Tip – Use the free online software to calculate your support payment:

JDF 1821	**Support Worksheet** For Child and Spousal Support

A. District or Juvenile Court

Colorado County: _____

Court Address:

B. Parties to the Case

Petitioner: _____

&

Co-Petitioner or

Respondent: _____

This box is for court use only.

C. My Information *(or attorney's if represented)*

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

D. Case Details

Number: _____

Division/Courtroom: _____

In this document, "Pt" stands for the Petitioner and "C/R" stands for the Co-Petitioner or Respondent

Note! This form will frequently require you to refer to tables found in the Colorado Statutes. It is ***highly*** recommended to use a [guided form interview] to complete this form instead.

1. Children

Name	Date of Birth	Name	Date of Birth

2. Support Obligation

A. Income & Obligation

Item	Pt	C/R	Combined
1) **Monthly Gross Income** (before taxes, deductions, etc.)	$	$	
a) Plus maintenance *(spousal/partner support)* received See Spousal Support Calculation on page 3.	+	+	
b) Minus maintenance paid See Spousal Support Calculation on page 3.	-	-	

Item	Pt	C/R	Combined
c) Minus ordered child support payments for other children pursuant to C.R.S. § 14-10-115(6)(a).	-	-	
d) Minus legal responsibility for children not of this marriage/civil union/relationship pursuant to C.R.S. § 14-10-115(6)(a)(II) and (III).	-	-	
2) Monthly Adjusted Gross Income	$	$	$
3) Percentage of Shared Income Each parent's income from line 2 divided by combined income.	%	%	
4) Basic Combined Support Obligation Apply line 2 combined column to Child Support Schedule. See C.R.S. § 14-10-115(7)(b).			$
5) Each Parent's Proportional Share of Basic Support Obligation (% share of income [line 3] x basic support obligation [line 4])	$	$	
a) Overnights with Each Parent Must total 365			= 365
b) Parenting Time Credit Percentage See C.R.S. § 14-10-115(8)(h)	%	%	
c) Shared Parenting Time Adjustment Line 4 x parent's percentage from table (line 5.b)	$	$	
6) Each Parent's Obligation Before Expense Adjustment Line 5 minus line 5.c	$	$	
7) Minimum Order, Low-Income Adjustment and Self-Support Reserve Test Obligor may qualify for other reductions. Check for additional deductions at C.R.S. § 14-10-115(7)(a)(III). See [Section 5] on page 4 for additional information.	$	$	

B. Adjustments

8) Adjustment Expenses paid directly by each parent	Pt	R/C	Combined
a) Work-related Child Care Costs Actual costs minus Federal Tax Credit pursuant to C.R.S. § 14-10-115(9).	+$	+$	
b) Education-related Child Care Costs Pursuant to C.R.S. § 14-10-115(9).	+$	+$	
c) Health Insurance premium costs - Children's portion only pursuant to C.R.S. § 14-10-115(10). (See page 5 for calculation worksheet)	+$	+$	

8) Adjustment Expenses paid directly by each parent	Pt	R/C	Combined
d) Extraordinary Medical Expenses Pursuant to C.R.S. § 14-10-115(10).	+$	+$	
e) Extraordinary Expenses Agreed to by parents or by order of the court pursuant to C.R.S. § 14-10-115(11)(a).	+$	+$	
f) Minus Extraordinary Adjustments Pursuant to C.R.S. § 14-10-115(11)(b), (c).	-$	-$	
9) Total Adjustments For each column, add 8a, 8b, 8c, 8d, and 8e. Subtract line 8f. Add two totals for combined column amount	$	$	$
10) Each Parent's Share of Adjustments (% share of income of each parent (line 3) x total adjustment expenses (line 9))	$	$	
11) Adjustments Paid in Excess of Fair Share Line 9 minus line 10. If negative number, enter zero.	$	$	
12) Each Parent's Adjusted Support Obligation Line 6 minus line 11	$	$	
13) Recommended Child Support Payment *See Section 2C below for more info.*	$	$	

C. Recommended Child Support Payment

The: *(select parent role)* ☐ Petitioner ☐ Co-Petitioner/Respondent

Select the parent who had the greater amount in line 12.

