

**MEDINA COUNTY DOMESTIC RELATIONS COURT  
CHILD SUPPORT COMPUTATION WORKSHEET  
SPLIT PARENTAL RIGHTS AND RESPONSIBILITIES**

Names of Parties: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Number of Minor Children: \_\_\_\_\_  
 Number of Minor Children with: Mother - \_\_\_\_\_ Father - \_\_\_\_\_

	Column I FATHER	Column II MOTHER	Column III COMBINED
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**INCOME**

1a Annual gross income from employment or, when determined appropriate by the Court or Agency, average annual gross income from employment over a reasonable period of years. (exclude overtime and bonuses, self-employment income, or commissions)  
 ..... \_\_\_\_\_

1b Amount of overtime, bonuses, and commissions (Year 1 representing the most recent year)

	Father	Mother
Year 3 (3 years ago)	_____	_____
Year 2 (2 years ago)	_____	_____
Year 1 (Last calendar year)	_____	_____
Average:	_____	_____

(Include in Column I and/or Column II the average of the three years or the year 1 amount, whichever is less, if there exists a reasonable expectation that the total earnings from overtime and/or bonuses during the current calendar year will meet or exceed the amount that is the lower of the average of the three years or the year 1 amount. If, however, there exists a reasonable expectation that the total earnings from overtime/bonuses during the current calendar year will be less than the lower of the average of the three years or the year 1 amount, include only the amount reasonably expected to be earned this year.)..

\_\_\_\_\_

2 For self-employment income:

a Gross receipts from business ..... \_\_\_\_\_

b Ordinary and necessary business expenses .. \_\_\_\_\_

c 5.6% of adjusted gross income or the actual marginal difference between the actual rate paid by the self-employed individual and the F.I.C.A. rate ..... \_\_\_\_\_

d Adjusted gross income from self-employment (subtract the sum of 2b and 2c from 2a) ..... \_\_\_\_\_

Father:  
Mother:

Case No.:  
Date:

## Split Parental Rights & Responsibilities Worksheet- Page 2

	Column I FATHER	Column II MOTHER	Column III COMBINED
3 Annual income from interest and dividends (whether or not taxable) .....	_____	_____	
4 Annual income from unemployment compensation .....	_____	_____	
5 Annual income from workers' compensation, disability insurance benefits, or social security disability/retirement benefits.....	_____	_____	
6 Other annual income (identify) .....	_____	_____	
7a Total annual gross income (add lines 1a, 1b, 2d, and 3 - 6) .....	_____	_____	
7b Health insurance maximum (multiply line 7a by 5%) .....	_____	_____	
<b>ADJUSTMENTS TO INCOME:</b>			
8 Adjustment for minor children born to or adopted by either parent and another parent who are living with this parent; adjustment does not apply to step-children (number of children times federal income tax exemption less child support received, not to exceed the federal tax exemption) .....	_____	_____	
9 Annual court-ordered support paid for other children	_____	_____	
10 Annual court-ordered spousal support paid to any spouse or former spouse.....	_____	_____	
11 Amount of local income taxes actually paid or estimated to be paid. .....	_____	_____	
12 Mandatory work-related deductions such as union dues, uniform fees, etc. (not including taxes, social security, or retirement).....	_____	_____	
13 Total gross income adjustments (add lines 8 through 12) .....	_____	_____	
14a Adjusted annual gross income subtract line 13 from line 7a) .....	_____	_____	

Father:  
Mother:

Case No.:  
Date:

### Split Parental Rights & Responsibilities Worksheet - Page 3

	Column I FATHER	Column II MOTHER	Column III COMBINED
14b Cash medical support maximum (If the amount on line 7a, Col I, is under 150% of the federal poverty level for an individual, enter \$0 on line 14b, Col I. If the amount on line 7a, Col I, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col I, by 5% and enter this amount on line 14b, Col I. If the amount on line 7a, Col II, is under 150% of the federal poverty level for an individual, enter \$0 on line 14b, Col II. If the amount on line 7a, Col II, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col II, by 5% and enter this amount on line 14b, Col II.) .....	_____	_____	
15 Combined annual income that is basis for child support order (add line 14a, Column I and Column II) .....			_____
16 Percentage of parent's income to total income			
a Father (divide line 14a, Column I, by line 15, Column III) .....	_____ %		
b Mother (divide line 14a, Column II, by line 15, Column III) .....		_____ %	
17 Basic combined child support obligation (refer to schedule, first column, locate the amount nearest to the amount on line 15, Column III, then refer to column for number of children with this parent. If the income of the parents is more than one sum but less than another, you may calculate the difference.)			
a For children for whom the mother is the residential parent and legal custodian .....	_____		
b For children for whom the father is the residential parent and legal custodian .....		_____	
18 Annual support obligation per parent			
a Of father for children for whom mother is the residential parent and legal custodian (multiply line 17, Column I by line 16a) .....	_____		
b Of mother for children for whom father is the residential parent and legal custodian (multiply line 17, Column II by line 16b) .....		_____	

Father:  
Mother:

Case No.:  
Date:

