

Child Support Calculation

Entry Form

Date _____

Custodial Parent **Father** **Mother**

Petitioner _____ **Father** **Mother**

Respondent _____

Case Number _____

Atlas Number _____

Number of Children _____

Number of Children Age 12 or Over _____ Adjustment % _____

Month & Year of Youngest Child's Birthday:

ENTER MONTHLY AMOUNTS FOR: Father Mother

Gross Income _____ _____

Spousal Maintenance Received _____ _____

Spousal Maintenance Paid _____ _____

Court-ordered Child Support Paid/Contributed _____ _____

Support of Other Children _____ _____

Monthly Medical Insurance Cost (for children only)
(Dental/Vision Insurance may be included) _____ _____

Childcare Costs **One Child** **More Than One**
(Please see help section before using this feature) _____ _____

Extra Education Expenses _____ _____

Extraordinary Child Costs _____ _____

Number of Parenting Time Days, Per Year _____ Days
Using Parenting Time Table A or Table B

(The program will use Table A, unless you specifically request Table B)

Court-ordered Arrears Paid by the Noncustodial Parent _____