



STATE OF RHODE ISLAND JUDICIARY

FAMILY COURT

CHILD SUPPORT GUIDELINE WORKSHEET

Plaintiff	Civil Action File Number
Defendant	

To be filed with complaints for divorce, for divorce on bed and board, miscellaneous complaints, and when an answer or modification is filed.

Number of children: _____	<u>Plaintiff</u>	<u>Defendant</u>	<u>Combined</u>
1. Monthly Gross Income	\$ _____	\$ _____	XXX
2. <u>Required Deductions:</u>	- _____	- _____	XXX
a. Preexisting Child Support Payments	- _____	- _____	XXX
b. Health Insurance Premiums or Medical Cash Contributions	- _____	- _____	XXX
c. Additional Minor Dependents	- _____	- _____	XXX
d. Work Related Child Care Cost Share	- _____	- _____	XXX
3. <u>Optional Adjustments in the Discretion of the Court</u>			
a. Pension/Retirement Payments	- _____	- _____	XXX
b. Life Insurance Premium Payments	- _____	- _____	XXX
c. Parent's Extraordinary Medical Expenses	- _____	- _____	XXX
d. Income Tax Exemptions Adjustment	+/- _____	+/- _____	XXX
e. Payments of Assigned Marital Debts	- _____	- _____	XXX
4. Monthly Adjusted Gross Income (line 1 minus lines 2 and 3)	\$ _____	\$ _____	\$ _____
5. Percentage Share of Income (line 4 parents' income divided by line 4 combined income)	_____	_____	100%
6. Basic Child Support Obligation (apply line 4 combined income to child support table)	XXX	XXX	_____
7. Work-Related Child Care Costs (actual costs minus federal tax credit)	XXX	XXX	_____
8. Total Child Support Obligation (add lines 6 and 7)	XXX	XXX	\$ _____
9. Parent's Child Support Obligation (for each parent, line 5 percentage X line 8)	\$ _____	\$ _____	XXX
10. Recommended Child Support Order (enter line 9 amount for <u>non-custodial parent</u> only; leave other column blank)	\$ _____	\$ _____	XXX
11. Basic Child Support Amount Ordered:	\$ _____	per _____	
		weekly/bi-weekly/monthly	
12. Cash Medical Ordered:	\$ _____	per _____	
		weekly/bi-weekly/monthly	
13. TOTAL AMOUNT ORDERED: (add lines 11 and 12)	\$ _____	per _____	
		weekly/bi-weekly/monthly	

Prepared and presented
 By/for the plaintiff _____ Date _____
 By/for the defendant _____ Date _____

Prepared and presented by the Office of Child Support Services (if applicable): _____
 Date: _____

Entered as an Order of the court on _____.	APPROVED: /s/ _____ Judicial Officer
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