CHILD SUPPORT REBUTTAL WORKSHEET

OAR 137-050-0760
oregonchildsupport.gov

This worksheet is presented in support of a finding that the guideline support amount
is unjust or inappropriate. It is not the guideline support amount.

R1. INCOME

		name	*name*	
		relationship	*relationship*	
R1a	**Income**			
R1b	**Additions and subtractions**			
	Add spousal support owed to the parent by anyone.			
	Subtract spousal support the parent owes to anyone.			
	Subtract mandatory union dues.			
	Subtract cost of the parent's own health insurance.			
	Income after additions and subtractions			
R1c	**Number of non-joint children** Enter the number of non-joint children for each parent.			
R1d	**Number of joint minor children** Include 18-year-olds attending high school and living with a parent.			**total**
R1e	**Number of joint Children Attending School age 18 to 20** Exclude 18-year-olds attending high school and living with a parent.			
R1f	**Total number of children** Add the number of non-joint children (line R1c), the joint minor children (line R1d), and the joint Children Attending School (line R1e) for each parent.			
R1g	**Non-joint child deduction** Reference the scale using the parent's income after additions and subtractions (line R1b) and the parent's total number of children (line R1f). Divide the result by the total number of children and multiply by the number of non-joint children (line R1c).			
Rinc	**Adjustment to income in support of rebuttal (+/-)** Enter the amount by which you wish to increase or decrease income to calculate a deviation from the support guidelines.			
RincR	**Reason for adjustment to income** (describe) OAR 137-050-0760(1)(a-q) rebuttal factor:			
R1h	**Adjusted income** Subtract non-joint child deduction (line R1g) from income after additions and subtractions (line R1b). Apply adjustment to income in support of rebuttal (line Rinc). Add the parents' adjusted incomes and enter amount in the "total" column. If less than zero, enter $0.			**total**
R1i	**Each parent's income share percentage** Each parent's adjusted income (line R1h) divided by the total.			
R1j	**Income available for support** Subtract the $1181 self-support reserve from each parent's adjusted income (line R1h). If less than zero, enter $0.			

R2. BASIC SUPPORT OBLIGATION

				total
R2a	**Basic support obligation (from obligation scale)** Reference the scale using the total adjusted income (line R1h) and the number of joint children (lines R1e+R1d). Enter this amount in the "total" column.			
		name	*name*	
R2b	**Basic support obligation after self-support reserve** Enter the lesser of: 1) basic support obligation (line R2a) multiplied by each parent's income share percentage (line R1i); or 2) the parent's income available for support (line R1j).			

R3. CHILD CARE COSTS

		name	*name*	*caretaker*
R3a	**Child care costs for joint children under 13 or disabled** Enter the cost in the column of the parent or caretaker paying the cost. Costs may not exceed the Department of Human Services maximum rate.			
R3b	**Income available for child care costs** Subtract each parent's basic support obligation (line R2b) from each parent's income available for support (line R1j).			
R3c	**Parents' shares of child care costs** Multiply each parent's income share percentage (line R1i) by the total of all child care costs (line R3a) and enter the lesser of that amount or income available for child care costs (line R3b).			
R3d	**Support obligation after adding child care costs** Add child care costs (line R3c) to the basic support obligation (line R2b).			

Rcost. ADD COST-BASED REBUTTAL FACTOR

		name	*name*	*caretaker*
Rcost1	**Special costs paid by a parent or caretaker**			
RcostR	**Reason for special cost** (describe) OAR 137-050-0760(1)(a-q) rebuttal factor:			
Rcost2	**Income available for special costs** Subtract each parent's support obligation after child care costs (line R3d) from parent's available income for support (line R1j).			
Rcost3	**Parents' shares of special costs** Enter in total column the sum of all special costs (line Rcost1). Multiply by each parent's income share percentage (line R1i). Enter the lesser of that amount or income available for special costs (line Rcost2).			**total**
Rcost4	**Support obligation after adding special costs** Add special costs (line Rcost3) to the support obligation after adding child care costs (line R3d).			

