

Form C

CHILD SUPPORT OBLIGATION GUIDELINES WORKSHEET A

(PETITIONER)

NO: _____ DIV. _____

VERSUS

THE FAMILY COURT

PARISH OF EAST BATON ROUGE

(DEFENDANT)

STATE OF LOUISIANA

<i>Children's Names</i>	<i>Dates of Birth</i>	<i>Children's Names</i>	<i>Dates of Birth</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

		<i>Petitioner</i>	<i>Defendant</i>	<i>Combined</i>
1	MONTHLY GROSS INCOME	\$	\$	
	a. Preexisting child support payment	-	-	
	b. Preexisting spousal support payment	-	-	
2	MONTHLY ADJUSTED GROSS INCOME (line 1 minus 1a and 1b)	\$	\$	
3	COMBINED MONTHLY ADJUSTED GROSS INCOME (line 2 column A plus line 2 column B) La. R.S. § 9:315.2(C)			\$
4	PERCENTAGE SHARE OF INCOME (line 2 divided by line 3) La. R.S. § 9:315.2(C)	%	%	
5	BASIC CHILD SUPPORT OBLIGATION (compare line 3 to Child Support Schedule) La. R.S. § 9:315.2(D)			\$
	a. Child care costs. La. R.S. § 9:315.3			+
	b. Child's health insurance premium cost			+
	c. Extraordinary medical expenses (uninsured only; agreed to by parties or by court order)			+
	d. Extraordinary expenses (agreed to by parties or by court order)			+
	e. Optional, minus extraordinary adjustments (child's income if applicable)			-
6	TOTAL CHILD SUPPORT OBLIGATION (add lines 5, 5a, 5b, 5c, & 5d; subtract line 5e)			\$
7	EACH PARTY'S CHILD SUPPORT OBLIGATION (multiply line 4 times line 6)	\$	\$	
8	DIRECT PAYMENTS made by noncustodial parent on behalf of the child for child care costs, health insurance premiums, extraordinary medical expenses, or extraordinary expenses		\$	
9	RECOMMENDED CHILD SUPPORT ORDER (subtract line 8 from line 7)		\$	

Comments: _____

PREPARER SIGNATURE _____

DATE _____