



Child Support Program

CS-EF91  
R. 12/21/13

Written Agreement for Past-Due Support

CSE Case Number:

Depository Number:

Parent Owed Support:

The Child Support Program (the Program) and above case, agree as follows:

the parent who owes support in the

1. On 08/14/2019 we mailed notice to you that we would (check one):

- Take further enforcement action
- Suspend or deny your driver license/motor vehicle registration
- Suspend or deny your business/professional/recreational license
- Suspend or deny your vessel registration
- Report your past-due to consumer reporting agencies
- Place a lien on your personal property

2. You are \$329.79 behind in your support payments as of 09/09/2019 and owe \$6,994.74 in past-due support as of 09/09/2019.

3. You agree to make a lump sum payment of:

\$500.00 by 09/20/2019

You agree to make an additional payment of \$50.00 each month.

4. Based on your support order and this agreement your new payment is:

\$399.00 each month for ongoing support; and

\$101.00 each month for past-due support

The first payment is due on 10/20/2019.

5. To make payment mail a check or money order made payable to the Florida State Disbursement Unit to:

Florida State Disbursement Unit  
PO Box 8500  
Tallahassee FL 32314-8500

Write depository number \_\_\_\_\_ on your check or money order to ensure credit. You can also pay by credit card at [myfloridacounty.com](http://myfloridacounty.com) or by fund transfer from your account at [expertpay.com](http://expertpay.com)

6. We may notify your current or future employer of this agreement and ask the employer to deduct the payments from your income. You are responsible for making any payments not deducted by your employer.

\_\_\_\_\_ T

- 7. We will not complete the enforcement action stated in paragraph 1 as long as you pay as agreed. If you do not pay as agreed we will restart the enforcement action without further notice to you, unless the support is paid in full, enforcement is contrary to law, or we make a new agreement with you. If we restart the enforcement action you waive the right to further notice or a hearing concerning it. We may take other actions to collect current and past-due support even if you pay as agreed, for example federal income tax refund offset.
- 8. This agreement is binding and may be used as evidence in court. The support order and/or judgement remains in effect and is unchanged by this agreement.

I \_\_\_\_\_ understand and agree to the terms of this agreement.

\_\_\_\_\_  
Signature (parent who owes support)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Program Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Program Representative)

== T

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST**

CS-IS23  
N. 01/18

The information on this form may be disclosed as authorized by law.  
If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

**Child Support Agency Confidential Information Form must be attached.**

**Petitioner:**  
Tribal Affiliation (if applicable)  
**Respondent:**  
Tribal Affiliation (if applicable)

**IV-D Case:** [ ] TANF  
[ ] IV-E Foster Care  
[ ] Medicaid Only  
[ X ] Former Assistance  
[ ] Never Assistance

File Stamp

**To:** New York State Central Registry Cse Nys Processing  
PO Box 15366  
Albany NY 12212-5366

**Responding Locator Code:** 360000 **State** NY

**Responding IV\_D Case Identifier:** \_\_\_\_\_

**Responding Tribunal Number:** \_\_\_\_\_

**From:** Office Of Child Support Encf Volusia Co  
1160 N Williamson Blvd Ste 130  
Daytona Beach FL 32114-8198

**Initiating Locator Code:** 121270 **State** FL

**Initiating IV\_D Case Identifier:** \_\_\_\_\_

**Initiating Tribunal Number:** \_\_\_\_\_

**Send Payments To:** Florida State Disbursement  
PO Box 8500  
Tallahassee FL 32314-8500

**Payment Locator Code:** 1200001 **State** Florida

**NOTE:**

- [ ] Nondisclosure Finding/Affidavit attached
- [ ] This form sent through EDE
- [ X ] This request or information sent through CSENet

**Section I. Action:** The responding jurisdiction should open an intergovernmental case with the initiating jurisdiction and provide all appropriate services, including: (Please return the acknowledgment form.)

