



STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
CHILD SUPPORT
GUIDELINE WORKSHEET

COUNTY _____ CIVIL ACTION-FILE NO. _____

PLAINTIFF _____ VS. DEFENDANT _____

PLAINTIFF SOCIAL SECURITY NO. _____ DEFENDANT SOCIAL SECURITY NO. _____

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

	<u>Plaintiff</u>	<u>Defendant</u>	<u>Combined</u>
Number of Children: _____			
1. Monthly Gross Income	\$ _____	\$ _____	XXX
2. <u>Required Deductions:</u>			
a. Preexisting Child Support Payments	B _____	B _____	XXX
b. Health Insurance Premiums	B _____	B _____	XXX
c. Additional Minor Dependents	B _____	B _____	XXX
3. <u>Optional Adjustments in Discretion of the Court:</u>			
a. Pension / Retirement Payments	B _____	B _____	XXX
b. Life Insurance Premium Payments	B _____	B _____	XXX
c. Parent=s Extraordinary Medical Expenses	B _____	B _____	XXX
d. Income Tax Exemptions Adjustment	✂ _____	✂ _____	XXX
e. Payments of Assigned Marital Debts	B _____	B _____	XXX
4. Monthly Adjusted Gross Income (line 1 minus lines 2 and 3)	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00
5. Percentage Share of Income (line 4 parent=s income divided by line 4 combined income)	_____ %	_____ %	<u>100%</u>
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	\$ _____ 0.00
9. Parent=s Child Support Obligation (for each parent, line 5 percentage X line 8)	\$ _____ 0.00	\$ _____ 0.00	XXX
10. Recommended Child Support Order (enter line 9 amount for <u>non-custodial parent</u> only; leave other column blank)	\$ _____	\$ _____	XXX
11. Amount Ordered:	\$ _____	per _____	wl./bi-wk./mo.

Prepared and presented by/for plaintiff: _____ by/for defendant: _____
DATE DATE

Approved as presented _____

Enter _____

