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 SUPERIOR COURT
 THURSTON COUNTY, WA

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Linda Myhre Enlow
 Thurston County Clerk

Washington State Child Support Schedule Worksheets

Proposed by State of WA Other (CSWP)
 Or, Signed by the Judicial/Reviewing Officer. (CSW)

County THURSTON

Case No. 14-3-00778-8

Child/ren and Age/s: Lucas Michael Hicks, 6

Parent 1 Stephen Keith Hicks

Parent 2 Annette Marie Roth

	Parent 1	Parent 2
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	\$1,641.50	\$4,808.32
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Maintenance Received	-	-
e. Other Income	-	-
f. Imputed Income	-	-
g. Total Gross Monthly Income (add lines 1a through 1f)	\$1,641.50	\$4,808.32
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State) Tax Year: Manual	\$129.03	\$435.00
b. FICA (Soc. Sec. + Medicare)/Self-Employment Taxes	\$125.57	\$109.39
c. State Industrial Insurance Deductions	-	-
d. Mandatory Union/Professional Dues	-	-
e. Mandatory Pension Plan Payments	-	-
f. Voluntary Retirement Contributions	-	\$144.25
g. Maintenance Paid	-	-
h. Normal Business Expenses	-	-
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$254.60	\$688.64
3. Monthly Net Income (line 1g minus 2i)	\$1,386.90	\$4,119.68
4. Combined Monthly Net Income (line 3 amounts combined)		\$5,506.58
5. Basic Child Support Obligation (Combined amounts →)		
Lucas Michael Hicks \$800.00		\$800.00
-		
-		
-		
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.252	.748

ORIGINAL

	Parent 1	Parent 2
Part II: Basic Child Support Obligation (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations (Each parent's Line 6 times Line 5.)	\$201.60	\$598.40
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the Federal Poverty Guideline.)	\$1,226.00	
a. Is combined Net Income Less Than \$1,000? If yes , for each parent enter the presumptive \$50 per child .	-	-
b. Is Monthly Net Income Less Than Self-Support Reserve? If yes , for that parent enter the presumptive \$50 per child .	-	-
c. Is Monthly Net Income equal to or more than Self-Support Reserve? If yes , for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive \$50 per child, whichever is greater.	\$160.90	-
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child.	\$160.90	\$598.40
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. 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 10a plus line 10b)	-	-
d. Combined Monthly Health Care Expenses (add parent 1's and parent 2's totals from line 10c)	-	-
11. Day Care and Special 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 11a through 11d)	-	-
12. Combined Monthly Total Day Care and Special Expenses (add parent 1's and parent 2's day care and special expenses from line 11e)	-	-
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	-	-
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	-	-
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$160.90	\$598.40

	Parent 1	Parent 2
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	-	-
b. Day Care and Special Expenses Credit	-	-
c. Other Ordinary Expenses Credit (describe)	-	-
	-	-
d. Total Support Credits (add lines 16a through 16c)	-	-
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$160.90	\$598.40
Part VII: Additional Informational Calculations		
18. 45% of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$624.11	\$1,853.86
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$40.23	\$149.60
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated value of all major household assets.)		
a. Real Estate	-	-
b. Investments	-	-
c. Vehicles and Boats	-	-
d. Bank Accounts and Cash	-	-
e. Retirement Accounts	-	-
f. Other: (describe)	-	-
	-	-
	-	-
	-	-
21. Household Debt (List liens against household assets, extraordinary debt.)		
a.	-	-
b.	-	-
c.	-	-
d.	-	-
e.	-	-
f.	-	-
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action)		
Name	-	-
Name	-	-
b. Income Of Other Adults in Household		
Name	-	-
Name	-	-

Other Factors For Consideration (continued) (attach additional pages as necessary)

Signature and Dates

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.

PTA
Parent 1's Signature

[Handwritten Signature]
Parent 2's Signature

Date City

4/11/2016 OLYMPIA WA
Date City

[Handwritten Signature]
Judicial/Reviewing Officer

4-11-16
Date

Christine Schaller

**This Worksheet has been certified by the State of Washington Administrative Office of the Courts.
Photocopying of the worksheet is permitted.**

WORKSHEET SYNOPSIS

	Parent 1	Parent 2	COMBINED
1. Monthly Net Income Tax Year: Manual	\$1,386.90	\$4,119.68	\$5,506.58
2. Proportional Share of Income	.252	.748	
3. Basic Support:			
Lucas Michael Hicks \$800.00			
-			
-			
-			
4. TOTAL			
	\$800.00		
5. Basic Support Obligation with Income Limitations	\$160.90	\$598.40	
6. Obligation for Health Care, Day Care, and Special Exp.	-	-	-
7. TOTAL OBLIGATION	\$160.90	\$598.40	
8. CREDIT for Medical	-	-	
9. CREDIT for Day Care and Special Exp.	-	-	
10. CREDIT for Ordinary Expenses	-	-	
11. TOTAL CREDITS	-	-	
12. Stephen Ke Pays Annette Ma	\$160.90	-	

Calculated Using Self Support Reserve: 2015

File Name: Roth, Annette.SCP
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CASE ALERT

SELF SUPPORT RESERVE ADJUSTMENT (SSR): Basic Support Obligation has been adjusted because net income MINUS BSO is less than Self Support Reserve (125% of US Poverty Guidelines)