

Obligation Worksheet B

(The worksheet for calculation of the total support obligation under R.S. 9:315.9)

Court _____ Parish _____ Louisiana
 Case Number _____ Div/CrRm _____
 and _____
 Petitioner _____ Respondent _____

Children	Date of Birth	Children	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	A. Petitioner	B. Respondent	C. Combined
1. Monthly Gross Income (R.S. 9:315.2(A)) a. Preexisting child support payment. b. Preexisting spousal support payment.	\$ _____ - _____ - _____	\$ _____ - _____ - _____	
2. Monthly Adjusted Gross Income (Line 1 minus 1a and 1b).	\$ _____	\$ _____	
3. Combined Monthly Adjusted Gross Income (Line 2 Column A plus Line 2 Column B). (R.S. 9:315.2(C))			\$ _____
4. Percentage Share of Income (Line 2 divided by line 3). (R.S. 9:315.2(C))	%	%	
5. Basic Child Support Obligation (Compare line 3 to Child Support Schedule). (R.S. 9:315.2(D))			\$ _____
6. SHARED CUSTODY BASIC OBLIGATION (Line 5 times 1.5) (R.S.9:315.9(A)(2))			\$ _____
7. EACH PARTY'S THEORETICAL CHILD SUPPORT OBLIGATION (Multiply line 4 times line 6 for each party) (R.S.9:315.9(A)(2))	\$ _____	\$ _____	
8. PERCENTAGE with each party (Use actual percentage of time spent with each party, if percentage is not 50%) (R.S.9:315.9(A)(3))	%	%	
9. BASIC CHILD SUPPORT OBLIGATION FOR TIME SPENT WITH OTHER PARTY (Cross Multiply line 7 for each party times line 8 for the other party (R.S. 9:315.9(A)(3). For Line 9 Column A, multiply Line 7 Column A times Line 8 Column B. For Line 9 Column B, multiply Line 7 Column B times line 8 Column A.)	\$ _____	\$ _____	
a. Child Care Costs (R.S. 9:315.3)			+ _____
b. Child's Health Insurance Premium Cost. (R.S. 9:315.4)			+ _____
c. Extraordinary Medical Expenses (Uninsured Only). (Agreed to by parties or by order of the court). (R.S. 9:315.5)			+ _____
d. Extraordinary Expenses (Agreed to by parties or by order of the court). (R.S. 9:315.6)			+ _____
e. Optional. Minus extraordinary adjustments (Child's income if applicable). (R.S. 9:315.7)			- _____
10. TOTAL EXPENSES/EXTRORDINARY ADJUSTMENTS (Add lines 9a, 9b, 9c, and 9d, Subtract Line 9e)			\$ _____

11. EACH PARTY'S PROPORTIONATE SHARE of Expenses/Extraordinary Adjustments (Line 4 times Line 10) (R.S. 9:315.9(A)(4))	\$	\$	
12. DIRECT PAYMENTS made by either party on behalf of the child for child care costs, health insurance premiums, extraordinary medical expenses, or extraordinary expenses. Deduct each party's proportionate share of an expense owed directly to a third party. If either parent's proportionate share of an expense is owed to the other parent, enter zero. (R.S. 9:315.9(A)(5))	\$	\$	
13. EACH PARTY'S CHILD SUPPORT OBLIGATION (Line 9 plus Line 11 and minus Line 12) (R.S. 9:315.9(A)(4) and (5))	\$	\$	
14. RECOMMENDED CHILD SUPPORT ORDER (Subtract lesser amount from greater amount in Line 13 and place the difference in the appropriate column.) (R.S. 9:315.9(A)(7))	\$	\$	

Comments, calculations, or rebuttals to schedule or adjustments:

Prepared by: _____

Date: _____