

Part I. Identification

Indicate the status of each parent or caretaker by placing an "X" in the appropriate column

| | PRP | ARP | SPLIT |
|---|-----|-----|-------|
| Name of Mother: Sarah Susan Shipman Smith | X | | |
| Name of Father: Steven Scott Smith | | X | |
| Name of non-parent Caretaker: | | | |
| TCSES case #: | | | |
| Docket #: | | | |
| Court name: | | | |

| Name(s) of Child(ren) | Date of Birth | Days with Mother | Days with Father | Days with Caretaker |
|-----------------------|---------------|------------------|------------------|---------------------|
| Sally Sandra Smith | 5/5/2005 | 285 | 80 | |
| Shelton Sanders Smith | 6/6/2006 | 285 | 80 | |
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Part II. Adjusted Gross Income

Use Credit Worksheet to calculate line items 1d - 1e

| | Mother \ Column A | Father \ Column B | Nonparent Caretaker \ Column C |
|------------------------------------|-------------------|-------------------|--------------------------------|
| 1 Monthly Gross Income | \$ 2,800.00 | \$ 3,500.00 | |
| 1a Federal benefit for child | + 0.00 | + 0.00 | |
| 1b Self-employment tax paid | - 0.00 | - 0.00 | |
| 1c Subtotal | 2,800.00 | 3,500.00 | |
| 1d Credit for in-home children | - 0.00 | - 0.00 | |
| 1e Credit for not-in-home children | - 0.00 | - 0.00 | |
| 2 Adjusted Gross Income (AGI) | \$ 2,800.00 | \$ 3,500.00 | |
| 2a Combined Adjusted Gross Income | \$6,300.00 | | |
| 3 Percentage Share of Income (PI) | 44% | 56% | |

Part III. Parents' Share of BCSO

| | | | |
|---|------------|-----------|---------|
| 4 BCSO allotted to primary parent's household | \$ 1244.00 | \$ 0.00 | \$ 0.00 |
| 4a Share of BCSO owed to primary parent | \$ 0.00 | \$ 696.64 | |
| 5 Each parent's average parenting time | N/A | N/A | |
| 6 Parenting time adjustment | \$ N/A | \$ N/A | |
| 7 Adjusted BCSO | \$ 0.00 | \$ 696.64 | |

Part IV. Additional Expenses

| | Mother \ Column A | Father \ Column B | Nonparent Caretaker \ Column C |
|---|-------------------|-------------------|--------------------------------|
| 8a Children's portion of health insurance premium | \$ 0.00 | \$ 200.00 | \$ |
| 8b Recurring uninsured medical expenses | \$ 0.00 | \$ 0.00 | \$ |
| 8c Work-related childcare | \$ 250.00 | \$ 250.00 | \$ |
| 9 Total additional expenses | \$ 250.00 | \$ 450.00 | \$ 0.00 |
| 10 Share of additional expenses owed | \$ 198.00 | \$ 140.00 | |
| 11 Adjusted Support Obligation (ASO) | \$ 198.00 | \$ 836.64 | |

Part V. Presumptive Child Support Order

| OBLIGATION | | | |
|--|---------|-----------|--|
| 12 Presumptive Child Support Order (PCSO) | \$ 0.00 | \$ 639.00 | |
| * Enter the difference between the greater and smaller numbers from Line 11 except in non-parent caretaker situations. | | | |
| Low Income? <input type="checkbox"/> N (N=15% Y=7.5%) | | | |
| Current Order Flat %? <input type="checkbox"/> N (N / Y) | | | |
| Modification of Current Child Support Order | | | |
| 13a Current child support order amount for the obligor parent | \$ 0.00 | \$ 0.00 | |
| 13b Amount required for significant variance to exist | \$ 0.00 | \$ 0.00 | |
| 13c Actual variance between current and presumptive child support orders | \$ 0.00 | \$ 0.00 | |

Part VI. Deviations and FCSO

| | | | |
|---|---------|-----------|--|
| 14 Deviations (Specify): | \$ 0.00 | \$ 0.00 | |
| Deviations must be substantiated by written findings in the Child Support Order | | | |
| 15 Final Child Support Order (FCSO) | \$ 0.00 | \$ 639.00 | |
| 16 FCSO adjusted for Federal benefit, Line 1a, Obligor's column. | \$ 0.00 | \$ 639.00 | |

Comments, Calculations, or Rebuttals to Schedule

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Preparer's Use Only

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 Title: Attorney for Mother