STATE OF OKLAHOMA

)	District Court Case Number:
)	
)	Office of Administrative
)	Hearings (OAH) Case
)	Number:
)	
)	Family Group Number (FGN):
)	
)	
)	
)	

CHILD SUPPORT COMPUTATION

	Calculation for number of children in this case			
	Obligor (person who pays) is (Enter "Father" or "Mother")			
A	**Base monthly obligation**	**Father**	**Mother**	**Combined**
1	**Gross monthly income** All sources, except income specifically excluded by 43 O.S. Section 118B(B)			
	a. Amount of self-employment income included in Line 1			
	b. Deduction for self-employment tax Multiply Line 1a by 7.65%			
2	**Total gross monthly income** Line 1 minus Line 1b			
	a. Amount of SSA Title II benefits paid for the benefit of the children. Do NOT include SSI benefits. (Enter in the column for the disabled or retired parent.)			
	b. Court ordered support alimony actually paid in a prior case			
	c. Court ordered monthly adjustment for marital debt			
	d. Court ordered monthly child support actually paid for out-of-home children			
	In-home Children Deduction Worksheet e. Number of qualified in-home children, excluding children on this case			

A	Base monthly obligation	Father	Mother	Combined
	f. Amount for qualified in-home children. Apply Line 2 for each parent to Child Support Guideline Schedule amount using the number of children in Line 2e, and multiply guideline amount by 75%			
3	**Adjusted gross monthly income (AGI)** Amount in Line 2 plus 2a, minus Lines 2b, 2c, 2d, and 2f			
4	**Percentage share of income** AGI for each parent divided by the combined AGI	%	%	100%
5	**Base monthly obligation** Apply combined AGI to Child Support Guideline Schedule and put total in combined base monthly obligation. Multiply the combined total by the percentage share of income for each parent.			
B	Parenting time adjustment, if used	Father	Mother	Combined
6	**Number of overnights with each parent** If less than 121 for either parent, skip to C.			365
	a. Percentage of overnights with each parent Number of overnights for each parent divided by 365	%	%	100%
	b. Adjusted combined child support obligation Adjustment factor is based on the parent with the fewest overnights. The result in the combined column is the combined monthly obligation in Line 5 multiplied by the adjustment factor.	Less than 121 = no factor 121-131 = 2 132-143 = 1.75 144-183 = 1.5	Adjustment Factor:	
	c. Share of adjusted combined child support obligatation. Combined Line 6b multiplied by the percentage share of income in Line 4			
	d. Respective adjusted base child support obligation. Amount for each parent in Line 6c multiplied by the percentage of the other parent in Line 6a			
7	**Adjusted base monthly obligation** Line 6d larger amount minus Line 6d smaller amount and the result is for the parent with the positive amount. If the parent has more than 205 in Line 6, use $0 for that parent. If either parent has less than 121 in Line 6, use the Line 5 amount for both parents.			
C	**Obligor** (person who pays) is (Enter "Father" or "Mother")			

D	Work and education-related child care expenses	Father	Mother	Other Custodian
8	**Monthly child care expenses for children in this case** Do not include any co-payments being paid by a parent receiving OKDHS child care subsidy.			
9	**Child care expense percentage share of the total** Total child care expenses multiplied by percentage share of income for each parent Multiply Line 8 by Line 4			
10	**OKDHS Child Care Subsidy Worksheet** a. Total children in each parent's household receiving child care subsidy			
	b. Number of children from Line 10a included in this order			
	c. Parent's actual gross monthly income less self-employment tax from Line 2			
	d. Base monthly obligation of the obligor Enter Line 7 for obligor into obligee's column, $0 for the obligor indicated in Section C			
	e. Amount treated as OKDHS household income Line 10c plus Line 10d			
	f. Amount treated as each parent's family share co-payment from OKDHS Appendix C-4, page 2 Use Lines 10e & 10a			
	g. OKDHS child care co-payment amount Multiply Line 10f by Line 10b, and divide by Line 10a			
11	**Child care subsidy co-pay adjustment to child support obligation** Child care expense percentage share total Multiply total of Line 10g for both parents by Line 4			
12	**Total child care adjustment to base monthly obligation** Line 9 plus Line 11, minus Line 8 and Line 10g (amount may be negative)			
E	Health insurance premium	Father	Mother	Other Custodian
13	**Monthly health insurance premium costs** This premium represents the actual premium cost for any child(ren) in this case only. Insurance Premium Worksheet is available if needed. **Use Cash Medical Support if any child is not covered by insurance.**			

