

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,

IN AND FOR _____ COUNTY, FLORIDA

Case No.: 44-32323

Division: _____

George J Jones _____ ,
Petitioner,

and

Marianne P Jones _____ ,
Respondent.

NOTICE OF FILING CHILD SUPPORT GUIDELINES WORKSHEET

PLEASE TAKE NOTICE, that {name} George J Jones _____ , is filing his/her
Child Support Guidelines Worksheet attached and labeled Exhibit 1.

CERTIFICATE OF SERVICE

I certify that a copy of this Notice of Filing with the Child Support Guidelines Worksheet was

[one only] mailed faxed and mailed hand delivered to the person(s) listed below on

{date} _____ .

Other party or his/her attorney:

Name: Marianne P Jones _____

Address: 40 Winding Way _____

City, State, Zip: _____

Fax Number: _____

Signature of Party

Printed Name: George J Jones _____

Address: 17 Merion Ln _____

City, State, Zip: Merion, FL 19333 _____

Telephone Number: 610-444-5555 _____

Fax Number: _____


CHILD SUPPORT GUIDELINES WORKSHEET

	A. FATHER George	B. MOTHER Marianne	TOTAL
1. Present Net Monthly Income From Florida Form 902b or 902c In 27.	9,398	4,705	14,103
2. Basic Monthly Obligation [from child support guidelines chart] There is (are) <u> 2 </u> minor child(ren) common to the parties.			2,536
3. Percent of Financial Responsibility [Divide 1A by total on line 1 for father, In 1B by total for mother]	66.64 %	33.36 %	
4. Share of Basic Monthly Obligation [Ln 2 X In 3A for father's share, In 2 X In 3B for mother's share]	1,690	846	
Additional Support - Health Insurance, Child Care & Other			
5a. 75% of Monthly Child Care Costs [Child care costs should not exceed level required, 61.30(7), Fla Stat]			358
5b. Total Monthly Child(ren)'s Health Insurance Cost [Only amounts actually paid for health insurance on the child(ren).]			80
5c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs			0
5d. Total Monthly Child Care & Health Costs [Add lines 5a + 5b + 5c]			438
6. Additional Support Payments [Ln 5d X In 3A for father's share, In 5d X In 3B for mother's share]	292	146	
Statutory Adjustments/Credits			
7a. Monthly child care payments actually made	0	477	
7b. Monthly health insurance payments actually made	80	0	
7c. 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. [See § 61.30 (8), Florida Statutes]	0	0	
8. Total Support Payments actually made [Add lines 7a through 7c]	80	477	
9. MINIMUM CHILD SUPPORT OBLIGATION FOR EACH PARENT [Line 4 plus line 6; minus line 8]	1,902	515	
Substantial Shared Parenting (GROSS UP METHOD) If the noncustodial parent exercises visitation at least 40 percent of the overnights in the year (146 overnights in the year), complete Nos. 10 through 21			
10. Basic Monthly Obligation x 150% [Multiply line 2 by 1.5]			



CHILD SUPPORT GUIDELINES WORKSHEET - PAGE 2

	A. FATHER	B. MOTHER	TOTAL
11. Increased Basic Obligation for each parent [Ln 10 X In 3A for father's share, In 10 X In 3B for mother's share]			
12. Percentage of overnight stays with each parent The child(ren) spend(s) _____ overnight stays with the father each year. [multiply by 100/365 for In 12A] The child(ren) spend(s) _____ overnight stays with the mother each year. [multiply by 100/365 for In 12B]	%	%	
13. Parent's support multiplied by other Parent's pct of overnights. [Ln 11A X 12B for 13A, 11B X 12A for 13B]			
Additional Support - Health Insurance, Child Care & Other			
14a. Total Monthly Child Care Costs [Child care costs should not exceed level required, 61.30(7)]			
14b. Total Monthly Child(ren)'s Health Insurance Cost [Only amounts actually paid for health insurance on child(ren)]			
14c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication Costs			
14d. Total Monthly Child Care & Health Costs [Add lines 14a + 14b + 14c]			
15. Additional Support Payments [Ln 14d X 3A for father's share, Ln 14d X 3B for mother's share]			
Statutory Adjustments/Credits			
16a. Monthly child care payments actually made			
16b. Monthly health insurance payments actually made			
16c. 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. [See § 61.30 (8), Florida Statutes]			
17. Total Support Payments actually made [Add 16a through 16c]			
18. Total Additional Support Transfer Amount [Line 15 minus line 17; Enter any negative number as zero]			
19. Total Child Support Owed from Father to Mother [Lines 13A + 18A]			
20. Total Child Support Owed from Mother to Father [Lines 13B + 18B]			
21. Actual Child Support to Be Paid [Comparing In 19 to 20, Subtract smaller amount from larger]	\$ _____	-or- \$ _____	


ADJUSTMENTS TO GUIDELINES AMOUNT.

If you or the other parent is 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 Supreme Court Approved Family Law Form 12.943.

[**one** only]

- a. Deviation from the guidelines amount is requested. The Motion to Deviate from Child Support Guidelines  Florida Supreme Court Approved 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 Supreme Court Approved Family Law Form 12.943, is not attached.

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}* George J Jones , who is the [**one** only] petitioner **or** respondent,
 fill out this form.