

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <div style="text-align: right;">County, Colorado</div>		<b>COURT USE ONLY</b>	
Court Address:			
In Re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning:			
Petitioner: <b>Martin Burns</b> and Co-Petitioner/Respondent: <b>Gladys Burns</b>			
Attorney or Party Without Attorney (Name and Address):		Case Number	
Phone:	E-mail:	Division:	Courtroom:
Fax:	Atty. Reg. #:		
WORKSHEET B - CHILD SUPPORT OBLIGATION: SHARED PHYSICAL CARE			
Children	Date of Birth	Children	Date of Birth
Andrea	3/2/2004		
Burton	6/8/2012		
	Mother	Father	Combined
<b>1. Monthly Gross Income</b>	\$ 3,424.00	\$ 10,875.00	
a. Plus maintenance received	+ 0.00	+ 0.00	
b. Minus maintenance paid	- 0.00	- 0.00	
c. Minus ordered child support payments for other children pursuant to 14-10-115(6)(a), C.R.S.	- 0.00	- 0.00	
d. Minus legal responsibility for children not of this marriage/relationship pursuant to 14-10-115(6)(b)(I), C.R.S.	- 0.00	- 0.00	
e. Minus ordered post-secondary education contributions *	- 0.00	- 0.00	
<b>2. Monthly Adjusted Gross Income</b>	\$ 3,424.00	\$ 10,875.00	\$ 14,299.00
<b>3. Percentage Share of Income</b> (Each parent's income from line 2 divided by Combined Income)	23.95%	76.05%	
<b>4. Basic Combined Obligation</b> (Apply line 2 Combined column to Child Support Schedule)			\$ 2,192.88
<b>5. Shared Physical Care Support Obligation</b> (Line 4 times 1.5)			\$ <b>3,289.32</b>
<b>6. Each Parent's Portion of Shared Physical Care Support Obligation</b> (Line 3 times line 5 for each parent)	\$ 787.79	\$ 2,501.53	
<b>7. Overnights with Each Parent</b> (Must total 365)	205.00	160.00	= 365
STOP HERE IF LINE 7 IS LESS THAN 93 FOR EITHER PARENT, IF SO, USE WORKSHEET A			
<b>8. Percentage Time with Each Parent</b> (Line 7 / 365)	56.16%	43.84%	
<b>9. Support Obligation for Time with Other Parent</b> (Line 6 times other parent's line 8)	\$ 345.37	\$ 1,404.86	

<b>10. Adjustments</b> (Expenses paid directly by each parent)			
<b>a.</b> Work-related Child Care Costs - Actual costs minus Federal Tax Credit pursuant to 14-10-115(9), C.R.S.	\$ 0.00	\$ 0.00	
<b>b.</b> Education-related Child Care Costs pursuant to 14-10-115(9), C.R.S.	\$ 0.00	\$ 0.00	
<b>c.</b> Health Insurance premium costs - Children's portion only pursuant to 14-10-115(10), C.R.S.	\$ 0.00	\$ 0.00	
<b>d.</b> Extraordinary Medical Expenses - Uninsured only pursuant to 14-10-115(10), C.R.S.	\$ 0.00	\$ 0.00	
<b>e.</b> Extraordinary Expenses - Agreed to by parents or by order of the court pursuant to 14-10-115(11)(a), C.R.S.	\$ 0.00	\$ 0.00	
<b>f.</b> Minus Extraordinary Adjustments pursuant to 14-10-115(11)(b), C.R.S.	\$ 0.00	\$ 0.00	
<b>11. Total Adjustments</b> (Add 10a, 10b, 10c, 10d, and 10e. Subtract 10f)	\$ 0.00	\$ 0.00	\$ 0.00
<b>12. Each Parent's Fair Share of Adjustments</b> (Line 11 Combined column times line 3 for each parent)	\$ 0.00	\$ 0.00	\$ 0.00
<b>13. Adjustments Paid in Excess of Fair Share</b> (Line 11 minus line 12, if negative enter zero)	\$ 0.00	\$ 0.00	
<b>14. Each Parent's Adjusted Support Obligation</b> (Line 9 minus line 13)	\$ 345.37	\$ 1,404.86	
<b>15. Recommended Child Support Order **</b> (Subtract lesser amount from greater in line 14)	\$	\$ <b>1,059.49</b>	
<b>Comments:</b>			
<p>* This adjustment applies only to modification of child support orders entered between 7/1/91 and 7/1/97 that provide for post-secondary education expenses pursuant to 14-10-115(15)(c), C.R.S.</p> <p>** If either the paying parent's monthly adjusted gross income of the combined monthly adjusted gross income is less than \$850.00, see 14-10-115(7(a)(II)(B) and (C), C.R.S.</p>			
<b>Prepared by:</b>			<b>Date:</b>
Signature: _____ Print Name: _____			09/29/2013

**The amount of child support ordered for shared physical care should not be more than an order for sole physical care. Complete a Worksheet A for comparison.**

### Health Insurance Premium Calculation

Use this worksheet if the actual amount of the health insurance premium that is attributable to the child(ren) is not available.

\$ _____	/	_____	= \$	_____	x	_____	=	_____
Total Premium		Number of Persons Covered by the Policy		Per Person Cost		Number of Children Who Are the Subject of this Order		Children's Portion of Cost of Health Insurance Premium (Enter on line 10c)

### Temporary Maintenance Worksheet

This worksheet applies only if annual combined adjusted gross incomes are under \$75,000.

For this purpose, "adjusted gross income" is gross income minus child and spousal support of prior relationships.

	Mother	Father
1. Gross Income. . . . .	3,424	10,875
2. Spousal support paid to prior relationships. . . . .	0	0
3. Child support paid to prior relationships. . . . .	0	0
4. Adjusted Gross Income( <i>lines 1 - 2 - 3</i> ). . . . .	3,424	10,875
5. 40% of higher-party income. . . . .	_____	_____
6. 50% of lower-party income. . . . .	_____	_____
7. Temporary Maintenance received/(paid) ( <i>line 5 - line 6</i> ). . . . .	0	0