

CHILD SUPPORT COMPUTATION WORKSHEET(CSCW)

Determine Parent A and Parent B. (See instructions.)

Parent A _____

Parent B _____

# of Joint Minor Children _____		Parent A	Parent B	Combined
# of Children Attending School (ORS 107.108) _____				
# of Adult Children _____ (see instructions for tiered calculations)				
Income	1. Gross Monthly Income			
	1a. Rebuttal amount applied, if any (use worksheet S-4)			
	2. Spousal support received			
	3. Spousal support and/or mandatory union dues paid and/or providing party's cost for health insurance premium (see instructions).			
Adjustments	4. Modified Gross Monthly Income (to line 1: add or subtract line 1a, add line 2, subtract line 3); enter result			
	5. Social Security benefits or Veterans' benefits received for joint child(ren) (enter in column of parent for whose disability or retirement benefits are paid, regardless of which parent actually receives the benefits)			
	6a. Number of nonjoint children for each parent			
	6b. Credit for nonjoint children (reference the scale for each parent's income from line 4, using number of nonjoint children for each parent, as appropriate)			
	7. Adjusted Gross Monthly Income (add lines 4 and 5 and subtract line 6b, for each parent); Combine amounts for Parent A and Parent B and enter result in "Combined" column			
	8. Percentage share of income (each parent's income from line 7 divided by the combined income)			
	9. Basic Child Support Obligation (reference scale for combined income from line 7 and number of joint children)			
	9a. Basic Child Support Obligation for Joint Minor Child(ren) (amount on line 9 divided by total number of joint children, then multiplied by number of joint minor children)			
9b. Basic Child Support Obligation for Child(ren) Attending School (subtract line 9a from line 9; enter result)				
JOINT MINOR CHILD(REN)	10. Each parent's pro rata basic child support obligation (line 8 times line 9a for each parent).			
<i>Do parties have a current written agreement or court order for parenting time equal to or greater than 25% and equal to and less than 50% for both parents? Or do the parents have split custody? If yes, complete worksheet S-2 and enter result in line 10a; if no, ignore line 10a and continue.</i>				
	10a. Each parent's pro rata basic child support obligation after parenting time credit from worksheet S-2, line 10 (if any).			

Low Income Adjustment	11. Each parent's single income obligation (reference the scale for each parent's modified gross monthly income from line 4 and number of joint children); divide this number by total number of joint children; multiply result by number of joint minor children			
	12. Monthly child support obligation before costs and adjustments If no parenting time credit is included, enter zero for Parent A , enter the lesser of line 10 and line 11 for Parent B ; OR If parenting time credit is included, enter the lesser of line 10a and line 11 for Parent B and zero for Parent A			
Child Care Costs & Adjustments - JOINT MINOR CHILD(REN)	13a. Child care costs for joint minor children (use worksheet S-3)			
Enter costs in column of parent who incurs cost	13b. Rebuttal amount applied, if any (amount by which costs for joint minor child(ren) should be increased or decreased for parent)(use worksheet S-4)			
	13c. Total Costs (line 13a and add or subtract line 13b)			
	13d. Costs owed to Parent B (line 8 Parent A times line 13c Parent B. If no Parent A, enter amount from line 13c Parent B)			
	13e. Costs owed to Parent A (line 8 Parent B times line 13c Parent A)			
	13f. Net costs owed (line 13d subtracted from line 13e. Enter amount in Parent B, if negative number place a minus sign in front or enclose the amount in parenthesis; if no costs enter zero in Parent B; enter zero in Parent A)			
CHILD(REN) ATTENDING SCHOOL	<i>If there is a child(ren) attending school in this calculation, proceed to line 14; if not, skip to line 18.</i>			
	14. Each parent's pro rata basic child support obligation for Child(ren) Attending School (line 8 times line 9b for each parent).			
Low Income Adjustment	15. Each parent's single income obligation (reference scale for each parent's modified gross monthly income from line 4 and number of joint children; divide this number by total number of joint children; multiply result by number of joint Child(ren) Attending School)			
	16. Monthly child support obligation before costs and adjustments (enter the lesser of line 14 and line 15 for each parent)			
Costs & Adjustments - CHILD(REN) ATTENDING SCHOOL	17a. Rebuttal amount applied, if any (amount by which costs for child(ren) attending school should be increased or decreased for parent)(see worksheet S-4)			
Enter costs in column of parent who incurs cost	17b. Costs owed to Parent B (line 8 Parent A times line 17a Parent B If no Parent A, enter amount from line 17a Parent B)			
	17c. Costs owed to Parent A (line 8 Parent B times line 17a Parent A)			

	17d. Net costs owed (line 17b subtracted from line 17c. Enter amount in Parent B, if negative number place a minus sign in front or enclose the amount in parenthesis. If no costs enter zero in Parent B; enter zero in Parent A)			
	17e. Monthly child support obligation after costs (line 16 Parent A plus line 17d Parent A; line 16 Parent B plus or minus line 17d Parent B, if any)			
	18. Total net child support obligation after costs (add or subtract, as appropriate, lines 12, 13f and 17e for each parent; if negative number place a minus sign in front or enclose the amount in parenthesis)			
Medical Child Support Costs	19. DETERMINE IF PRIVATE HEALTH CARE COVERAGE IS REASONABLE IN COST (use worksheet S-5) Net child support obligation with private health care coverage costs for children, if any If private health care coverage is not reasonable in cost from worksheet S-5, or no private health care coverage is available, enter line 18 for each parent and go to line 20.			
	20. DETERMINE CASH MEDICAL SUPPORT AMOUNT (use worksheet S-6), if any. Cash medical support (medical expenses or public health care coverage cost) If none, or if Parent B's line 7 is less than or equal to state minimum wage, enter zero for each parent.			
Benefits Adjustment	21. If SSB or VB is received by Parent A as representative payee for joint child(ren) as a result of Parent B's disability or retirement enter amount in Parent B			
Ability to Pay	22. Total Child Support Obligation Parent A - add lines 19 and 20 Parent B - add lines 19 and 20, minus line 21; if negative value, enter zero			
	23a. Enter modified gross monthly income (line 4) for each parent.			
	23b. Self Support Reserve	953.00	953.00	
	23c. Each parent's income available for support (line 23a minus line 23b; if negative value enter zero)			
	23d. Enter the difference between the total child support obligation and the income available for support (line 22 minus line 23c; if negative value enter zero)			
	23e. Adjusted cash medical support, if any (line 20 minus line 23d; if negative value enter zero)			
	24. Monthly Child Support Obligation (enter the lesser of line 22 or line 23c; If result in line 24 is less than \$100, enter \$100 unless an exception applies; see instructions)			
	24a. Rebuttal amount applied, if any (use worksheet S-4)			

Total Child Support	25. Total Monthly Child Support Obligation (Add or subtract lines 24a from 24 for each parent. Round to whole number; if negative number enter zero)			
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Comments:

Reason(s) for applying rebuttal(s)(if any):

Name(s) of nonjoint child(ren) of Parent A:

Name(s) of nonjoint child(ren) of Parent B: