

CIRCUIT COURT OF _____, MISSOURI
CASE NO. _____ DIV/CT ROOM _____

Form 14 CHILD SUPPORT AMOUNT CALCULATION WORKSHEET

In re the Matter of: _____ **Petitioner** and _____ **Respondent**

CHILDREN	DATE OF BIRTH	CHILDREN	DATE OF BIRTH
Child One		Child Four	
Child Two		Child Five	
Child Three		Child Six	
	Parent Receiving Support	Parent Paying Support	Combined
1. MONTHLY GROSS INCOME			
a. Court ordered maintenance being received.			
2. ADJUSTMENTS (per month)			
a. Other court or administratively ordered child support being paid.			
b. Court ordered maintenance being paid.			
c. Support obligation for other children in parent's primary physical custody.			
3. ADJUSTED MONTHLY GROSS INCOME (Sum of lines 1 and 1a, minus lines 2a, 2b and 2c)			
4. PROPORTIONATE SHARE OF COMBINED ADJUSTED MONTHLY GROSS INCOME (Each parent's line 3 income divided by combined line 3 income).			
5. BASIC CHILD SUPPORT AMOUNT (From support chart using combined line 3 income).			
6. ADDITIONAL CHILD-REARING COSTS (per month)			
a. Reasonable work-related child care costs of the parent receiving support () less any child care tax credit ().			
b. Reasonable work-related child care costs of the parent paying support.			
c. Health insurance costs for the children who are subjects of this proceeding.			
d. Uninsured extraordinary medical costs. (Agreed by parents or ordered by court).			
e. Other extraordinary child rearing costs. (Agreed by parents or ordered by court)			
7. TOTAL ADDITIONAL CHILD-REARING COSTS (Sum of lines 6a, 6b, 6c, 6d and 6e)			
8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and combined line 7).			
9. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 8 by each parent's line 4)			
10. CREDIT FOR ADDITIONAL CHILD-REARING COSTS (Line 7 of parent paying support).			
11. ADJUSTMENT FOR A PORTION OF THE AMOUNTS EXPENDED DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. (Multiply line 5 by _____ %).			
12. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11).			
PREPARED BY:			