Case Name _____ Date Prepared _____

Docket Number _____ Name of Preparer _____

CHILD SUPPORT GUIDELINES WORKSHEET

All dollar amounts are weekly. Round all numbers to the nearest whole dollar or percentage.

1. AGE, NUMBER, AND PARENTING OF CHILDREN

a. Number of children who may be eligible to be covered by this order **2**

b. Check the box that applies to the children listed in 1a *(check **one** box only)*

The parents share financial responsibility and parenting time approximately equally (shared)	Box 1	☐
The children primarily reside with one parent for approximately 2/3 of the time	Box 2	☐
There is more than one child covered by the order and each parent provides a primary residence for at least one child (split)	Box 3	☐

c. Enter each parent's name

Parent A	**Parent B**

If you checked Box 2 above, enter the name of the parent with whom the children primarily reside in the column for Parent A, and the other parent's name as Parent B; otherwise, enter either parent's name in either column

Enter the number and age of children for whom each parent may be eligible to receive support

If you checked Box 1 above (shared), enter the number of children from 1a in the columns for both parents

If you checked Box 2 above, enter the number of children from 1a in the column for Parent A, and enter 0 in the column for Parent B

If you checked Box 3 above (split), enter the number of children primarily residing with each parent in each column

		Parent A	Parent B
d. Number of children under age 18			
e. Number of children 18 years or older	+		
f. Total number of children	=		

2. INCOME

		Parent A	Parent B
a. Gross weekly income			
Social Security dependency benefit			
b. *Enter the total amount of the dependency benefit in the column of the retired or disabled parent*	+		
c. *Enter the amount of the dependency benefit Social Security sent directly to each parent*			
Deductions:			
d. Other support obligations paid	–		
e. Health care premium/enrollment paid	–		
f. Dental/vision insurance cost paid	–		
Credits:			
g. Child care cost paid for children covered by this order			

Child:	1	2	3	4	5
Parent A					
Parent B					
Total					

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		Parent A	Parent B

3. GROSS SUPPORT AMOUNTS

a. Available income	*2a + 2b - 2d - 2e - 2f, but not less than $0*		+	
b. Combined available income	*Parent A 3a + Parent B 3a*		=	
c. Share of combined available income	*3a ÷ 3b (Min 0%, Max 100%)*			
d. Applicable available income	*3b or $7,692, whichever is less*			
e. Support amount for one child	*From Table A or Guidelines Chart for 3d*			
f. Adjustment for the number of children in 1f	*From Table B*		x	
g. Combined support amount	*3e x 3f*		=	

4. ADJUSTMENT FOR CHILDREN 18 YEARS OR OLDER

a. Adjustment percentage for the ages of the children listed in 1d and 1e	*From Table C*		x	
b. Adjustment for children 18 years or older	*3g x 4a*		=	
c. Adjusted combined support amount	*3g - 4b*			

5. PROPORTIONAL SUPPORT AMOUNTS

a. Minus each parent's share of support	*3c x 4c*		–	
b. Other parent's share of support	*4c - 5a*		=	
c. Other parent's share of support with low-income payor adjustment				

If you checked Box 2 in 1b, enter $0 for Parent B, and for Parent A:
If Parent B 3a > $249, enter 5b
If Parent B 3a ≤ $249, enter the amount from the shaded area of the Guidelines Chart for Parent B 3a

If you checked Box 1 or Box 3 in 1b, for each parent:
If the other parent's 3a > $249, enter 5b
If the other parent's 3a ≤ $249, enter the amount from the shaded area of the Guidelines Chart for the other parent's 3a

6. ADJUSTED SUPPORT AMOUNTS

		Parent A	Parent B
a. Child care cost benchmark amount			

For each child with an amount in 2g:

If the total child care cost paid by both parents (in the third row of 2g) ≤ $355, use the actual amounts in 2g for each parent.

If the total child care cost paid by both parents > $355, use for each parent: 2g x ($355 ÷ the total child care cost paid by both parents).