- 1. [ ] Establish parentage
- 2. [ ] Establish and enforce order, and forward payment to the initiating jurisdiction's SDU for:
  - A. [ ] Current child support, including medical support
  - B. [ ] Retroactive child support
  - C. [ ] Medical support only
- 3. [ ] Take the following action(s) on the responding tribunal's order and forward payment to the initiating jurisdiction's SDU:
  - A. [ ] Enforce
  - B. [ ] Modify and enforce
  - C. [ ] Modify then close the intergovernmental IV-D case
  - D. [ ] Enforce arrears only
  - E. [ ] Change person/entity entitled to receive funds and enforce
- 4. [ X ] Take the following action on a support order of another jurisdiction and forward payment to the initiating jurisdiction's SDU:
  - A. [ X ] Register and enforce
  - B. [ ] Register, modify, and enforce
  - C. [ ] Register, modify then close the intergovernmental IV-D case
  - D. [ ] Register and enforce arrears only
- 5. [ ] Other: \_\_\_\_\_

**Section II. Case Summary:** (Background of this matter: court/administrative actions)

Date of support order	State and county, tribe, or foreign country issuing order	Tribunal number
02/02/2017	FL, VOLUSIA	
Support amount / frequency	Date of last payment	Total amount of arrears
\$ 191.00 Monthly	Current 01/29/2019	\$ 2,268.73
\$ 20.00 Monthly	Arrears	02/02/2017 through 06/20/2019
[ X ] Current Support	[ ] Arrears Only	

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST, PAGE 2**

Date of support order State and county, tribe, or foreign country issuing order Tribunal number

Support amount / frequency Date of last payment Total amount of arrears Period of computation  
Current through  
Arrears

[ ] Current Support [ ] Arrears Only

[ ] Additional orders or information attached.

**Section III. Obligee Information:** [ X ] Parent [ ] Caretaker

Obligee legal name (first, middle, last, suffix) If caretaker: \_\_\_\_\_  
relationship to child(ren) \_\_\_\_\_ [ ] Has legal custody/guardianship of the child(ren)

**Section IV. Obligor Information:** Obligor legal name (first, middle, last, suffix) \_\_\_\_\_

**Section V. Dependent Child(ren) Information:**

Legal Name (first, middle, last, suffix)

**Section VI. Other Pertinent Information:**

[ ] Continued on attached sheet(s), incorporated by reference.

**VII. Attachments:** (Supporting Documentation)

- |  |                                     |
|--|-------------------------------------|
| [ X ] Child Support Agency Confidential Information Form for IV-D Use Only | [ ] Uniform Support Petition        |
| [ ] Declaration in Support of Establishing Parentage                       | [ ] General Testimony               |
| [ ] Personal Information Form for UIFSA § 311                              | [ ] Support order(s)                |
| [ X ] Letter of Transmittal Requesting Registration                        | [ ] Acknowledgment of parentage     |
| [ ] Payment history  | [ ] Birth certificate/birth record  |
| [ ] Arrears balance and/or accrued interest (affidavit of arrears)         | [ ] Nondisclosure finding/affidavit |
| [ ] Arrears calculation (month by month)                                   | [ ] Other attachments               |

**Section VIII. Contact Information:**

07/10/2019 Date Initiating contact person (first, middle, last, suffix) Direct telephone number and extension

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

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**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS**

CS-IS24  
N. 01/18

The information on this form may be disclosed as authorized by law.  
If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Child Support Agency Confidential Information Form Attached

**Petitioner:**  
Tribal Affiliation (if applicable)

**IV-D Case:**  
 TANF  
 IV-E Foster Care  
 Medicaid Only  
 Former Assistance  
 Never Assistance

File Stamp

**Respondent:**  
Tribal Affiliation (if applicable)

**To:** Division Of Child Support Enf Pima County  
1455 S Alvernon Way  
Tucson AZ 85711

**Responding Locator Code:** 040190 **State** \_\_\_\_\_  
**Responding IV-D Case Identifier:** \_\_\_\_\_  
**Responding Tribunal Number:** \_\_\_\_\_

**From:** Florida Child Support Central Registry  
PO Box 8030  
Tallahassee FL 32314-8030

**Initiating Locator Code:** 120810 **State** FL  
**Initiating IV-D Case Identifier:** \_\_\_\_\_  
**Initiating Tribunal Number:** \_\_\_\_\_

**Payment Locator Code:** 1200001 **State** Florida

**NOTE:**  
 Nondisclosure Finding/Affidavit attached  
 This form sent through EDE  
 This request or information sent through CSENet

**Section I. Case Processing Actions:** (Provide additional information in section III or as an attachment as appropriate.)

