(1) Name of Person Filing:	
Your Address:	
Your City, State, Zip Code:	
Your Telephone Number:	To oton oscial
ATLAS Number (if applicable):	
Attorney Bar Number (if applicable):	
Representing: Self (Without an Attorney)	
Or Attorney for Petitione	er Respondent
SUPERIOR COURT OF IN (2)PARENT'S WORKSHEET FOR	COUNTY
(3) ) (5 Name of Petitioner )  (4) ) (6 Name of Respondent )	() Case No
(4) ) (6 Name of Respondent )	i) ATLAS No
<ul> <li>(7) Name of parent filing:</li></ul>	ident [] Represented by Attorney
(11) Child(ren)'s names (First, middle initial, and last na	ame) Date of birth Age
Presumptive termination dateAct Youngest grade	ual termination date
Number of minor children Number of children	n age 12 or over
(12) Gross Income figures for the OTHER PARENT are	d.
<ul><li>[ ] ACTUAL, with proof, such as a recent W2 or pay statement.</li><li>[ ] ESTIMATED, based on facts or knowledge of page 1.</li></ul>	, , ,
job. [ ] <b>ATTRIBUTED</b> , based on what other party could 5e).	

Revised July 2015 1 of 3 DRS12F

	Father	Mother
Gross Monthly Income (13)	\$	\$
Spousal maintenance paid (14)	\$	\$- <u> </u>
Spousal maintenance received (15)	\$+	\$+
Custodial parent of other children subject of court order(s) (16)		
[ ] Father [ ] Mother	\$	\$
Court-ordered child support paid for children of other relationships (17)	\$	\$
Other natural or adopted children not subject of court order(s) (18)		•
[ ] Father [ ] Mother	\$	\$
Standard deduction	\$	\$- 
Alternate Deduction (only if less than standard deduction)	\$-	\$-
Adjusted Gross Monthly Income (19)	\$	\$
Combined Adjusted Gross Income (20)	\$	
Basic Child Support Obligation for [ ] children (21)		
Additions:		
Adjusted for [ ] children over age 12 at [ ]% (22)	\$	
Medical, dental and vision insurance paid (23)	\$	\$
Monthly childcare costs (24) for [ ] child(ren)	\$	\$
Less federal tax credit allowed to custodian at [ ]%	\$	\$
Extra education expenses paid (25)	\$	\$
Extraordinary (gifted or handicapped) child expenses paid (26)	\$	\$
Subtotal (27)	\$	\$
Total Adjustments for Costs (28)	\$	
Total Child Support Obligation (29)	\$	
Each parent's proportionate percentage of combined income (30)	%	%
Each parent's proportionate share of the total support obligation (31)	\$	
Less paying parent's costs (32)	\$	\$
Costs associated with parenting time (33): Table A [ ]	Table B [ ]	
No. of days		
Line (18) x%	\$	
Adjustments subtotal (34)	\$	
Preliminary Child Support Amount (35)	\$	\$

Case	Nο			
Cacc	. 10.			

	Father	Mother
Self-Support Reserve Test for Payor (36)		
Line (16) \$		
Less paid arrears \$		
Less \$1,115	\$	\$
Child support amount to be paid by (37):		
[ ] Father [ ] Mother	\$	\$
Travel related to parenting time (38)	%	%
Medical, dental, and vision costs not paid by insurance (39)	%	%