



_____ County District/Juvenile Court Court Address: _____	▲ Court Use Only ▲
Petitioner: _____ and Co-Petitioner/ Respondent: _____	
Attorney or Party Without Attorney (My name and address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____  Division: _____ Courtroom: _____

**Worksheet A – Child Support Obligation: Sole Physical Care**

Children	Date of Birth	Children	Date of Birth
<b>Check box of parent with 273 or more overnights per year*</b>	<input type="checkbox"/> <b>Mother</b>	<input type="checkbox"/> <b>Father</b>	<b>Combined</b>
<b>1. Monthly Gross Income</b>	\$	\$	
a. Plus maintenance (spousal/partner support) received (see page 2 for calculation worksheet)	+	+	
b. Minus maintenance paid (see page 2 for calculation worksheet)	-	-	
c. Minus ordered child support payments for other children pursuant to §14-10-115(6)(a), C.R.S.	-	-	
d. Minus legal responsibility for children not of this marriage/civil union/relationship pursuant to §14-10-115(6)(a)(II) and (III), C.R.S.	-	-	
e. Minus ordered post-secondary education contributions**	-	-	
<b>2. Monthly Adjusted Gross Income</b> (If either the paying parent's income or Combined Income is \$1,500 or less, see Low-income Worksheet on page 3)	\$	\$	\$
<b>3. Percentage Share of Income</b> (Each parent's income from line 2 divided by Combined Income)	%	%	
<b>4. a. Basic Combined Obligation</b> (Apply line 2 Combined column to Child Support Schedule)			\$
b. Each parent's share of basic support obligation (Each parent's percentage from line 3 times combined obligation in 4a)	\$	\$	
<b>5. Low-Income Adjustment</b> (If paying parent's income or combined income in line 2 is less than \$1500.00, see Low-income Worksheet on page 3)	\$	\$	
<b>6. Adjustments</b> (Expenses paid directly by each parent)			
a. Work-related Child Care Costs - Actual costs minus Federal Tax Credit pursuant to §14-10-115(9), C.R.S.	\$	\$	

<b>b.</b> Education-related Child Care Costs pursuant to §14-10-115(9), C.R.S.	\$	\$	
<b>c.</b> Health Insurance premium costs – Children’s portion only pursuant to §14-10-115(10), C.R.S. (See page 3 for calculation worksheet)	\$	\$	
<b>d.</b> Extraordinary Medical Expenses - Uninsured only pursuant to §14-10-115(10), C.R.S.	\$	\$	
<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.	\$	\$	
<b>f.</b> Minus Extraordinary Adjustments pursuant to §14-10-115(11)(b), C.R.S.	\$	\$	
<b>7. Total Adjustments</b> (For each column, add 6a, 6b, 6c, 6d and 6e. Subtract line 6f for total. Then add two totals for Combined column amount)	\$	\$	\$
<b>8. Each Parent’s Fair Share of Adjustments</b> (Line 7 Combined column times line 3 for each parent)	\$	\$	
<b>9. Each Parent’s Share of Total Child Support Obligation</b> (Add lines 4b (or line 5 if less) and line 8 for each parent)	\$	\$	
<b>10. Paying Parent’s Adjustment</b> (Enter line 7 for parent with less parenting time only)	\$	\$	
<b>11. Recommended Child Support Order</b> (Subtract line 10 from line 9 for the paying parent only. Leave receiving parent column blank)	\$	\$	
<b>Comments:</b>			
*The children reside with one parent for 273 or more overnights per year. If this is not the case, use Worksheet B.			
**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.			
<b>Prepared by:</b>			<b>Date:</b>
Signature: _____ Print Name: _____			
Signature: _____ Print Name: _____			

**Spousal Maintenance Calculation**

1. Maintenance received and paid by same parties as child support order
  - a. If the maintenance is tax deductible to the recipient and taxable to the payor, put the actual amount received in Line 1a and the actual amount paid in Line 1b.
  - b. If the maintenance is non-tax-deductible to the recipient and non-taxable to the payor, complete Line 1, 1c, 1d, 1e and 2 to determine combined monthly adjusted gross income. If the combined adjusted monthly gross income is \$10,000 or less, multiply the maintenance amount by 1.25 and then complete Line 1a and 1b and recalculate Line 2 for each party (the combined box in Line 2 will not be impacted). If the combined adjusted monthly gross income is more than \$10,000, multiply the maintenance amount by 1.33 and then complete Line 1a and 1b and recalculate Line 2 for each party (the combined box in Line 2 will not be impacted).
2. Maintenance is received or paid by either party to or from another individual:
  - a. If the maintenance is tax deductible to the recipient and taxable to the payor, put the actual amount received in Line 1a or the actual amount paid in Line 1b.
  - b. If the maintenance is non-tax-deductible to the recipient and non-taxable to the payor, put the actual amount received multiplied by 1.25 in Line 1a or actual amount paid multiplied by 1.25 in Line 1b.

