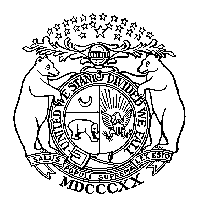
IN THE CIRCUIT COURT OF POLK COUNTY, MISSOURI



In re the Matter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ v \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIV/CT ROOM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### FORM NO. 14 CHILD SUPPORT AMOUNT CALCULATION WORKSHEET

|  |  |  |  |
| --- | --- | --- | --- |
| FATHER /  MOTHER is the “Parent Paying Support”  Total Number of Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PARENT RECEIVING SUPPORT | PARENT PAYING SUPPORT | COMBINED |
| 1. MONTHLY GROSS INCOME |  |  |  |
| 1a. Monthly court-ordered maintenance being received |  |  |  |
| 2. ADJUSTMENTS |  |  |  |
| 2a. Other monthly child support being paid under court or administrative order |  |  |  |
| 2b. Monthly court-ordered maintenance being paid |  |  |  |
| 2c. Monthly support obligation for other children. |  |  |  |
| (1) Number of other children primarily residing in each parent’s custody |  |  |  |
| (2) Each parent’s support obligation from support schedule using the parent’s Line 1 monthly gross income |  |  |  |
| (3) Monthly child support received under court or administrative order for children included in line 2c(1) |  |  |  |
| 2c. TOTAL adjustment [Line 2c(2) minus Line 2c(3)] |  |  |  |
| 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 OF PARENTS |  |  |  |
| 6a. Child Care Costs of Parent Receiving Support |  |  |  |
| (1) Reasonable work-related child care costs of the parent receiving support. |  |  |  |
| (2) Child Care Tax Credit (**See Form 14 Directions**) |  |  |  |
| 6a. TOTAL adjusted Child Care Costs [Line 6a(1) minus Line 6a(2)] |  |  |  |
| 6b. Reasonable work-related child care costs of the parent paying support |  |  |  |
| 6c. Health insurance costs for the children who are subjects of this proceeding |  |  |  |
| 6d. Uninsured agreed-upon or court-ordered extraordinary medical costs |  |  |  |
| 6e. Other agreed-upon or court-ordered extraordinary child-rearing costs |  |  |  |
| 7. TOTAL ADDITIONAL CHILD-REARING COSTS (Enter sum of lines 6a, 6b, 6c, 6d and 6e). |  |  |  |
| 8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and 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 AMOUNTS EXPENDED BY THE PARENT OBLIGATED TO PAY SUPPORT DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. (**See Form 14 Directions**) (Multiply line 5 by \_\_\_\_\_\_\_\_\_\_\_ %). |  |  |  |
| 12**.** PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11). |  |  |  |