

INSTRUCTIONS

1. Blue Fields: User must enter data into the location e.g. Name of Petitioner user must type in the name of the Petitioner.
2. Yellow Fields: User must select from the drop down box only e.g. Main. Requested (Y or N) and answer is No, user must select N from the drop down box and not type in the letter N. Such typing will be rejected.
To activate the drop down choices place the cursor (mouse) in the box and hit the left button on the mouse, drop down arrow will appear on the right side of the location.
3. Black or White Fields: User should disregard as the information sought does not apply to user's case.

TIPS

IMPORTANT TO FOLLOW THE DIRECTIONS ENTIRELY FOR THE CALCULATOR TO WORK PROPERLY.
PLACE AND HOLD CURSOR IN FIELD AND HINT SHOULD APPEAR EXPLAINING WHAT IS BEING SOUGHT.
USER SHOULD BE ABLE TO UTILIZE THE TAB KEY TO MOVE TO THE NEXT FIELD.

| | | | | |
|--------------------------------|---|-------------------------------|-------------------------------------|------------|
| CAPTION | Name of Petitioner | | | |
| | Name of Respondent | | | |
| | Case No | | | |
| | Court No | | | |
| | County of Action | Johnson | | |
| INCOME/MAINTENANCE | Father's Income (Wages) ; Monthly or Annually | Annually | Amount Paid | |
| | Father's Self Employment Income | 0 | Father's Bus. Exp. | |
| | Mother's Income (Wages); Monthly or Annually | Annually | Amount Paid | |
| | Mother's Self Employment Income | 0 | Mother's Bus. Exp. | |
| | Main. Requested (Y or N) | | | |
| | Main. Upon Percentage. See Comment | 0 | | |
| REPRESENTATION | Party Worksheet Prepared for (P or R) | | | |
| | Tax Filing of Cust. Parent See Comment | | | |
| TAX FILING | Tax Filing of Noncust. Parent | | | |
| | Parent Children Reside With (M or F) | | Tax Exemption Claimed How (M, F, A) | |
| CHILDREN | Birthday Child #1 (format 1/1/2012 for ex.) | 1/1/2000 | | |
| | Birthday Child #2, if any | NA | | |
| | Birthday Child #3, if any | NA | | |
| | Birthday Child #4, if any | NA | | |
| | Birthday Child #5, if any | NA | | |
| | Birthday Child #6, if any | NA | | |
| | Tax Consideration For Exemptions | #DIV/0! | | |
| | Mother | | Father | Use Values |
| | #DIV/0! | | #DIV/0! | |
| | DAY CARE/HEALTH CARE | Total Day Care Paid by Mother | | |
| Total Day Care Paid by Father | | | | |
| Health and Dental Mother | | | | |
| Health and Dental Father | | | | |
| ADJUST: a. Multi Family | Multiple Family (Assume No) | N | | |
| | b. Interstate | | | |
| | Interstate Pay (Assume No) | N | | |
| Pay | | | | |
| c. Equal Parent | Equal Parenting Time Worksheet (Y or N) | N | | |

Time

d. Child Support

Other Case

e. Long Distance Travel

f. Special Needs

g. Support Past Majority

h. Overall Fin. Condition

i. Parent Time (Not EPT)

| | |
|---|---|
| Father Pay Child Support Another Case | N |
| Mother Pay Child Support Another Case | N |
| Long Distance Travel Costs Adj. (Y or N) | N |
| Special Needs Adj. (Y or N) | N |
| Support Past Majority Adj. (Y or N) | N |
| Overall Financial Condition Adj. (Y or N) | N |
| Parenting Time not Equal Parenting Time | N |

NAME OF PREPARER

| | | | |
|-------|--|------------|--|
| Name | | Bar # | |
| Add. | | City,State | |
| Phone | | Fax | |
| Email | | | |

Indicate Status as Attorney or Pro Se

PRINT SELECTION

1. Print Child Support Worksheet (WS) Only, SELECT BUTTON TO RIGHT
2. Print WS and Tax Considerations (1 and 2), SELECT BUTTON TO RIGHT
3. Print WS ,Tax Cons. and Equal Parent Time Worksheet (1-3), SELECT BUTTON TO RIGHT