Circuit Court for _____ **Case No.** _____
City or County

_____ vs. _____
Name Name

_____ _____ _____
Street Address Apt. # Street Address Apt. #

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
City State Zip Code Area Code Telephone City State Zip Code Area Code Telephone

CHILD SUPPORT GUIDELINES WORKSHEET A

(Primary Physical Custody to One Parent)

(DOM REL 34)

_____ _____ _____ _____
Name of Child Date of Birth Name of Child Date of Birth

_____ _____ _____ _____
Name of Child Date of Birth Name of Child Date of Birth

_____ _____ _____ _____
Name of Child Date of Birth Name of Child Date of Birth

	Mother	Father	Combined
1. MONTHLY ACTUAL INCOME (Before taxes)(Code, Family Law Article, §12-201(b))	$	$	
a. Minus pre-existing child support payment actually paid	-	-	
b. Minus alimony actually paid	-	-	
c. Plus / minus alimony awarded in this case	+/-	+/-	
2. MONTHLY ADJUSTED ACTUAL INCOME	$	$	$
3. PERCENTAGE SHARE OF INCOME (Divide each parent's income on Line 2 by the combined income on Line 2)	%	%	
4. **BASIC CHILD SUPPORT OBLIGATION** (Apply Line 2 Combined Income to Child Support Schedule)			$
a. Work-Related Child Care Expenses (Code, FL § 12-204(g))			+
b. Health Insurance Expenses (Code, FL § 12-204(h)(1))			+
c. Extraordinary Medical Expenses (Code, FL § 12-204 (h)(2))			+
d. Additional Expenses (Code, FL § 12-104(i))			+
5. TOTAL CHILD SUPPORT OBLIGATION (Add lines 4, 4a, 4b, 4c and 4d)			$
6. EACH PARENT'S CHILD SUPPORT OBLIGATION (Multiply Line 5 by Line 3 for each parent)	$	$	
7. TOTAL DIRECT PAY BY EACH PARENT (Add the expenses shown on lines 4a, 4b, 4c and 4d paid by each parent.)	$	$	
8. RECOMMENDED CHILD SUPPORT AMOUNT (Subtract line 7 from line 6 for each parent.)	$	$	

9. RECOMMENDED CHILD SUPPORT ORDER (Bring down amount from line 8 for the non-custodial parent only. If this is a negative number, see Comment (2) below.)	$	$	
Comments or special adjustments, such as (1) any adjustment for certain third party benefits paid to or for the child of an obligor who is disabled, retired, or receiving benefits as a result of a compensable claim (see Code, Family Law Article, § 12-204(j) or (2) that there is a negative dollar amount on line 9, which indicates a recommended child support order directing the custodial parent to reimburse the non-custodial parent this amount for "direct pay" expenses):			
PREPARED BY:		Date: _	

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