### Split Parental Rights & Responsibilities Worksheet- Page 4

	Column I FATHER	Column II MOTHER	Column III COMBINED
19 Annual child care expenses for children who are the subject of this order that are work-, employment training-, or education-related, as approved by the court or agency (deduct tax credit from annual cost, whether or not claimed). a Costs paid by Father ..... b Costs paid by Mother .....	_____	_____	
20a Marginal, out-of-pocket costs, necessary to provide for health insurance for the children who are the subject of this order (contributing cost of private family health insurance, minus the contributing cost of private single health insurance, divided by the total number of dependents covered by the plan, including the children subject of the support order, times the number of children subject of the support order) .....	_____	_____	
20b Cash medical support obligation (enter the amount on line 14b or the amount of annual health care expenditures estimated by the United State Department of Agriculture and described in Section 3119.30 of the Ohio Revised Code, whichever amount is lower).....	_____	_____	
<b>21 ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:</b>			
a Father Additions: line 16a times sum of amounts shown on line 19, Column II and line 20a, Column II .	_____		
b Mother Additions: line 16b times sum of amounts shown on line 19, Column I and line 20a, Column I ...		_____	
c Father Subtractions: line 16b times sum of amounts shown on line 19, Column I and line 20a, Column I .....	_____		
d Mother Subtractions: line 16a times sum of amounts shown on line 19, Column II and line 20a, Column II .....		_____	

Father:  
Mother:

Case No.:  
Date:

## Split Parental Rights & Responsibilities Worksheet - Page 5

	Column I FATHER	Column II MOTHER	Column III COMBINED
<b>22 ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS PROVIDED</b>			
a Father: Line 18a plus line 21a minus line 21c (if the amount on line 21c is greater than or equal to the amount on line 21a-enter the number on line 18a in Column I) .....	_____		
b Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by children for whom the mother is the residential parent and legal custodian or a person on behalf of those children due to death, disability, or retirement of the father.	_____		
c Actual annual obligation of father (subtract line 22b from 22a) .....	_____		
d Mother: Line 18b plus line 21b minus line 21d (if the amount on line 21d is greater than or equal to the amount on line 21b-enter the number on line 18b in Column II) .....		_____	
e Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by children for whom the father is the residential parent and legal custodian or a person on behalf of those children due to death, disability, or retirement of the mother .....		_____	
f Actual annual obligation of mother (subtract line 22e from 22d) .....		_____	
g Actual annual obligation payable (subtract lesser actual annual obligation from greater actual annual obligation using amounts in lines 22c and 22f to determine net child support payable) ....	_____	_____	
<b>23 ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:</b>			
a Father: Additions: line 16a times the sum of the amounts shown on line 19, Column II and line 20b, Column II .....	_____		
b Mother: Additions: line 16b times sum of amounts shown on line 19, Column I and line 20b, Column I		_____	
c Father: Subtractions: line 16b times sum of amounts shown on line 19, Column I and line 20b, Column I	_____		
d Mother: Subtractions: line 16a times sum of amounts shown on line 19, Column II and line 20b, Column II		_____	

Father:  
Mother:

Case No.:  
Date:

### Split Parental Rights & Responsibilities Worksheet- Page 6

Column I  
FATHER

Column II  
MOTHER

Column III  
COMBINED

**24 ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS NOT PROVIDED**

a Father:

Line 18a plus line 23a minus line 23c (if the amount on line 23c is greater than or equal to the amount on line 23a, enter the number on line 18a in Column I).....

\_\_\_\_\_

b Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by a child for whom the mother is the residential parent and legal custodian, or a person on behalf of the child, due to death, disability, or retirement of the father.....

\_\_\_\_\_

c Actual annual obligation of the father (subtract line 24b from line 24a) .....

\_\_\_\_\_

d Mother:

Line 18b plus line 23b minus line 23d (if the amount on line 23d is greater than or equal to the amount on line 23b, enter the number on line 18b in Column II).....

\_\_\_\_\_

e Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by a child for whom the father is the residential parent and legal custodian, or a person on behalf of the child, due to death, disability, or retirement of the mother.....

\_\_\_\_\_

f Actual annual obligation of the mother (subtract line 24e from line 24d) .....

\_\_\_\_\_

..g Actual annual obligation payable (subtract lesser actual annual obligation from greater annual obligation of parents using amounts in lines 24c and 24f to determine net child support payable) .....

..h Add line 20b, Column I, to line 24g, Column I, when father is the obligor or line 20b, Column II, to line 24g, Column II, when mother is obligor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**25 DEVIATION:**

Deviation from split residential parent guideline amount shown on line 22c, 22f, 24c or 24f if amount would be unjust or inappropriate: (See Section 3119.23 of the Ohio Revised Code.) (Specific facts and monetary value must be stated.) .....

\_\_\_\_\_

\_\_\_\_\_

Father:  
Mother:

Case No.:  
Date:

### Split Parental Rights & Responsibilities Worksheet - Page 7

	WHEN HEALTH INSURANCE IS PROVIDED:	WHEN HEALTH INSURANCE IS NOT PROVIDED:
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26 **FINAL CHILD SUPPORT FIGURE:**  
 (This amount reflects final annual child support obligation; in Column I, enter line 22g plus or minus any amounts indicated in line 25; or in Column II, enter line 24g plus or minus any amounts indicated in line 25).....

Father  
 Mother

_____	_____
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27 **FOR DECREE:**  
 Child support per month (divide Obligor's annual share, line 26, by 12) plus any processing charge. ....  
 .....

_____	_____
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28 **FINAL CASH MEDICAL SUPPORT FIGURE:**  
 (This amount reflects the final, annual cash medical support to be paid by the obligor when neither parent provides health insurance coverage for the child; enter obligor's cash medical support amount from line 20b .....

_____
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29 **FOR DECREE:**  
 Cash medical support per month (divide line 28 by 12) .....

_____
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Prepared by:

Counsel: \_\_\_\_\_  
For Father

Counsel: \_\_\_\_\_  
For Mother

CSEA: \_\_\_\_\_

Other: \_\_\_\_\_

Worksheet has been reviewed and agreed to:

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date