

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____	COURT USE ONLY
In Re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning:	
Petitioner: <b>Harold J Jones</b> and Co-Petitioner/Respondent: <b>Marianne P Jones</b>	

Attorney or Party Without Attorney (Name and Address): _____  Phone: _____ E-mail: _____ Fax: _____ Atty. Reg. #: _____	Case Number 44-32323  Division: _____ Courtroom: _____
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WORKSHEET A - CHILD SUPPORT OBLIGATION: SOLE PHYSICAL CARE

Children	Date of Birth	Children	Date of Birth
Tiffany	4/5/1998		
Amber	12/2/2000		

Check box of parent with 273 or more overnights per year *	<input checked="" type="checkbox"/> Mother	<input type="checkbox"/> Father	Combined
<b>1. Monthly Gross Income</b>	\$ 4,700	\$ 15,625	
a. Plus maintenance received	+ 967	+ 0	
b. Minus maintenance paid	- 0	- 967	
c. Minus ordered child support payments for other children pursuant to 14-10-115(6)(a), C.R.S.	- 0	- 200	
d. Minus legal responsibility for prior born children not of this marriage/relationship pursuant to 14-10-115(6)(b)(I), C.R.S.	- 0	- 0	
e. Minus ordered post-secondary education contributions **	- 0	- 0	
<b>2. Monthly Adjusted Gross Income</b> (If either the paying parent's or combined income less than \$850 enter \$50 on line 11 for paying parent.)	\$ 5,667	\$ 14,458	\$ 20,125
<b>3. Percentage Share of Income</b> (Each parent's income from line 2 divided by Combined Income)	28.2%	71.8%	
<b>4. a. Basic Combined Obligation</b> (Apply line 2 Combined column to Child Support Schedule)			\$ 2,685
b. Each parent's share of basic support obligation (Each parent's percentage from line 3 times combined obligation in 4a)	\$ 757	\$ 1,928	
<b>5. Low Income Adjustment</b> (If paying parent's income in line 2 is less than \$1850.00, see Low-income Worksheet on page 2)	\$	\$ 0	
<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.	\$ 382	\$ 0	
b. Education-related Child Care Costs pursuant to 14-10-115(9), C.R.S.	\$ 0	\$ 0	
c. Health Insurance premium costs - Children's portion only pursuant to 14-10-115(10), C.R.S.	\$ 0	\$ 334	
d. Extraordinary Medical Expenses - Uninsured only pursuant to 14-10-115(10), C.R.S.	\$ 0	\$ 0	

e. Extraordinary Expenses - Agreed to by parents or by order of the court pursuant to 14-10-115(11)(a), C.R.S.	\$ 0	\$ 0	
f. Minus Extraordinary Adjustments pursuant to 14-10-115(11)(b), C.R.S.	\$ 0	\$ 0	
<b>7. Total Adjustments</b> (For each column, add 6a, 6b, 6c, 6d and 6e. Subtract line 6f and add two totals for combined column amount)	\$ 382	\$ 334	\$ 716
<b>8. Each Parent's Fair Share of Adjustments</b> (Line 7 Combined column times line 3 for each parent)	\$ 202	\$ 514	\$ 3,401
<b>9. Each Parent's Share of Total Child Support Obligation</b> (Add lines 4b (or line 5 if less) and line 8)	\$ 202	\$ 514	
<b>10. Paying Parent's Adjustment</b> (Enter line 7 for parent with less parenting time only)	\$	\$ 334	
<b>11. Recommended Child Support Order</b> (Subtract line 10 from line 9 for paying parent only)	\$ 0	\$ 180	

**Comments:**

\* 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.

**Prepared by:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Date:**

10/18/2007

**Low-Income Adjustment Worksheet**

If the parents' combined monthly adjusted gross income is more than \$850.00 and the monthly adjusted gross income of the parent with fewer overnights per year is less than \$1850.00, use this worksheet to determine the adjustment allowed for that parent.

**Low-income Adjustment Calculation**

Adjusted monthly gross income of parent with fewer overnights (paying parent from line 2)

\$ \_\_\_\_\_ minus \$900.00 = \$ \_\_\_\_\_ times 40% (.40) = \$ \_\_\_\_\_

Plus one of the following, according to number of children

1 child = \$75.00	2 children = \$150.00	3 children = \$225.00	
4 children = \$275.00	5 children = \$325.00	6 or more children = \$350.00	+ \$ _____
<b>Low-income adjustment amount (#5 on worksheet)</b>			\$ _____

If this amount is less than the amount on line 4b (on page 1) for the parent with fewer overnights per year, this parent qualifies for the Low-income Adjustment. **Enter this amount on line 5 in that parent's column on page 1. If this number is a negative or zero, enter zero.**

**Health Insurance Premium Calculation**

Use this worksheet if the actual amount of the health insurance premium that is attributable to the child(ren) is not available.

\$ 500 / 3 = \$ 167 x 2 = 334

Total Premium	Number of Persons Covered by the Policy	Per Person Cost	Number of Children Who Are the Subject of this Order	Children's Portion of Cost of Health Insurance Premium (Enter on line 6c)
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