

## Washington State Child Support Schedule Worksheets

Proposed by  (name) \_\_\_\_\_  State of WA (CSWP)  
 Or,  Signed by the Judicial/Reviewing Officer. (CSW)

County **Kitsap** Case No. **10**

Child/ren and Age/s: \_\_\_\_\_

Parents' names: **Cooper, Laila**  
 (Column 1)

**Cooper, Smith**  
 (Column 2)

	Column 1	Column 2
<b>Part I: Income</b> (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	<b>\$4,800</b>	<b>\$2,300</b>
b. Interest and Dividend Income	\$	\$
c. Business Income	\$	\$
d. Maintenance Received	\$	\$
e. Other Income	\$	\$
f. Imputed Income	\$	\$
g. Total Gross Monthly Income (add lines 1a through 1f)	\$	\$
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	<b>\$720</b>	<b>\$345</b>
b. FICA (Soc. Sec.+ Medicare)/Self-Employment Taxes	<b>\$72</b>	<b>\$35</b>
c. State Industrial Insurance Deductions	<b>\$12</b>	<b>\$5</b>
d. Mandatory Union/Professional Dues	\$	\$
e. Mandatory Pension Plan Payments	\$	\$
f. Voluntary Retirement Contributions	<b>\$65</b>	\$
g. Maintenance Paid	\$	\$
h. Normal Business Expenses	\$	\$
i. Total Deductions from Gross Income (add lines 2a through 2h)	<b>\$869</b>	<b>\$385</b>
3. Monthly Net Income (line 1g minus 2i)	<b>\$3,931</b>	<b>\$1,915</b>
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	<b>\$5,846</b>	
5. Basic Child Support Obligation Number of children: 2 x \$786 per child (enter total amount in box →)	<b>\$1,572</b>	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	<b>0.672</b>	<b>0.328</b>

	Column 1	Column 2
<b>Part II: Basic Child Support Obligation</b> (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5.)	\$1,056.38	\$515.62
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the federal poverty guideline for a one-person family.)	\$1,329	
a. Is Combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child.	\$	\$
b. Is Monthly Net Income Less Than Self-Support Reserve? If yes, for that parent enter the presumptive \$50 per child.	\$	\$100
c. Is Monthly Net Income equal to or more than Self-Support Reserve? If yes, for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive \$50 per child, whichever is greater.	\$	\$
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child.	\$1,056.38	\$100
<b>Part III: Health Care, Day Care, and Special Child Rearing Expenses</b> (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$100	\$0
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$0	\$0
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$100	\$0
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	\$100	
11. Day Care and Special Expenses		
a. Day Care Expenses	\$600	\$0
b. Education Expenses	\$0	\$0
c. Long Distance Transportation Expenses	\$0	\$0
d. Other Special Expenses (describe)	\$0	\$0
	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 11a through 11d)	\$600	\$0
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	\$600	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	\$700	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$470	\$230
<b>Part IV: Gross Child Support Obligation</b>		
15. Gross Child Support Obligation (line 9 plus line 14)	\$1,526.38	\$330
<b>Part V: Child Support Credits</b> (see Instructions, page 9)		

	Column 1	Column 2
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$100	\$0
b. Day Care and Special Expenses Credit	\$600	\$0
c. Other Ordinary Expenses Credit (describe)	\$0	\$0
d. Total Support Credits (add lines 16a through 16c)	\$700	\$0
<b>Part VI: Standard Calculation/Presumptive Transfer Payment</b> (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$826.38	\$330
<b>Part VII: Additional Informational Calculations</b>		
18. 45% of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$1,769	\$862
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$219	\$107
<b>Part VIII: Additional Factors for Consideration</b> (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	\$0	\$0
b. Investments	\$0	\$0
c. Vehicles and Boats	\$0	\$0
d. Bank Accounts and Cash	\$1,258	\$120
e. Retirement Accounts	\$1,000	\$0
f. Other (describe)	\$0	\$0
	\$	\$
21. Household Debt (List liens against household assets, extraordinary debt.)		
	\$1,800	\$1,300
	\$	\$
	\$	\$
	\$	\$
	\$	\$
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action) Name JOHN JONES Name _____	\$4,800 \$	\$0 \$
b. Income Of Other Adults In Household Name _____ Name _____	\$0 \$	\$0 \$
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8		

	Column 1	Column 2
_____	\$0	\$0
d. Income Of Child(ren) (if considered extraordinary) Name _____ Name _____	\$0 \$	\$0 \$
e. Income From Child Support Name _____ Name _____	\$0 \$	\$0 \$
f. Income From Assistance Programs Program _____ Program _____	\$0 \$	\$0 \$
g. Other Income (describe) _____ _____	\$0 \$	\$0 \$
23. Non-Recurring Income (describe) _____ _____	\$0 \$	\$0 \$
24. Monthly Child Support Ordered for Other Children		
Name/age: _____ Paid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0	\$0
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
MAXAMILLION (2)	X	
LILLIAN (3)	X	
26. Other Factors For Consideration		