**Providing:**

- 1.  Status update
- 2.  Notice of hearing
- 3.  Notice of case forwarding
- 4.  Document filed
- 5.  Order issued
- 6.  Arrears calculation (month by month)
- 7.  Payment history (provide details under section III)
- 8.  Arrears balance and/or accrued interest (affidavit of arrears)
- 9.  Notice of health care coverage change (see section III or attachment)
- 10.  Notice of case receiving tax refund offset from federal collection and enforcement program
- 11.  Nondisclosure finding/affidavit
- 12.  Other

**Requesting:**

- 13.  Status update
- 14.  Arrears balance and/or accrued interest (affidavit of arrears)
- 15.  Payment history
- 16.  Arrears calculation (month by month)
- 17.  Administrative review for contested debt certification in the federal collection and enforcement program
- 18.  Other (List and describe in section III.)

**Please return the requested information.**

## CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS, PAGE 2

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### Section II. Intergovernmental Closure Actions:

#### From Initiating Agency:

1.  The initiating agency has closed its IV-D intergovernmental case because . Proceed with closure of your responding IV-D intergovernmental case.
2.  Close the responding agency's IV-D intergovernmental case and stop income withholding, if applicable. We are keeping our IV-D case open and your agency's intergovernmental services are no longer needed.

#### From Responding Agency:

3.  The responding agency has closed its IV-D intergovernmental case at your request.
  4.  The responding agency intends to close its IV-D intergovernmental case on (mm/dd/yyyy) because your agency failed to provide .
  5.  The responding agency has closed its IV-D intergovernmental case because your agency failed to respond to the 60-day notice dated (mm/dd/yyyy).
- 

### Section III. Other Pertinent Information:

08/29/2019

Date

Contact person (first, middle, last, suffix)

Direct telephone number and extension

Fax: \_\_\_\_\_

Email: D \_\_\_\_\_

#### Encryption Requirements:

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue  
Child Support Program and

Depository Number:  
Child Support Case Number:

Petitioners,  
vs.

Respondent.

**FINAL ADMINISTRATIVE SUPPORT ORDER**

The Florida Department of Revenue, Child Support Program (DOR), enters this Final Administrative Support Order (Final Order) to establish a support obligation for the child(ren) named in Paragraph 5. We have considered the financial affidavits we received and/or other reliable information about the income of each parent. We have taken into account the child support guidelines and any relevant deviation factors in section 61.30, Florida Statutes. In this Final Order we refer to \_\_\_\_\_ as the Respondent and \_\_\_\_\_ as the Petitioning parent (or caregiver, if applicable).

Findings of Fact and Conclusions of Law

1. The Department of Revenue has subject matter jurisdiction in this proceeding and enters this Final Order as authorized by section 409.2563, Florida Statutes.
2. DOR is providing Title IV-D services on behalf of \_\_\_\_\_, the parent of the child(ren) named in Paragraph 5.
3. There is no support order for the child(ren) named in Paragraph 5.
4. The Respondent is subject to DOR's jurisdiction in this proceeding under sections 48.193 (1)(e), (h), or 88.2011, Florida Statutes. The Respondent was properly served notice outside the State of Florida, however, he/she acknowledged paternity of the child(ren) in this state before this proceeding started.
5. The Respondent has a legal duty to contribute to the support of the child(ren) named below because the Respondent is the child(ren)'s parent.

Child(ren) Name

Date of Birth

1

Paternity has been legally established for acknowledgment.

by affidavit or voluntary

Paternity has been legally established for acknowledgment.

by affidavit or voluntary

6. The child(ren) needs support and the Respondent has the ability to provide support as determined by this Final Order.

CS-OA40  
Rule 12E-1.036  
Florida Administrative Code  
Effective 08/19

7. The child(ren) resides with \_\_\_\_\_ most of the time. \_\_\_\_\_ is the child(ren)'s mother.
8. This Final Order is being entered without a hearing because the Respondent did not file a timely request for an administrative hearing. The time limits are stated in the Proposed Administrative Support Order, which was served on the Respondent. The Respondent is deemed to have waived the right to request a hearing as provided by section 409.2563(7)(b), Florida Statutes.
9. DOR makes the following findings of fact:
- The Respondent's actual net monthly income is \$4,709.39 (49 percent of the parents' combined net income).
  - The Petitioning/other parent's actual net monthly income is \$4,905.59 (51 percent of the parents' combined net income).
  - Monthly child care costs are \$144.45.
  - Monthly health insurance costs for the child(ren) are \$90.89.
10. The total monthly child support need under Florida's Child Support Guidelines is \$2430.34.
11. The Respondent's guideline share of the total child support need is \$1190.87 per month. The amount is based on section 61.30, Florida Statutes, which includes the factors in paragraph 9.
12. Health insurance for the child(ren) is not available to the Respondent at reasonable cost through his/her employer, union, or other source and is not accessible to the child.

