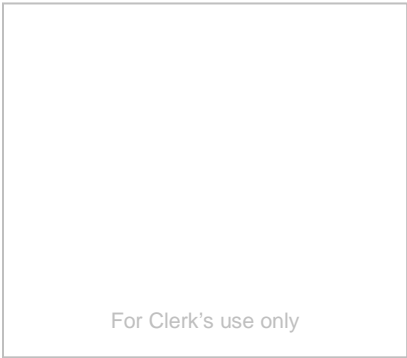


(1) Name of Person Filing: _____
 Phone Number(s): _____ / _____
 In this case, I am Petitioner or Respondent or represented by Attorney
 (IF) Attorney, Name: _____ Bar No.: _____
 Atty. Email: _____ Atty. Phone: _____



**SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY
 PARENT'S WORKSHEET FOR CHILD SUPPORT**

(2) Petitioner _____ (4) Case No. 1300DO
 (3) Respondent _____ (4) ATLAS No. _____

(5) Total Number of Children: _____

(6) Parent with Primary Custody: Father Mother

(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).

	FATHER		MOTHER
Gross Income (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)	\$ - _____
Adjusted Gross Income	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income		(15)	\$ _____
Basic Child Support Obligation		(16)	\$ _____
Plus Costs for:			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expense	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____			
Adjustment % _____		(21)	\$ _____
Total Adjustments for Costs		(22)	\$ _____
Total Child Support Obligation		(23)	\$ _____

	FATHER		MOTHER	
Each Parent's % of Combined Income	_____ %	(24)	_____ %	
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____	
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time				
Using <input type="checkbox"/> Table A <input type="checkbox"/> Table B (26)				
No. of Days _____ = _____ % Adjustment (from table)				
x Line (16) \$ _____ (Basic Child Support Obligation)	\$ _____	(27)	\$ _____	
Less Noncustodial Parent's Costs for:				
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				
Adjustments Subtotal	\$ _____	(32)	\$ _____	
Preliminary Child Support Amount	\$ _____	(33)	\$ _____	
Self Support Reserve Test for Parent Who Will Pay				
Amount from Line (14) \$ _____ (Adj. Gross Income)				
Minus Reserve Amount <u>-\$1,115.00</u> =	\$ _____	(34)	\$ _____	
Child Support to be Paid by: <input type="checkbox"/> Father <input type="checkbox"/> Mother	\$ _____	(35)	\$ _____	
Share of Travel Expenses Related to Parenting Time (Only for expenses related to travel over 100 miles, one way)	_____ %	(36)	_____ %	
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ %	(37)	_____ %	

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

Executed on: _____
Date

Signature of Parent