Add up the resulting amounts over all of the children and enter each parent's overall child care cost into the appropriate column in 6a.

b. Other parent's share of benchmark cost	*For Parent A: Parent B 3c x Parent A 6a* *For Parent B: Parent A 3c x Parent B 6a*			
c. Other parent's adjusted share of support	*5c + 6b*		=	

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	Parent A	Parent B

d. Support as % of each parent's available income

If you checked Box 2 in 1b, enter "N/A"
If you checked Box 1 or Box 3 in 1b, enter 6c ÷ 3a (If 3a = 0, enter 100%)

e. Other parent's adjusted share of support

If 6d is ≥ 10% or is N/A, enter 6c for each parent
If 6d is < 10%, enter 6c or ((6d + 10%) x the other parent's 3a), whichever is less, but not less than an amount from the shaded area of the Guidelines Chart

f. Recipient and Payor

If you checked Box 2 in 1b, enter "Recipient" for Parent A and "Payor" for Parent B
Otherwise: Enter "Recipient" in the column with the higher amount in 6e and "Payor" in the other column
If 6c is the same in both columns, enter "Recipient" in either column and "Payor" in the other column

g. Payor's adjusted share of support

Enter Recipient 6e - Payor 6e, but not less than $0, unless the below applies:
If you checked Box 1 or Box 3 in 1b, and there is a dependency benefit in Recipient 2b:
If you are using the electronic worksheet on Mass.gov, the worksheet automatically checks this box and calculates the correct amount ☐
If you are running the worksheet by hand, run a new worksheet replacing the Recipient's amount in 2b with the Recipient's amount from 2c Keep all other figures the same, and check this box in the new worksheet

7. PAYOR'S NET SUPPORT OBLIGATION

a. Support as % of Recipient's available income

If you checked Box 1 or Box 3 in 1b, enter "N/A"
If you checked Box 2 in 1b, enter 6g ÷ Recipient 3a (If 3a = 0, enter 100%)

b. Payor's support obligation adjusted for income disparity

If 7a is ≥ 10% or is N/A, enter 6g
If 7a is < 10%, enter 6e, 6g, or ((7a + 10%) x Payor 3a), whichever is less, but not less than an amount from the shaded area of the Guidelines Chart

c. Credit for Social Security dependency benefits paid

Enter from 2c the amount of the dependency benefit that Social Security sent directly to the Recipient due to the Payor's retirement or disability; if blank, enter $0

d. Payor's final support obligation

If 7b > 7c, enter 7b - 7c; otherwise enter $0

Payor pays Recipient

e. Support as % of Payor's available income

If Payor 3a = 0, enter 100%; otherwise 7d ÷ Payor 3a
If 7e ≥ 40%, check the box at right; otherwise leave it blank

☐ *If this box is checked, the support amount in 7d may be a substantial hardship justifying a deviation from the guidelines*

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	Parent A	Parent B

8. ADDITIONAL INCOME ABOVE $7,692

a. Combined additional income — *3b - $7,692 or $0, whichever is more*

b. Share of combined additional income — *8a x 3c*

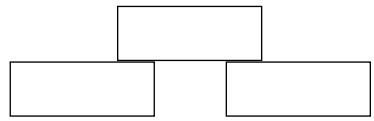

TABLE A: CHILD SUPPORT OBLIGATION SCHEDULE

All dollar amounts are weekly and rounded to the nearest dollar

	INCOME FROM WORKSHEET Minimum		Maximum	CHILD SUPPORT AMOUNT (1 CHILD)				
PAYOR	$ -	→	$ 210	$ 12	unless the court deviates			
PAYOR	$ 211	→	$ 249	$ 12 +	20%	above	$ 210	
COMBINED	$ 250	→	$ 750		22%			
COMBINED	$ 751	→	$ 1,400	$ 165 +	21%	above	$ 750	
COMBINED	$ 1,401	→	$ 2,200	$ 302 +	19%	above	$ 1,400	
COMBINED	$ 2,201	→	$ 3,500	$ 454 +	14%	above	$ 2,200	
COMBINED	$ 3,501	→	$ 5,000	$ 636 +	11%	above	$ 3,500	
COMBINED	$ 5,001	→	$ 7,692	$ 801 +	10%	above	$ 5,000	

TABLE B: ADJUSTMENT FOR NUMBER OF CHILDREN

NUMBER OF CHILDREN	ADJUSTMENT FACTOR
0	0.00
1	1.00
2	1.40
3	1.68
4	1.85
5	1.94

TABLE C: ADJUSTMENT FOR CHILDREN 18 YEARS OR OLDER

CHILDREN UNDER 18	CHILDREN 18 OR OLDER 1	2	3	4	5
0	25%	25%	25%	25%	25%
1	7%	11%	13%	14%	
2	4%	6%	7%		
3	2%	3%			
4	1%				
5					