

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR VOLUSIA COUNTY, FLORIDA

Petitioner,
and

Respondent.

Case No.: _____
Division: _____

CHILD SUPPORT GUIDELINES WORKSHEET

{Instructions regarding completion of this form can be located at www.flcourts.org and/or Family Law Rules of Procedure 12.902(e).}

I, {full legal name} _____, certify that the following statements are true:

	FATHER	MOTHER
1. PRESENT NET MONTHLY INCOME Enter the amount from line number 27, Section I of <input type="checkbox"/> Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit.	1a. \$ _____	1b. \$ _____
2. COMBINED PRESENT NET MONTHLY INCOME Add 1a and 1b.		2. \$ _____
3. BASIC MONTHLY OBLIGATION There is (are) {number} _____ minor child(ren) common to the parties. Using the amount on line 2, enter the appropriate amount from the child support guidelines chart.		3. \$ _____
4. PERCENT OF FINANCIAL RESPONSIBILITY Divide the amount on line 1a. by the amount on line 2 to get Father's percentage financial responsibility. Enter answer on line 4a. Divide the amount on line 1b. by the amount on line 2 to get Mother's percentage financial responsibility. Enter answer on line 4b.	4a. _____ %	4b. _____ %
5. SHARE OF BASIC MONTHLY OBLIGATION Multiply the number on line 3 by the percent on line 4a to get Father's share of basic obligation. Enter answer on line 5a. Multiply the number on line 3 by the percent on line 4b to get Mother's share of basic obligation. Enter answer on line 5b.	5a. \$ _____	5b. \$ _____
6. TOTAL MONTHLY CHILD CARE COSTS Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.		6. \$ _____
7. PERCENTAGE OF CHILD CARE COSTS Multiply the amount on line 6 by .75 (to determine 75% of the total child care costs). Enter answer on line 7. Multiply the number on line 4a. by the amount on line 7 to get Father's share of the child care obligation. Enter answer on line 7a. Multiply the number on line 4b. by the amount on line 7 to get Mother's share of the child care obligation. Enter answer on line 7b.	7a. \$ _____	7b. \$ _____

8. TOTAL MONTHLY CHILD(REN)'S HEALTH INSURANCE COSTS

This is only amounts paid for insurance on the child(ren). Enter answer on line 8. 8. \$ _____

Multiply the number on 4a. by the amount on line 8 to get Father's share of the child(ren)'s health insurance obligation. Enter answer on line 8a. 8a. \$ _____

Multiply the number on 4b. by the amount on line 8 to get Mother's share of the child(ren)'s health insurance obligation. Enter answer on line 8b. 8b. \$ _____

9. TOTAL MONTHLY OBLIGATION

Add lines 5a, 7a, and 8a to determine Father's total obligation. Enter answer on line 9a. 9a. \$ _____

Add lines 5b, 7b, and 8b to determine Mother's total obligation. Enter answer on line 9b. 9b. \$ _____

10. ADJUSTMENTS TO GUIDELINES AMOUNT. If you or the other parent are requesting the Court to award a child support amount that is more or less than the child support guidelines, you must complete and file Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943.

[one only]

a. Deviation **from the guidelines amount is requested.** The Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is attached.

b. Deviation **from the guidelines amount is NOT requested.** The Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is not attached.

I certify that a copy of this document was [one only] mailed / faxed and mailed / hand delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Fax Number: _____

Date: _____

Signature of Party
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF VOLUSIA

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

- Personally known
- Produced identification

Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name} _____,
who is the [one only] petitioner or respondent, fill out this form.