

IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA

)			
	Plaintiff,)	Case No. _____		
vs.)			
)			
)			
	Defendant.)			

CHILD SUPPORT COMPUTATION

OBLIGOR IS: • FATHER • MOTHER CALCULATION FOR _____ CHILDREN

A	BASE MONTHLY OBLIGATION	FATHER	MOTHER	COMBINED
1	GROSS MONTHLY INCOME (all sources, except child support received and means-tested public assistance).	\$	\$	\$
2	Less Court Ordered Optional Monthly Adjustment for Marital Debt	(\$)	(\$)	(\$)
3	Less Court Ordered Monthly Child Support and Support Alimony actually paid (for others)	(\$)	(\$)	(\$)
4	ADJUSTED MONTHLY GROSS INCOME (Line 1 (-) Line 2 and/or Line 3, if used)	\$	\$	\$
5	PERCENTAGE SHARE OF INCOME (Line 4 for each parent divided by Line 4 Combined)	%	%	100 %
6	BASE MONTHLY OBLIGATION (Apply Line 4 Combined to Child Support Schedule and insert in Line 6 Combined. Then, Line 6 Combined X Line 5 for each parent.)	\$	\$	\$
B SHARED PARENTING ADJUSTMENT (if used)				
7	NUMBER OF OVERNIGHTS WITH EACH PARENT			365
8	PERCENTAGE WITH EACH PARENT (Line 7 for each parent divided by Line 7 Combined) If less than 121 (33%) skip to C)	%	%	100 %
9	SHARED PARENTING BASE OBLIGATION (Line 6 Combined X 1.5)			\$
10	EACH PARENT'S SHARE (Line 9 Combined X Line 5 for each parent)	\$	\$	
11	AMOUNT RETAINED BY EACH PARENT (Line 10 for each parent X Line 8 for each parent)	\$	\$	
12	OFFSET AMOUNT (Line 10 (-) Line 11 for each parent)	\$	\$	
** *	Note: A statutory error at 43 O.S. 118 (C)(10)(d)(2) is omitted	-----	-----	
13	ADJUSTED BASE MONTHLY OBLIGATION (Subtract smaller amount from larger amount on line 12. If obligee amount is larger than obligor amount, enter \$0 for obligor.)***	\$	\$	
C ADJUSTMENTS FOR OTHER EXPENSES				
14	MONTHLY HEALTH INSURANCE PREMIUM (Enter amount for children only in column for parent paying premium. If none, enter \$0 and skip to Line 17)	\$	\$	
15	MONTHLY HEALTH INSURANCE PREMIUM SHARE (Line 14 premium amount X Line 5 for each parent)	\$	\$	

16	ADJUSTED PREMIUM SHARE (If obligor pays premium, insert obligee's line 15 as a deduction. If obligee pays premium, insert obligor's Line 15 as an addition.	\$	\$	
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17	MONTHLY WORK and EDUCATION RELATED CHILD CARE (Actual monthly documented expense for each parent. If \$0 for both parents skip to Line 22.)	\$	\$	
18	Percentage offset for each parent (Line 5 of other parent for each)	%	%	
19	Dollar offset for each parent (Line 18 X Line 17 for each parent)	\$	\$	
20	Calculate remainder – Larger amount (-) smaller amount	\$	\$	
21	Adjusted child care contribution paid by obligor	\$	\$	
22	TOTAL MONTHLY CHILD SUPPORT OBLIGATION - (obligor's Line 6 or Line 13, Plus Line 16 and Line 21)	\$	\$	

D	OTHER CONTRIBUTIONS, IF AGREED or ORDERED	FATHER	MOTHER	COMBINED
23	RECURRING MONTHLY MEDICAL EXPENSES (Line 23 combined X Line 5 for each parent)	\$	\$	\$
24	OTHER MEDICAL EXPENSES PERCENTAGE SHARE (Line 5)	%	%	
25	VISITATION TRANSPORTATION COSTS (Line 25 Combined X Line 5 for each parent)	\$	\$	\$

Payments shall commence on the _____ day of _____, _____, and are due on the same date of each month thereafter.

Guidelines were followed.
 Deviation from Guidelines by Court– Specific findings of Court supporting each deviation:

Dated this _____ day of _____, _____.

 JUDGE

APPROVED AS TO FORM:

 For Plaintiff

 For Defendant