Health insurance for the child(ren) is available to Petitioning/other parent at reasonable cost through his/her employer, union, or other source and is accessible to the child.

The Respondent has the ability to pay all or part of the cost of the child(ren)'s health insurance, which is being provided by the Petitioning parent or caregiver.

Both parents have the ability to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren).

13. The total past (retroactive) child support amount in Paragraph B is based on the factors listed in the enclosed child support guideline worksheet(s).

The Respondent shall pay retroactive support for 28 months. This is the period(s) of time when the Respondent did not live together with the child(ren), during the 24 months before 05/31/2019, the date the Respondent was served with the initial notice in this proceeding. If a Final Order is issued, monthly support that accrues between now and the date the first payment is due will be added to the total retroactive support amount in the Final Order.

The retroactive support amount of \$33344.36 is calculated at the same monthly rate as current support.



Based upon the Findings of Fact and Conclusions of Law and in accordance with sections 61.30 and 409.2563, Florida Statutes, it is ORDERED that:

- A. \_\_\_\_\_ is the legal parent of \_\_\_\_\_, date of birth \_\_\_\_\_  
\_\_\_\_\_ is the legal parent of \_\_\_\_\_, date of birth \_\_\_\_\_

- B. Starting 10/01/2019 the Respondent shall pay:  
  
\$1,190.87 per month current support, plus  
\$238.17 per month to reduce the retroactive support amount of  
\$33,344.36, for a total monthly payment of  
\$1,429.04

When the total retroactive support amount and any arrears that accrue after the date of this Final Order are paid, the monthly obligation becomes the current support amount.

- C. All payments must be paid by cashier's check, certified check, money order, or a personal or business check payable to the Florida State Disbursement Unit at the following address:

Florida State Disbursement  
PO Box 8500  
Tallahassee FL 32314-8500

Cash is not accepted. If a personal or business check is returned, the person who wrote the check may no longer be allowed to pay by check. All payments must be identified with the Respondent's name, the amount of the payment and depository number .  
The Respondent shall not receive credit for any future support payments made directly to or to the child(ren). Any payment that is not paid when due is considered late and will result in collection action by DOR.

- D. Duration of order. This Final Order stays in effect until:  
(1) Vacated, modified, suspended or terminated by DOR;  
(2) Vacated on appeal; or  
(3) Superseded by a circuit court order.

The current support obligation in Paragraph B is reduced according to the schedule below as each child reaches age 18, dies, marries, or otherwise emancipates, unless the child is dependent in fact, between the ages of 18 and 19, still in high school and performing in good faith with a reasonable expectation of graduating before the age of 19. If payable beyond the age of 18, the current support obligation ends when the child graduates from high school.

Current support for \_\_\_\_\_ and \_\_\_\_\_ is scheduled to end on 11/11/2026 or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

E. Health Insurance and Noncovered Medical Expenses. The Petitioning parent shall obtain and maintain health insurance for the child(ren) by enrolling them in group insurance available through the Petitioning parent's employer, union, or other source. The Petitioning parent shall send written proof of coverage to the Sanford Service Site, Hurston South Tower, 400 W Robinson St Ste 113. If there is any change in health insurance the Petitioning parent must notify DOR within 30 days and send written proof of the change. The Respondent's share of the cost of health insurance provided for the child(ren) by the Petitioning parent/caregiver is \$44.54, which is included in the Respondent's share of the total child support need stated in paragraph 9.

The obligation to pay reasonable and necessary noncovered medical, dental, and prescription medication expenses incurred for the minor child(ren) shall be based on each parent's percentage share of the monthly support obligation as stated in the child support guidelines worksheet(s). The Petitioning/other parent's share is 51 percent and the Respondent's share is 49 percent.