R4. HEALTH CARE COVERAGE

		name	*name*	
R4a	**Health care coverage costs for joint children** Enter the amount each parent pays for health insurance premiums, even if $0. Enter "none" if appropriate coverage is not available.			
R4b	**Income available for health care coverage** Subtract support obligation after adding special costs (line Rcost4) from income available for support (line R1j).			
R4c	**Reasonable cost for health care coverage** Enter the lesser of each parent's income available for health care coverage (line R4b) or 4% of each parent's adjusted income (line R1h). Enter $0 if the parent's income (line R1a) is at or below Oregon's highest minimum wage. Round to the nearest dollar. Total the results under **total**.			**total**
R4d	**Determine whose coverage is available at a reasonable cost** Compare each parent's health care coverage cost (line R4a) to the total reasonable cost amount (line R4c). Indicate by name who can provide coverage: neither parent, one parent, either parent, or both parents. Only include a parent with income at or below Oregon's highest minimum wage if that parent's coverage is available at no cost.			
R4e	**Order health care coverage at a higher amount?** Enter **"yes"** to find any available health care coverage reasonable in cost even though it exceeds the amount in line R4c. This may leave the parents with less than the self-support reserve (line R1j), but may not require a parent with income at or below Oregon's highest minimum wage to pay. Update line R4d. Otherwise, enter "**no**".			
R4f	**Who will provide health care coverage?** Select the parent(s) with coverage available at a reasonable cost (line R4d) who will provide coverage. Add the costs of the selected coverage from line R4a and enter the amount in the total column. If neither parent can provide coverage now, select "either parent when available" and enter $0.			**total**
R4g	**Parents' percentage share of health care coverage costs** Divide each parent's reasonable cost for health care coverage by the total amount on line R4c.			
R4h	**Each parent's share of health care coverage costs** Multiply the total cost of health care coverage that will be ordered (line R4f) by each parent's percentage share of health care coverage costs (line R4g).			
R4i	**Support obligation after adding health care coverage costs** Add the support obligation after adding special costs (line Rcost4) to each parent's share of health care coverage costs (line R4h).			

R5. CASH MEDICAL SUPPORT

		election y/n/c	
R5a	**Cash medical support election** Enter "**y**" for **yes** if no appropriate health care coverage is available (line R4f). Cash medical will be included. Enter "**n**" for **no** if appropriate health care coverage is available or if a finding will be included in the order explaining why cash medical should not be included. Cash medical will be excluded. Enter "**c**" for **contingent** if the obligated parent will pay cash medical support whenever the obligated parent does not provide health care coverage. Contingent cash medical will be included.		
R5b	**Cash medical support amount** If line R5a is "**y**", enter each parent's reasonable cost amount (line R4c). If line R5a is "**n**", enter $0. If line R5a is "**c**", enter each parent's reasonable cost amount (line R4c).	*name*	*name*

R6. CREDITS

		name	*name*	*caretaker or agency*
R6a	**Average number of overnights (or equivalent)** Enter each parent's and caretaker's average number of overnights with the joint minor children.			
R6b	**Parenting time credit percentage** **This is not the same as the percentage of parenting time.** Determine the appropriate parenting time credit percentage as provided in OAR 137-050-0730 using the average number of overnights (line R6a).			
R6c	**Parenting time credit** Multiply the basic support obligation (line R2a) by the number of joint minor children (line R1d), divide by the number of joint children (lines R1d + R1e), and multiply by each parent's parenting time credit percentage (line R6b).			
R6d	**Child care credit** Enter each parent's child care costs (line R3a).			
Rcost5	**Credit for special costs** Enter each parent's special costs (line Rcost1).			
R6e	**Credit for health care coverage costs** If health care coverage will be provided (line R4f), enter the health care coverage costs (line R4a) for each providing parent.			
R6f	**Support after credits** Subtract credits (lines R6c, R6d, Rcost5, and R6e) from the support obligation after adding health care coverage costs (line			

		name	name
	R4i). This amount may be less than zero.		

R7. WHO SHOULD PAY SUPPORT FOR MINOR CHILDREN?

		name	name
R7a	**Minor children's portion of basic support obligation** Divide each parent's portion of the basic support obligation (line R2b) by the total number of joint children (line R1d + R1e) and multiply by the number of minor children (line R1d).		
R7b	**Net obligation for minor children** Add the minor children's portion of the basic support obligation (line R7a), each parent's share of child care costs (line R3c), and the minor children's portion of health care coverage costs (line R4h divided by total of lines R1d and R1e, multiplied by line R1d). Subtract parenting time credit (line R6c), child care credit (line R6d), and the minor children's portion of health care coverage costs credit (line R6e divided by total of lines R1d and R1e, multiplied by line R1d). May be less than zero.		
R7c	**Which parent(s) should pay support for minor children?** Enter "**Yes**" in the column of the parent with the higher net support for minor children (line R7b). Enter "**No**" in the other parent's column. Enter "**No**" for both parents if the parents' line R7b figures are equal or there are no minor children (line R1d). If the children live with a caretaker or are in state care, enter "**Yes**" in both columns.		

R8. MINIMUM ORDER; REDUCTION FOR BENEFITS PAID TO CHILD

		name	name
R8a	**Total support payment obligation, including medical support** To each parent's support obligation after credits (line R6f), add the greater of the health care coverage premium costs that will be ordered (line R6e) or cash medical support (line R5b).		
R8b	**Is there a need to apply an exception to the minimum order presumption?** If line R8a is less than $100 and the parent has an exception to the minimum order as provided in OAR 137-050-0755, enter "**yes**" in that parent's column. Otherwise, enter "**no**".		
R8c	**Amount needed to meet minimum order** If a parent has a total support payment obligation of less than $100 (line R8a), and does not have an exception to the minimum order (line R8b), subtract line R8a from $100. This is the increase needed to reach the $100 minimum order. Otherwise, enter $0.		
R8d	**Cash child support obligation after minimum order** Add amount needed to meet minimum order (line R8c) to support after credits (line R6f). But, if the parent should not pay support for minor children (line R7c), and there are no Children Attending School (line R1e), enter $0. If less than zero, enter $0.		

