

CHILD SUPPORT GUIDELINES

Case Number

IN THE _____ COURT OF _____ COUNTY, ALABAMA
 (Circuit or District) (Name of County)

_____ v. _____
 Plaintiff Defendant

| Children | Date of Birth | Children | Date of Birth |
|----------|---------------|----------|---------------|
| | | | |
| | | | |
| | | | |

| Number of Children | |
|--------------------|--|
| | |

| Line | Item | Plaintiff | Defendant | Combined |
|------|--|-----------|-----------|----------|
| 1 | MONTHLY GROSS INCOME | \$ | \$ | \$ |
| 1a | Minus Preexisting Child Support Payments | - | - | - |
| 1b | Minus Preexisting Periodic Alimony Payments | - | - | - |
| 2 | MONTHLY ADJUSTED GROSS INCOME (Line 1 - Line 1a - Line 1b) | \$ | \$ | \$ |
| 3 | PERCENTAGE SHARE OF INCOME (Income on Line 2 divided by Combined Income) | % | % | 100% |
| 4 | BASIC CHILD SUPPORT OBLIGATION (Apply Line 2 Combined to Schedule of Basic Child Support Obligations) | | | \$ |
| 5 | WORK RELATED CHILD CARE COSTS (Paid by Either Parent) | \$ | \$ | + |
| 6 | HEALTH CARE COVERAGE COSTS (Paid by Either Parent) | \$ | \$ | + |
| 7 | TOTAL CHILD-SUPPORT OBLIGATION (Combined Line 4 + Line 5 + Line 6) | | | \$ |
| 8 | EACH PARENT'S CHILD SUPPORT OBLIGATION (Line 3 x Line 7) | \$ | \$ | |
| 9 | TOTAL COSTS PAID BY EACH PARENT (Line 5 + Line 6) | - | - | |
| 10 | EACH PARENT'S ADJUSTED CHILD-SUPPORT OBLIGATION (Line 8 - Line 9. If less than \$0, enter \$0.) | \$ | \$ | |
| | Self-Support Reserve (SSR) | | | |
| 11 | INCOME AVAILABLE AFTER SSR (Line - SSR of \$981 @) | \$ | \$ | |
| 12 | INCOME AVAILABLE FOR SUPPORT (85% of Line 11. If less than \$50, enter \$50 minimum obligation.) | \$ | \$ | |
| | k Child Support Order | | | |
| 13 | k - # \ U U - V) -) # = @) oy hh \ ku \ k) - k (Lesser of Lines 10 and 12) | \$ | \$ | |

Comments, Calculations, or Rebuttals to Guidelines:

Prepared By: _____ Date: _____