F. Notice of Changes. Within seven (7) days the Respondent shall notify the Sanford Service Site, Hurston South Tower, 400 W Robinson St Ste 113, Orlando, FL 32801-1736 and the Clerk of the Circuit Court in Seminole County at PO Box 819, Sanford FL 32772-0819 in writing of any change in name, Social Security number, residential address, mailing address, employer, employment address, phone numbers, and driver license number. It will be presumed that the Respondent has received any documents sent by regular U.S. Mail to the most recent mailing address provided.

G. The Respondent's income is subject to immediate income deduction for payment of the support obligations in Paragraph B and any late payments or past-due amounts that accrue after entry of this Final Order. A separate Income Deduction Order is being entered. The Respondent is responsible for paying the support obligations under this Final Order to the State Disbursement Unit until income deduction starts.

H. The Florida Department of Economic Opportunity (or its successor agency) shall deduct, withhold, and pay to the Child Support Program, forty percent (40%) of any unemployment compensation which may now or in the future be payable to the Respondent. The amount may not exceed the total amount in Paragraph B and any subsequent late payments or past-due amounts that accrue after entry of this Final Order.

Effective Date. This Final Order is effective immediately and remains in effect until modified by DOR, vacated on appeal, or superseded by a subsequent court order.

DONE and ORDERED this the 10th day of September, 2019.



Director, Child Support Program  
Authorized Representative  
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. The Final Order has been rendered on the above date by filing it with the agency clerk of the Florida Department of Revenue and serving it on the respondent.

Copy furnished this date to:  
Seminole County Clerk of the Circuit Court

## NOTICE OF RIGHT TO APPEAL

A party that is adversely affected by this Final Administrative Order, the Income Deduction Order, or both has the right to judicial review under section 120.68, Florida Statutes. To obtain judicial review, you must complete the following steps:

1. File an original Notice of Appeal with the Department of Revenue's Deputy Agency Clerk within 30 days after the date the Final Order is rendered. The address is:

Department of Revenue  
Child Support Program  
Attention: Deputy Agency Clerk  
P.O. Box 8030  
Tallahassee, Florida 32314-8030

2. File a copy of the Notice of Appeal with the Clerk of the First District Court of Appeal or the Clerk of the District Court of Appeal for the district where you live. You also must pay a filing fee when you file the copy of the Notice of Appeal with the court.

Filing with the Department of Revenue or the District Court of Appeal is complete when the Notice of Appeal is received, not when it is mailed.

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
CHILD SUPPORT PROGRAM

State of Florida Department of Revenue  
Child Support Program and

Depository Number:  
Child Support Case Number:

Petitioners,

vs.

Respondent.

**INCOME DEDUCTION ORDER  
ADMINISTRATIVE SUPPORT PROCEEDING**

The Florida Department of Revenue, Child Support Program (DOR) enters this Income Deduction Order regarding the Respondent's child support obligation pursuant to section 409.2563(7), Florida Statutes.

To: All current and subsequent employers and payors of income  
to Respondent

YOU ARE HEREBY ORDERED, as required by Florida law, to make regular deductions from all income of the Respondent in accordance with this Income Deduction Order and any accompanying Order/Notice to Withhold Income.

YOU ARE FURTHER ORDERED:

1. To deduct from all money due and payable to the Respondent:
  - (a) \$1,190.87 per month for current child support, plus
  - (b) \$238.17 per month for past-due/retroactive support until the total past-due/retroactive/arrears amount of \$33,344.36 is paid,
  - (c) for a total monthly payment of \$1,429.04
  - (d) When the total past-due/retroactive/arrears amount in (b) has been paid, continue to deduct the amount in (a) for current child support.

Current support for \_\_\_\_\_ and \_\_\_\_\_ is scheduled to end on 11/11/2026 or date of high school graduation according to the conditions above, at which time the Respondent's current support obligation ends for all children.

2. To deduct 100 percent of any income paid in the form of a bonus or other similar one-time payment, up to the amount of the arrearage reported in the Order/Notice to Withhold, or any subsequent past-due amount that accrues.
3. To send these amounts to:

Florida State Disbursement  
PO Box 8500  
Tallahassee FL 32314-8500

Your check or other form of payment must include the Respondent's name, the date the deduction was made, and the court depository number .