E	Health insurance premium	Father	Mother	Other Custodian
14	**Monthly health insurance share for each parent** Percentage share of income in Line 4 multiplied by total current insurance cost for all persons in Line 13			
15	**Total premium cost adjustment to base monthly obligation** Line 14 minus Line 13 (amount may be negative)			
F	Other contributions, if agreed or ordered	Father	Mother	Other Custodian
16	**Ongoing medical costs** Cash medical support for fixed periodic payments for ongoing medical costs			
	a. Adjusted medical costs share Multiply total of Line 16 for all persons by Line 4			
	b. Total ongoing medical costs adjustment to base monthly obligation Line 16a minus Line 16 (amount may be negative)			
17	**Visitation transportation costs**			
	a. Adjusted visitation costs share Multiply total of Line 17 for all persons by Line 4			
	b. Total ongoing visitation costs adjustment to base monthly obligation Line 17a minus Line 17 (amount may be negative)			
G	Child Support obligation subtotal	Father	Mother	
18	**Base monthly child support obligation less adjustments for child care and other contributions** Add obligor Line 7 to Lines 12, 15 and 17b if positive amounts. Subtract Lines 12, 15 or 17b if negative amounts.			
19	**SSA Title II benefits paid for the benefit of the child** Line 2a for obligor			
20	**Total monthly child support obligation less any SSA Title II benefits paid for the benefit of the child** Line 18 minus Line 19 (amount may be negative)			
H	Cash Medical Support	Father	Mother	Combined
21	Enter number of children from Line 13 not covered by health insurance. If none, skip to Line 26.			

H	Cash Medical	Father	Mother	Combined
22	Enter the Soonercare or other health care government assistance **applicant** for the child(ren) in this case. Enter "Father", "Mother", or "other".			
23	**Cash medical amount for obligor** If Line 21 is zero or the obligor is the person on Line 22, enter $0 in Line 25. If Line 21 is greater than zero and the obligor is not the person on Line 22, refer to the Cash Medical Income Guidelines Table. If the combined income is less than or equal to the amount on the table, enter $0. If greater, multiply $115 by the number of children in Line 21. Multiply the combined total by percentage shares from Line 4.			
24	**5% of Gross Monthly Income for Obligor** Line 2 multiplied by 0.05 This represents the maximum amount of total medical allowed.			
25	**Cash medical support in lieu of insurance** If Line 23 plus Line 15 is greater than Line 24, use Line 24 minus Line 15. If Line 23 plus Line 15 is less than or equal Line 24, enter Line 23. Enter $0 if negative			

I	Current Monthly Support Obligation	Father	Mother	
26	a. **Child support portion** If Line 16b is positive, Line 20 for obligor If Line 16b is negative, reduce Line 20 by Line 16b Enter $0 if negative			
	b. **Cash medical portion** If Line 20 minus 16b is positive, Line 25 for obligor If Line 20 minus 16b is negative, reduce Line 25 by Line 20 minus 16b. Enter $0 if negative			
	c. **Ongoing medical costs portion** If Line 20 is positive, Line 16b for obligor If Line 20 is negative, reduce 16b by Line 20 Enter $0 if negative			
27	**Total obligation to be paid by the obligor** Line 26a plus 26b plus 26c			

_____ shall begin payments on _____ and continue on the same date of each month until further order of the court.

Guidelines were followed: _____

Deviation from child support guidelines by court-specific findings of court supporting each deviation: _____

_____

_____

_____

_____

_____

Dated: _____   _____
                                                                              JUDGE

APPROVED AS TO FORM:

_____   _____
Father printed name   Father signature

_____   _____
Attorney for father printed name   Attorney for father signature
                                                                    and OBA number

_____   _____
Mother printed name   Mother signature

_____   _____
Attorney for mother printed name   Attorney for mother signature
                                                                    and OBA number

_____   _____
Other custodian printed name   Other custodian signature

_____   _____
Attorney for other custodian printed name   Attorney for other custodian and
                                                                    OBA number

_____   _____
State's Attorney, OCSS printed name   State's Attorney, OCSS signature
                                                                    and OBA number