



SMITH RIVER RANCHERIA CHILD SUPPORT WORKSHEET
CONFIDENTIAL

Case No:
Children and Ages:

Mother:	Father:
Social Security No.	Social Security No.
DOB:	DOB:
Employer:	Employer:
Address:	Address:
Phone:	Phone:

Children and Ages:		
Part I: Basic Child Support Obligation (See Instructions, Page 2)		
1. Gross Monthly Income- You MUST Attach Proof Of Income Documents	Father	Mother
a. Wages and Salaries	\$	\$
b. Business Income	\$	\$
c. Trust and Per Capita Income Divide yearly amount by twelve to get monthly amount	\$	\$
d. Worker's Compensation	\$	\$
e. Unemployment Benefits	\$	\$
f. Spousal Maintenance Received	\$	\$
g. Social Security Benefits	\$	\$
h. Other Income	\$	\$
i. Gifts/Prizes more than \$250	\$	\$
j. Total Gross Monthly Income (add lines 1a through 1j)	\$	\$
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal & State)	\$	\$
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$	\$
c. Mandatory Pension Plan Payments	\$	\$
d. Mandatory Union/Professional Dues	\$	\$
e. Spousal Maintenance Paid	\$	\$
f. Voluntary Pension Plan Deductions (up to \$2000 annually-\$167 month)	\$	\$
g. Normal Business Expenses	\$	\$
h. Total Deductions from Gross Income (add lines 2a through 2h)	\$	\$
3. Monthly Net Income (line 1i minus 2h)	\$	\$
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3) (If combined monthly net income is less than \$600, skip to line 7.)	<div style="border: 1px solid black; width: 100%; height: 40px; display: flex; align-items: center; justify-content: center;"> \$ </div>	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>

5. Basic Child Support Obligation (enter total amount in box →) Child #1 _____ Child #3 _____ Child #2 _____ Child #4 _____		\$	
6. Proportional Share of Income Divide each parent's line #3 by Line #4 (Both decimals added together should equal "1")	Father .		Mother .
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5) (If combined net monthly income on line 4 is less than \$600, enter each parent's support obligation of \$25 per child. Number of children: _____. Skip to line 15a and enter this amount.)	\$		\$
Part II: Health Care, Day Care, and Special Child Rearing Expenses You Must attach Proof of Payment Documents			
8. Health Care Expenses			
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$		\$
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$		\$
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	\$		\$
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)		\$	
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)		\$	
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e., if "0" or negative, enter "0")		\$	
9. Day Care and Special Child Rearing Expenses			
a. Day Care Expenses	\$		\$
b. Education Expenses	\$		\$
c. Long Distance Transportation Expenses	\$		\$
d. Other Special Expenses (describe)	\$		\$
	\$		\$
	\$		\$
e. Total Day Care and Special Expenses (Add lines 9a through 9d)	\$		\$
10. Combined Monthly Total Day Care and Special Expenses (add together both parents' day care and special expenses from line 9e)		\$	
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)		\$	
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$		\$
Part III: Gross Child Support Obligation			
13. Gross Child Support Obligation (line 7 plus line 12)	\$		\$

Part IV: Child Support Credits You Must Attach Proof Of Payment (See Instructions, Page 4)		
14. Child Support Credits		
a. In-Kind Services/Resources	\$	\$
b. Monthly Health Care Expenses Credit		
c. Day Care and Special Expenses Credit	\$	\$
d. Other Ordinary Expense Credit (describe)		
e. Total Support Credits (add lines 14a through 14c)	\$	\$
Part V: Standard Calculation/Presumptive Transfer Payment (See Instructions, Page 4)		
15. Standard Calculation	Father	Mother
a. Amount from line 7 if line 4 is below \$600. Skip to Part VI.	\$	\$
b. Line 13 minus line 14e, if line 4 is over \$600	\$	\$
Limitation standards adjustments		
c. Amount on line 15b adjusted to meet 35% net income limitation	\$	\$
e. Enter the lowest amount of lines 15b or 15c:	\$	\$
Part VI: Additional Factors for Consideration (See Instructions, Page 5)		
16. Household Assets (List the estimated present value of all major household assets. Attach Proof of Ownership or Account Statements)	Father's Household	Mother's Household
a. Real Estate	\$	\$
b. Stocks and Bonds	\$	\$
c. Vehicles	\$	\$
d. Boats	\$	\$
e. Pensions/IRAs/Bank Accounts	\$	\$
f. Cash	\$	\$
g. Insurance Plans	\$	\$
h. Other (describe)	\$	\$
	\$	\$
	\$	\$
17. Extraordinary Debt (Liens against property and/or any Extraordinary Debt.) Attach Copies of Judgments, Liens, Account Balances etc		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
18. Other Household Income		
a. Income of current Spouse (if not the other parent of this action) Name:	\$	\$
b. Income of Other Adults in Household		

Name:	\$	\$
Name:	\$	\$
c. Income from child support from Other Relationships		
Name	\$	\$
Name	\$	\$
e. TANF Attach Proof	\$	\$
f. Supplemental Security Income (SSI)Attach Proof	\$	\$
g. General Assistance Attach Proof	\$	\$
h. Food Stamps Attach Proof	\$	\$
i. Other income (describe- include Gifts/Prizes less than \$250 Attach Proof	\$	\$

Guidelines for Deviation From Support Obligation		
19. Non-Recurring Income (describe)		
	\$	\$
	\$	\$
20. Child Support Paid For Other Children		
Name/age:	\$	\$
Name/age:	\$	\$
Name/age:	\$	\$
21. Other Children Living In Each Household		
(First names and ages)		
22. Other Social Services provided by Tribe or other Agency(<i>describe service and value</i>)		
	\$	\$
	\$	\$
23. Residential Schedule		
	%	%

24. Mentally or Physically Disabled child (describe disability & requested guideline deviation):
25. Other Factors For Consideration

Signature and Dates	
I declare, under penalty of perjury under the laws of the Smith River Rancheria, the information contained in these Worksheets is complete, true, and correct.	
_____	_____
Mother's Signature	Father's Signature
_____	_____
Date	Date
City	City

