

Person Filing: (1) \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY<sup>(2)</sup> CHILD SUPPORT WORKSHEET

(3) Petitioner/Party A: \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent/Party B: \_\_\_\_\_ (4) ATLAS: \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Physical Custody:  
Party A  Party B

(7) Parent who is filing this form: Father  Mother

(8) Gross Income figures for the OTHER PARENT are:

- ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.
- ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.
- ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<u><b>PARTY A</b></u>	<u><b>PARTY B</b></u>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
<b>Basic Child Support Obligation</b>	(16) \$ _____	
<b>Plus Costs for:</b>		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) \$ _____	
Total Child Support Obligation	\$ _____ (23) \$ _____	

Case No. \_\_\_\_\_

	<b>PARTY A</b>		<b>PARTY B</b>	
<b>Each Parent's % of Combined Income</b>	_____	%	(24)	_____ %
<b>Each Parent's Share of Tot. Support Obligation</b>	\$ _____		(25)	\$ _____
<b>Adjustment for Non Custodial Parent's Costs Associated with Parenting Time</b>				
Using Table A <input type="checkbox"/> Table B <input type="checkbox"/>	\$ _____		(26)	\$ _____
<b>No. of Days</b> _____ = _____% <b>Adjustment</b> (from table)				
<b>x Line (16) \$</b> _____ (Basic Child Support Obligation)	\$ _____		(27)	\$ _____
<b>Less Noncustodial Parent's Costs for:</b>				
Medical/Dental/Vision Insurance*	\$ _____		(28)	\$ _____
Childcare*	\$ _____		(29)	\$ _____
Education Expenses*	\$ _____		(30)	\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____		(31)	\$ _____
*Subtract here <u>ONLY</u> if ADDED-IN items 17-20 above				
<b>Adjustments Subtotal</b>	\$ _____		(32)	\$ _____
<b>Preliminary Child Support Amount</b>	\$ _____		(33)	\$ _____
<b>Self Support Reserve Test for Parent Who Will Pay</b>				
Amount from Line (14) _____ (Adj. Gross Inc.)				
Minus Reserve Amount <b>-\$1,684.80</b>				
<b>Total</b>	= \$ _____		(34)	\$ _____
<b>Child Support to be Paid by:</b> Party A <input type="checkbox"/> Party B <input type="checkbox"/>	\$ <span style="border: 1px solid black; padding: 2px 10px;"> </span>		(35)	\$ <span style="border: 1px solid black; padding: 2px 10px;"> </span>
<b>Share of Travel Expenses Related to Parenting Time*</b>	_____	%	(36)	_____ %
*Only for expenses related to travel over 100 miles, one way.				
<b>Share of Medical/Dental/Vision Costs Not Paid by Insurance</b>	_____	%	(37)	_____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent