
a. Federal, State and Local Income Taxes	_____	_____
b. F.I.C.A	_____	_____
c. Medicare	_____	_____
d. Mandatory Retirement Contribution	_____	_____
e. Health Insurance Payments	_____	_____
f. Court-Ordered Child Support (paid for children not of this marriage)	_____	_____
g. Other:	_____	_____
<b>TOTAL ALLOWABLE MONTHLY DEDUCTIONS</b>	<b>\$</b>	<b>\$</b>

**SCHEDULE D**  
**ADJUSTMENTS TO PARENT'S SHARE OF THE MINIMUM CHILD SUPPORT NEED**  
 ADJUSTMENTS TO: \_\_\_\_\_

The court may adjust either or both parent's share of the minimum child support award based upon the following considerations (check where applicable):

		<u>AMOUNT</u>
_____	1. Extraordinary medical, psychological, educational, or dental expenses.	\$ _____
_____	2. Independent income of the children.	_____
_____	3. The payment of both child support and spousal support to recipient residential parent (obligee).	_____
_____	4. Seasonal variations in one or both parent's incomes or expenses.	_____
_____	5. The age of the child(ren), taking into account the greater needs of older children.	_____
_____	6. Special needs that have traditionally been met within the family budget even though the fulfilling of those needs will cause the support to exceed the proposed guidelines.	_____
_____	7. The particular shared parental arrangement, such as when:	
_____	(a) the child(ren) spend a great deal of time with the secondary residential parent, thereby reducing the financial expenditures incurred by the primary parent;	_____
_____	(b) the non-residential parent refuses to become involved in the activities of the child(ren);	_____
_____	(c) the primary residential parent provides homemaking services.	_____
_____	8. Total available assets of residential parent, non-residential parent, and/or child(ren) (specify):	_____
_____	9. The impact of the Internal Revenue Service dependency exemption and waiver of that exemption.	_____
_____	10. When the application of the child support guidelines requires payment of more than 55% of a party's gross income for current support from a single order.	_____
_____	11. Any other adjustment which is needed to achieve an equitable result which may include, but not be limited to, a reasonable and necessary existing expense or debt.	_____

Date prepared:

I AM AWARE THAT ANY MATERIALLY FALSE STATEMENT KNOWINGLY MADE ON MY CHILD SUPPORT GUIDELINES WORKSHEET WITH THE INTENT TO DEFRAUD OR MISLEAD SHALL SUBJECT ME TO THE PENALTY FOR PERJURY AND MAY BE CONSIDERED A FRAUD UPON THE COURT.

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

\_\_\_\_\_  
Signature

Sworn to and subscribed before  
me on this, the \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida