

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	John Q. Smith			
	Name of Respondent	Susie Q. Smith			
	Case No	12CV1212			
	Court No	12			
	County of Action	Johnson			
INCOME/MAINTENANCE	Father's Income (Wages) ; Monthly or Annually	Monthly	Amount Paid	4500	
	Father's Self Employment Income		Father's Bus. Exp.		
	Mother's Income (Wages); Monthly or Annually	Monthly	Amount Paid	3000	
	Mother's Self Employment Income		Mother's Bus. Exp.		
	Main. Requested (Y or N)	Y			
	Main. Upon Percentage. See Comment	20			
REPRESENTATION	Party Worksheet Prepared for (P or R)	P			
	Tax Filing of Cust. Parent See Comment	Single			
TAX FILING	Tax Filing of Noncust. Parent	Single			
	Parent Children Reside With (M or F)	Mother	Tax Exemption Claimed How (M, F, A)		
CHILDREN	Birthday Child #1 (format 1/1/2012 for ex.)	1/1/2005	Alternate		
	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 (Value) For Exemptions	0			
	Mother		Father	Use Values	
	0		0		
	DAY CARE/HEALTH CARE	Total Day Care Paid by Mother	300		
Total Day Care Paid by Father					
Health and Dental Mother					
Health and Dental Father		400			
ADJUST: a. Multi Family	Multiple Family (Assume No)	N			
	b. Interstate Pay	Interstate Pay (Assume No)	N		
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	John Q. Smith	Bar #	
Add.	111 W. 1st	City, State	Anywhere, KS 12121
Phone	12121212	Fax	12121212
Email	12121212@1212.com		
Indicate Status as Attorney or Pro Se		Pro Se	