

5
 FILED
 SUPERIOR COURT
 THURSTON COUNTY, WA

2014 JUN -5 AM 9:33

BETTY J. GOULD, CLERK

EXPEDITE (if filing within 5 court days of hearing)
 Hearing is set:
 Date: _____
 Time: _____
 Judge/Calendar: _____

14-3-00778-8

Washington State Child Support Schedule Worksheets

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

Mother ANNETTE MARIE ROTH Father STEPHEN K HICKS
 County THURSTON Case No. _____

Child(ren) and Age(s):		
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income	Father	Mother
a. Wages and Salaries	\$ 0	\$ 4808.32
b. Interest and Dividend Income	\$ 0	\$ 0
c. Business Income	\$ 0	\$ 0
d. Maintenance Received	\$ 0	\$ 0
e. Other Income	\$ 0	\$ 0
f. Imputed Income	\$ 0	\$ 0
g. Total Gross Monthly Income (add lines 1a through 1f)	\$ 0	\$ 4808.32
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$ 0	\$ 235.00
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$ 0	\$ 109.39
c. State Industrial Insurance Deductions	\$ 0	\$ 0
d. Mandatory Union/Professional Dues	\$ 0	\$ 0
e. Mandatory Pension Plan Payments	\$ 0	\$ 0
f. Voluntary Retirement Contributions	\$ 0	\$ 144.25
g. Maintenance Paid	\$ 0	\$ 0
h. Normal Business Expenses	\$ 0	\$ 0
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$ 0	\$ 688.69
3. Monthly Net Income (line 1g minus 2i)	\$ 0	\$ 4119.63
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3)		\$ 4119.63
5. Basic Child Support Obligation (enter total amount in box →)		\$ 0
Child #1 _____ Child #3 _____ Child #5 _____ Child #2 _____ Child #4 _____		
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)	0.0	100.00

Part II: Basic Child Support Obligation (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5.)	\$ 0	\$ 0
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the Federal Poverty Guideline.)	\$	
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.	\$	\$
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.	\$ 0	\$ 0
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. Health Care Expenses	Father	Mother
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$ 0	\$ 145.92
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$ 0	\$ 0
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$ 0	\$ 145.92
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 10c)	\$ 145.92	
11. Day Care and Special Expenses		
a. Day Care Expenses	\$ 0	\$ 600
b. Education Expenses	\$ 0	\$ 0
c. Long Distance Transportation Expenses	\$ 0	\$ 0
d. Other Special Expenses (describe)	\$ 0	\$ 0
	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 11a through 11d)	\$	\$ 600
12. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 11e)	\$ 600	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	\$ 745.92	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$ 0	\$ 745.92
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$ 0	\$ 745.92
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$ 0	\$ 0
b. Day Care and Special Expenses Credit	\$ 0	\$ 0

c. Other Ordinary Expenses Credit (describe)	\$ 0	\$ 0
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)	\$	\$
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)	\$	\$
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$	\$
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
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.)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
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 _____	\$ \$	\$ \$
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8 _____	\$	\$
d. Income Of Child(ren) (if considered extraordinary) Name _____ Name _____	\$ \$	\$ \$