		name	name
R8e	**Reduction for Social Security or veterans benefits** Enter the amount of benefits paid to the joint child because of a parent's disability or retirement as provided in OAR 137-050-0740 in the disabled or retired parent's column. If the parent is obligated to pay support, the support obligation will be reduced by this amount.		
R8f	**Cash child support after Social Security or veterans benefits** From cash child support after minimum order (line R8d), subtract reduction for Social Security or veterans benefits (line R8e). If less than zero, enter $0.		
R8g	**Remaining reduction to apply to cash medical support** Enter the amount of Social Security or veterans benefits in excess of cash child support (line R8e minus line R8d). If less than zero, enter $0.		
R8h	**Cash medical support after Social Security or veterans benefits** From cash medical support (line R5b), subtract remaining reduction for Social Security or veterans benefits (line R8g). If less than zero, enter $0.		

R9. FINAL SUPPORT AMOUNTS AND MEDICAL SUPPORT PROVISIONS

		name	*name*
R9a	**Cash child support for minor children** If the parent should pay support for minor children (line R7c), divide cash child support after Social Security or veterans benefits (line R8f) by the number of joint children (lines R1d + R1e) and multiply by the number of minor children (line R1d). Round to the nearest dollar. Otherwise, enter $0.		
R9b	**Cash medical support for minor children** If the parent should pay support for minor children (line R7c), divide the cash medical support amount after reductions (line R8h) by the number of joint children (lines R1d + R1e) and multiply by the number of minor children (line R1d). Round to the nearest dollar. Otherwise, enter $0.		
R9c	**Cash child support for Children Attending School** Divide cash child support after Social Security or veterans benefits (line R8f) by the number of joint children (lines R1d + R1e) and multiply by the number of Children Attending School (line R1e). But, if the parent should not pay support for minor children (line R7c), enter the full amount from line R8f. Round to the nearest dollar.		
R9d	**Cash medical support for Children Attending School** Divide the cash medical support amount after reductions (line R8h) by the number of joint children (lines R1d + R1e) and multiply by the number of Children Attending School (line R1e). Round to the nearest dollar. But, if the parent should not pay support for minor children (line R7c), enter the full amount from line R8h. Round to the nearest dollar.		

R9e	**Total child support** Add all cash child support and cash medical support (lines R9a-R9d).		
R9f	**Private health care coverage** Who should be ordered to provide health care coverage? Enter the selection from line R4f.		
R9g	**Reasonable cost for health care coverage** Enter the "total" reasonable in cost amount from line R4c. But, if health care coverage will be ordered at a higher amount (line R4e) enter *the greater of* 1) the line R4c total, or 2) the line R4f total.		

R10. APPLY REBUTTAL FACTORS TO FINAL SUPPORT AMOUNTS

		name	*name*
R10a	**Adjustment to cash child support for minor children (+/-)**		
R10b	**Adjusted cash child support for minor children** Apply adjustment to cash child support for minor children (line R9a).		
R10c	**Adjustment to cash medical support for minor children (+/-)**		
R10d	**Adjusted cash medical support for minor children (+/-)** Apply adjustment to cash medical support for minor children (line R9b).		
R10e	**Adjustment to cash child support for Children Attending School (+/-)**		
R10f	**Adjusted cash child support for Children Attending School** Apply adjustment to cash child support for Children Attending School (line R9c).		
R10g	**Adjustment to cash medical support for Children Attending School (+/-)**		
R10h	**Adjusted cash medical support for Children Attending School** Apply adjustment to cash medical support for Children Attending School (line R9d).		
R10i	**Total adjusted child support** Add all adjusted cash child support and cash medical support (lines R10b, R10d, R10f, and R10h).		
R10R	**Reason(s) for adjustment to final support amounts** (describe): OAR 137-050-0760(1)(a-q) rebuttal factor(s):		

R11. AGREED SUPPORT AMOUNT (optional)
Only complete this section if the parties agree to a change in the support amount.
The parents may increase or decrease the support amount by up to 15%.

		name	*name*
R11a	**Maximum permitted change** Multiply each parent's total adjusted child support (line R10i) by 0.15.		
R11b	**Amount of agreed change to child support obligation (+/-)**		
R11c	**Actual percentage change** Divide the amount of agreed change (line R11b) by total adjusted child support (line R10i).		
R11d	**Agreed cash child support obligation for minor children** Increase or decrease line R10b by the actual percentage change (line R11c). Round to the nearest dollar.		
R11e	**Agreed cash medical support obligation for minor children** Increase or decrease line R10d by the actual percentage change (line R11c). Round to the nearest dollar.		
R11f	**Agreed cash child support obligation for Children Attending School** Increase or decrease line R10f by the actual percentage change (line R11c). Round to the nearest dollar.		
R11g	**Agreed cash medical support obligation for Children Attending School** Increase or decrease line R10h by the actual percentage change (line R11c). Round to the nearest dollar.		
R11h	**Total agreed child support** Add all agreed cash child support and cash medical support (lines R11d-R11g).		