4. Not to deduct more than the amounts allowed under Section 303(b) of the Consumer Credit Protection Act, 15 U.S.C. 1673(b), as amended.
5. To deduct an additional 20 percent of the current support obligation or other amount agreed to by the parties if a delinquency accrues after the order establishing, modifying, or enforcing the obligation has been entered and there is no order for repayment of the delinquency or a preexisting arrearage. This amount is to be deducted until the delinquency and any attorney's fees and costs are paid in full. No deduction may be applied to attorney's fees and costs until the delinquency is paid in full.
6. To continue income deduction at the rate in effect immediately prior to emancipation, if the obligation to pay current support is reduced or terminated due to emancipation of a child and the obligor owes an arrearage, retroactive support, delinquency, or costs. Continued deduction at that rate shall continue until all arrearages, retroactive support, delinquencies, and costs are paid in full or until the amount of withholding is modified by the DOR or a court.

This Income Deduction Order or an Income Deduction Notice will be served on the Respondent's present and future employers. Enforcement of the Income Deduction Order may only be contested on the grounds of mistake of fact regarding the amount due pursuant to the order establishing, enforcing, or modifying the amounts in paragraph 1, or the identity of the Respondent, the Petitioning parent/caregiver, or the employer.

DONE and ORDERED this the 10th day of September, 2019.



Director, Child Support Program  
Authorized Representative  
Florida Department of Revenue

This document has been signed electronically as authorized by section 668.004, Florida Statutes. The Final Order has been rendered on the above date by filing it with the agency clerk of the Florida Department of Revenue and serving it on the respondent.

**Florida Department of Revenue  
Child Support Program**

, Petitioner Vs

, Respondent

Depository #:  
Child Support Case #:

Court Case #:  
Guideline ID #:

**Child Support Guidelines Worksheet**

Child(ren)

From 06/01/2017 to 12/31/2017  
From 01/01/2018 to 12/31/2018  
From 01/01/2019 to 07/31/2019

TOTAL MONTHLY SUPPORT NEED FOR CHILD(REN)		A. Mother - CP	B. Father - NCP
1. GROSS MONTHLY INCOME (Select A = actual or I=imputed) <small>(Line 31 from page 2)</small>		( A ) \$6,139.47	( A ) \$6,503.33
2. HEALTH INSURANCE DEDUCTION <small>(Line 46 from page 2)</small>		- \$136.33	- \$0.00
3. OTHER ALLOWABLE DEDUCTIONS (Select A = actual or I=imputed) <small>(Line 38 from page 2)</small>		( A )- \$1,097.55	( A ) \$1,793.94
4. SSD/SSR INCOME FOR CHILD <small>(Add to the parent's income for whom benefits are received)</small>		+ \$0.00	+ \$0.00
5. NET INCOME <small>(Subtract (Sum of Line 2+3) from (Sum of lines 1+ 4))</small>		= \$4,905.59	= \$4,709.39
6. COMBINED NET INCOME OF PARENTS <small>(Add 5a and 5b)</small>		\$9,614.98	
7. PARENT'S PERCENTAGE SHARE OF SUPPORT <small>(Divide 5a by line 6 and 5b by line 6 to obtain percentage share)</small>		$\frac{\$4,905.59}{\$9,614.98} =$ 51%	$\frac{\$4,709.39}{\$9,614.98} =$ 49%
PARENT'S SHARE OF TOTAL MONTHLY SUPPORT NEED		Mother's Share	Father's Share
8. SUPPORT NEED <small>(multiply percent in line 7a and 7b by line 43 from page 2)</small>	\$2,195.00	\$1,119.45	\$1,075.55
9. CHILD(REN)'S HEALTH INSURANCE COST <small>(multiply line 7a and 7b by line 45 from page 2)</small>	\$90.89	\$46.35	\$44.54
10. ALLOWABLE CHILD CARE COST <small>(multiply line 7a and 7b by line 49 from page 2)</small>	\$144.45	\$73.67	\$70.78
11. TOTAL MONTHLY SUPPORT NEED FOR CHILD(REN) <small>(Add lines 8, 9, and 10)</small>	\$2,430.34	\$1,239.47	\$1,190.87
CREDITS			
12. CREDIT FOR HEALTH INSURANCE PAID BY PARENT <small>(from line 45)</small>		- \$90.89	- \$0.00
13. CREDIT FOR CHILD CARE PAID BY PARENT <small>(from line 47)</small>		- \$144.45	- \$0.00
14. SSD/SSR INCOME FOR CHILD <small>(from line 4)</small>		- \$0.00	- \$0.00
		MOTHER	FATHER
15. MONTHLY CHILD SUPPORT OBLIGATION <small>(Total may include deviations)</small>		= \$1,004.13	= \$1,190.87
NONCOVERED MEDICAL EXPENSE OBLIGATION			
16. NONCOVERED MEDICAL EXPENSES OBLIGATION FOR EACH PARENT <small>(from line 7)</small>		51%	49%

