

STATE OF CONNECTICUT  
**COMMISSION FOR CHILD SUPPORT GUIDELINES**  
**WORKSHEET for the Connecticut Child Support and Arrearage Guidelines**



MOTHER Marianne P Jones	FATHER Harold J Jones	CUSTODIAN <input checked="" type="checkbox"/> MOTHER <input type="checkbox"/> FATHER OTHER: _____	
COURT _____		D.N./CASE NO. 44-32323	NUMBER OF CHILDREN 2
CHILD'S NAME Tiffany	DATE OF BIRTH 4/5/1998	CHILD'S NAME Amber	DATE OF BIRTH 12/2/2000

*All money amounts in this worksheet may be rounded to the nearest dollar*

I. NET INCOME (Weekly amounts)		MOTHER	FATHER
1.	Gross income (attach verification)	\$ 1,075	\$ 3,606
	1a. Number of hours used in calculation		
2.	Federal income tax (based on all allowable exemptions, deductions and credits)	\$ 0	\$ 849
3.	Social security tax or mandatory retirement	\$ 64	\$ 107
4.	Medicare tax	\$ 14	\$ 49
5.	State and local income tax (based on all allowable exemptions, deductions and credits)	\$ 30	\$ 101
6.	Medical/hospital/dental insurance premiums (including Husky) for parent and all legal dependents	\$ 0	\$ 115
7.	Court-ordered life insurance for benefit of child	\$ 0	\$ 0
8.	Court-ordered disability insurance	\$ 0	\$ 0
9.	Mandatory union dues or fees (if deducted by employer)	\$ 5	\$ 0
10.	Mandatory uniforms and tools (if deducted by employer)	\$ 0	\$ 0
11.	Non-arrearage payments on court-ordered alimony and child support awards (for other than child)	\$ 0	\$ 46
12.	Imputed support obligation for qualified child (line 12d below times the number of qualified children)	\$ 0	\$ 0
		MOTHER	FATHER
	<i>Number of qualified children</i>	\$ 0	\$ 0
	12a. Sum of lines 2-11	\$	\$
	12b. Line 1 minus line 12a	\$	\$
	12c. Current support amount for the parent's qualified children plus all children for whom support is being determined (based on line 12b for claiming parent only)	\$	\$
	12d. Line 12c divided by number of children used in line 12c	\$	\$
13.	Sum of lines 2-12	\$ 113	\$ 1,267
14.	Net income (line 1 minus line 13)	\$ 962	\$ 2,339

II. CURRENT SUPPORT			
15.	Combined net weekly income (rounded to the nearest \$10)	\$ 3,300	
16.	Basic child support obligation (from Schedule of Basic Child Support Obligations)	\$ 570	
17.	Each parent's percent share of ln 15 (ln 14 for each parent divided by ln 15, times 100%)	29 %	71 %
	(If noncustodial parent is a low-income obligor, skip this line and enter ln 16 amount in noncustodial parent's column on ln 18.)		
18.	Each parent's share of the basic child support obligation (line 17 times line 16 for each parent)	\$ 165	\$ 405
19.	Social security dependency benefits adjustment	\$	\$
20.	Presumptive current support amounts (line 18 minus line 19) (Rounded to the nearest dollar) (Enter noncustodial parent's amount on ln 34, unless deviation criteria apply - see sec. VII.)	\$ 165	\$ 405

CONTINUED ON REVERSE

III. NET DISPOSABLE INCOME		MOTHER	FATHER
21.	Line 14 plus line 34 (for custodial parent); line 14 minus line 34 (for noncustodial parent)	\$ 1,367	\$ 1,934
22.	Amount of weekly alimony (if any) (paid by: <input checked="" type="checkbox"/> noncustodial parent <input type="checkbox"/> custodial parent)	\$ 35	
23.	Line 22 times 80%	\$ 28	
24.	Line 21 plus line 23 (for recipient of alimony, line 21 minus line 23 (for payer of alimony)	\$ 1,395	\$ 1,906
25.	Noncustodial parent's line 19 amount (social security dependency benefits for child)	\$ 0	
26.	Line 24 plus line 25 (for custodial parent); line 24 minus line 25 (for noncustodial parent)	\$ 1,395	\$ 1,906

IV. UNREIMBURSED MEDICAL EXPENSE			
27.	Sum of line 26 amounts (combined net disposable income)	\$ 3,301	
28.	Each parent's percentage share of combined net disposable income (line 26 for each parent divided by line 27, times 100% - rounded to the nearest whole percentage) <i>If the noncustodial parent is a low-income obligor, proceed to line 29.</i> <i>If the noncustodial parent is not a low-income obligor, enter these percentages on line 35, unless deviation criteria apply.</i>	42 %	58 %
29.	Unless deviation criteria apply, enter on line 35 for the noncustodial parent the lesser of the noncustodial parent's line 28 percentage or 50%; and enter on line 35 for the custodial parent 100% minus the percentage entered for the noncustodial parent.		

V. CHILD CARE CONTRIBUTION	
30.	Determine if noncustodial parent's line 26 amount falls within the darker shaded area of the schedule. If it does proceed to line 31. If it does not, skip line 31 and enter the noncustodial parent's line 28 percentage on line 36, unless deviation criteria apply.
31.	Determine if the custodial parent's line 26 amount falls within the darker shaded area of the schedule. If it does not, enter 20% on line 36 as the noncustodial parent's child care contribution, unless deviation criteria apply. If it does, enter on line 36 the lesser of the noncustodial parent's line 28 percentage or 50%, unless deviation criteria apply.

VI. ARREARAGE PAYMENT (Enter line 32 amount on line 38 unless deviation criteria apply.)	
32.	20% of line 34: \$ _____ OR amount determined in A, B, C or D, below (check box that applies and enter amount here): \$ _____ <input type="checkbox"/> A. If noncustodial parent is a low-income obligor, enter the greater of 10% of line 34 or \$1 per week, unless paragraph B below applies. <input type="checkbox"/> B. If the child is living with the obligor, enter: (1) \$1 per week if the obligor's gross income is less than or equal to 250% of poverty level, OR (2) 20% of an imputed support obligation for the child if the obligor's gross income is greater than 250% of poverty level. <input type="checkbox"/> C. If there is no current support order and paragraph B above does not apply, enter: (1) 20% of an imputed support obligation if the child is an unemancipated minor, OR (2) 50% of an imputed support obligation if the child is deceased, emancipated, or over age 18. <input type="checkbox"/> D. If paragraphs A, B and C, above, do not apply and the sum of the current support and arrearage payments would exceed 55% of the noncustodial parent's line 14 amount, enter 55% of the noncustodial parent's line 14 amount, minus the line 34 amount.

VII. DEVIATION CRITERIA (Attach additional sheet if necessary.)																															
33.	Reason(s) for deviation from presumptive support amounts: (Check all boxes that apply.) <input type="checkbox"/> Check here if deviating by agreement.																														
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VIII. RECOMMENDED ORDERS (Explain any amounts that are different from presumptive amounts in Section VII.)	
34.	Current support: \$ 405 (presumptive current support from line 20: \$ 405 )
35.	Unreimbursed medical expenses: <i>Mother</i> 42 % <i>Father</i> 58 %
36.	Child care contribution: 58 % (OR in conjunction with a finding of noncompliance: )
37.	Total arrearage: \$ _____ to state _____ to family _____ 38. Arrearage payment: \$ 0
39.	Total child support award (exclusive of percentage amounts): \$ 405
40.	Additional orders (if any): _____

PREPARED BY Joe Smith	TITLE _____	DATE 07/20/2005
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