Is recommended to pay: $ _____

Subtract the lesser amount from the greater amount in line 12 and enter the result.

Comments

1) The amount of child support owed by a parent with shared parenting time or shared physical care must not exceed the amount owed by that same parent if the parent had no overnights pursuant to C.R.S. § 14-10-115(7)(a)(III)(C) and C.R.S. § 14-10-115(7)(a)(IV).
2) If the paying parent's monthly adjusted gross income is less than or equal to the Self-Support Reserve, see C.R.S. 14-10-115(7)(a)(III)(C). If the paying parent's monthly adjusted gross income is greater than the Self-Support Reserve, but less than or equal to the state minimum wage multiplied by forty hours, multiplied by fifty-two weeks a year, divided by twelve months, see C.R.S. 14-10-115(7)(a)(IV).

3. Prepared By

Print Name: _____ Print Name: _____

Signature: Signature:

Dated: _____ Dated: _____

4. Spousal Support Calculation *(Spousal Support is also called Alimony or Maintenance)*

A. Spousal Support received and paid by same parties as child support order.
   1) If the Spousal Support is deductible for federal income tax purposes by the payor, put the actual amount received in Line 1a and the actual amount paid in Line 1b.
   2) If the Spousal Support is non-tax-deductible for federal income tax purposes by 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 actual amount of maintenance paid 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 actual amount of maintenance paid 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).

B. Spousal Support received or paid by either party to or from another individual not involved in the child support order:
   1) If the Spousal Support is deductible for federal income tax purposes by the payor, put the actual amount received in Line 1a or the actual amount paid in Line 1b.
   2) If the Spousal Support is non-tax-deductible for federal income tax purposes by 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.

5. Minimum Order / Low-Income Adjustment / Self-Support Reserve Test

If the obligor's monthly adjusted gross income is equal to or less than $650, the recommended child support order is $10 per month, regardless of the number of children. **Enter $10 on lines 6, 12, and 13 in that parent's column and skip lines 8 through 11.**

If, as a result of shared parenting time, the obligor's presumptive total monthly child support obligation is less than $10 then the $10 minimum monthly order amount does not apply, and the presumptive total monthly child support obligation applies.

"Self-Support Reserve" means an amount equal to the state hourly minimum wage multiplied by twenty-nine hours per week, multiplied by fifty weeks per year, divided by twelve months. C.R.S. § 14-10-115(3)(g.5).

If the obligor's monthly adjusted gross income is less than or equal to the Self-Support Reserve but more than $650, the obligor's basic child support obligation per month is reduced to: 1 child = $50.00; 2 children = $70.00; 3 children = $90.00; 4 children = $110.00; 5 children = $130.00; 6 or more children = $150.00

The reduced low-income adjustment does not apply if, as a result of shared parenting time, the adjustment is greater than the obligor's presumptive total monthly child support obligation calculated pursuant to the child support guidelines. The amount of child support owed by a parent with shared physical care must not exceed the amount owed by that same parent if the parent had no overnights.

If income is above the Self-Support Reserve, see C.R.S. § 14-10-115(7)(a) for additional information on calculating the basic child support obligations as it relates to the Self-Support Reserve.

6. Health Insurance Premium Calculation

The amount of the health insurance premium to be added to the basic child support obligation must be the actual amount of the total insurance premium that is attributable to the child(ren) who are the subject of this order, and it must be divided by the parents in proportion to their adjusted gross income.

If the actual amount of the health insurance premium that is attributable to the child(ren) who are the subject of this order is not available or cannot be verified, the total cost of the premium should be divided by the total number of persons covered by the policy to determine a per-person cost. This amount is then multiplied by the number of children who are the subject of this order and are covered by the policy. This amount is then entered on [line 8c] on page 2 of this form.

Total Premium: $ _____

÷ Number of Persons Covered by the Policy: _____

= Per Person Cost: _____

X Number of Children who are Subject of this Order: _____

= Children's portion of cost of health insurance premium: _____

Enter this amount on line 8c.