<b>DETERMINE GROSS MONTHLY INCOME</b>		
	<b>A. MOTHER</b>	<b>B. FATHER</b>
17. Salary/Wages	\$6,139.47	\$6,503.33
18. Bonus, commissions, allowances, overtime, tips, etc.	\$0.00	\$0.00
19. Self-employ/partnership/close corp. and Independent contracts	\$0.00	\$0.00
20. Disability benefits	\$0.00	\$0.00
21. Worker's Compensation	\$0.00	\$0.00
22. Unemployment Compensation	\$0.00	\$0.00
23. Pension, retirements or annuity payments	\$0.00	\$0.00
24. Social Security benefits	\$0.00	\$0.00
25. Spousal support received from previous marriage	\$0.00	\$0.00
26. Interest and dividends	\$0.00	\$0.00
27. Rental Income	\$0.00	\$0.00
28. Income from royalties, trusts or estates	\$0.00	\$0.00
29. Reimbursed expenses or in-kind payments	\$0.00	\$0.00
30. Capital gains	\$0.00	\$0.00
31. TOTAL GROSS MONTHLY INCOME (May include income not listed above (other taxable, annuities, other non-taxable, inc.)	\$6,139.47	\$6,503.33
<b>DETERMINE OTHER ALLOWABLE DEDUCTIONS</b>		
32. Fed., state, local, Inc. taxes	\$627.88	\$1,296.43
33. Fed. Insurance Contributions or self-employment tax	\$469.67	\$497.51
34. Mandatory union dues	\$0.00	\$0.00
35. Mandatory retirement	\$0.00	\$0.00
36. Court ordered support for other children actually paid	\$0.00	\$0.00
37. Court ordered spousal support paid	\$0.00	\$0.00
38. TOTAL OTHER ALLOWABLE DEDUCTIONS May include deductions not listed above (2 <sup>nd</sup> Family, Fed/St Garnish, Health Ins, etc.)	\$1,233.88	\$1,793.94
<b>DETERMINE CHILD(REN)'S BASIC SUPPORT NEED</b>		
39. INCOME ABOVE \$10,000 (Line 6 - \$10,000)		\$0.00
40. MULTIPLY BY (5% for 1 child; 7.5% for 2; 9.5% for 3; 11% for 4; 12% for 5; 12.5% for 6)		X 7.5%
41. ADDITIONAL SUPPORT NEED FOR INCOMES > \$10,000 PER MONTH		\$0.00
42. SUPPORT NEED (from statutory table)		\$2,195.00
43. CHILD(REN)'S BASIC SUPPORT NEED (add lines 41 and 42)		\$2,195.00
<b>DETERMINE CHILD(REN)'S HEALTH INSURANCE COST</b>		
<b>HEALTH CARE PAID BY Kirsten Alayne Hillman</b>		
<input type="checkbox"/> CHECK IF HEALTH INSURANCE IS NOT REASONABLY AVAILABLE		
44. HEALTH INSURANCE COST Per PERSON COVERED (Total Premium/# covered)	\$0.00	\$0.00
45. CHILD'S PORTION OF HEALTH INSURANCE COST (Line 44 x # of children in guideline calculation)	\$90.89	\$0.00
46. PARENT'S HEALTH INSURANCE EXPENSE (Health Insurance Deduction from line 38)	\$136.33	\$0.00
<b>DETERMINE CHILDCARE COST</b>		
<b>CHILDCARE PAID BY Kirsten Alayne Hillman</b>		
47. CHILD CARE	\$144.45	\$0.00
48. MULTIPLY BY 100%	X100%	X100%
49. ALLOWABLE CHILD CARE EXPENSE	\$144.45	\$0.00