SUPERIOR COURT   **STATE OF MAINE**   DISTRICT COURT
_____,ss.   Location _____
Docket No. _____   Docket No. _____

_____Plaintiff

           vs.   **CHILD SUPPORT WORKSHEET**

_____Defendant

1. a. Primary care provider (parent children live with most of the time): ☐ Plaintiff   ☐ Defendant   ☐ Both
       If parents provide substantially equal care, higher income parent should be shown as the non-primary care provider.
    b. Parent providing health insurance for the children: ☐ Plaintiff   ☐ Defendant   ☐ Neither

2. Child's Name   Date of Birth   Child's Name   Date of Birth
    _____ _____   _____   _____
    _____ _____   _____   _____

Yearly Amounts	Primary Care Provider	Non-Primary Care Provider ☐ Self-support reserve ☐ Below poverty level	Combined Income
3. Gross income	$	$	
4. Minus other obligations a. Support paid to former spouse	a.	a.	
b. Support paid for other children	b.	b.	
c. Other children living with non-primary care provider (See instructions on reverse side.)		c.	
5. Total of 4a, b, & c			
6. Adjusted Yearly Gross Income (Subtract line 5 from line 3)	a.	b.	c.
7. Share of Gross Income (Divide each parent's income by combined income)	a. %	b. %	(Add 6a & 6b)

8. Basic weekly support for all children up to 18 years (or up to 19 years if still in high school) (**See instructions on reverse.**)
    a. Total number of children _____
    b. Number of children ages 0-11 _____ multiplied by amount from table _____ = $_____
    c. Number of children ages 12-17 _____ multiplied by amount from table _____ = $_____
                                        Total (add 8b and 8c):   8._____

9. Weekly health insurance cost for children
              Name & amount per child per week_____ $_____
                                               _____ $_____
                                                              Total: 9._____

10. Weekly child care expenses
              Name & amount per child per week_____ $_____
                                               _____ $_____
                                                              Total: 10. _____

11. Extraordinary medical expenses
              Name & amount per child per week_____ $_____
                                               _____ $_____
                                                              Total: 11. _____

*If parents provide substantially equal care, continue calculations on supplemental worksheet.
12. TOTAL WEEKLY / BIWEEKLY SUPPORT OBLIGATION (Add lines 8, 9, 10 and 11.)   12. _____
13.WEEKLY / BIWEEKLY PARENTAL SUPPORT OBLIGATION:

a. Primary Care	b. Non-Primary Care
Provider spends directly $_____	Provider's support obligation $_____
(Multiply line 7a by line 12)	(Multiply line 7b by line 12)
	Health insurance adjustment - _____
	(See instructions on reverse side)
	Non-Prim. Care Provider pays as support _____

Date: _____   Prepared by: _____
FM-040, Rev. 02/09   (Attorney for) (Plaintiff) (Defendant) (Judge) (Magistrate) (Mediator)

SUPERIOR COURT

_____, ss.

Docket No. _____

STATE OF MAINE

DISTRICT COURT

Location _____

Docket No. _____

_____Plaintiff

vs.

SUPPLEMENTAL WORKSHEET

_____Defendant

Supplemental Child Support Worksheet

(For use when parents provide substantially equal care. CV-040 must be prepared first.)

14. Higher income parent's share of basic weekly support

_____ (line 7b) x _____ (line 8)   = 14._____

15. Enhanced weekly support entitlement

_____ (line 8) x 1.5   = 15._____

16. Lower income parent's share of enhanced weekly support entitlement

_____ (line 7a) x _____ (line 15)   = 16._____

17. Higher income parent's share of enhanced weekly support entitlement

_____ (line 7b) x _____ (line 15)   = 17._____

18. Enhanced Support Obligation

_____ (line 17) - _____ (line 16)   = 18._____

19. Presumptive Parental Support Obligation

Enter the amount from line 14 or line 18, whichever is less   = 19._____

20. Additional expenses to be shared by parents in proportion to their incomes:

Expense	Weekly Amount	Parent Paying	HIP Share*	LIP Share*
Health Insurance (enter amount from line 9)			$	$
Child Care (enter amount from line 10)			$	$
Extraordinary Medical Expenses (enter amount from line 11)			$	$
*HIP = higher income parent	*LIP – lower income parent	**TOTAL:**	$	$

Adjustment for additional expenses   = 20._____

(If HIP pays the expense(s), subtract LIP share.
If LIP pays the expense(s), add HIP share.
Do not include on line 20 amount(s) HIP pays directly to a provider because
this is taken into account elsewhere in the calculations.)

21. Total weekly support obligation of HIP to be paid to LIP   = 21._____

CALCULATING "AMOUNT FROM TABLE" FOR LINES 8a, 8b, AND 8c OF THE WORKSHEET

1. Look at the Child Support Table. It is divided into two age categories. The one on the left is for children under 12. The one on the right is for children 12 and over.

2. Circle the amount in the Table under "Parents' Combined Annual Income" that is closest to the "Combined Income" on **Line 6c** of the Worksheet. From that number draw a line across both age categories of the Table.

3. In the "Number of Children" column in each age category, circle the TOTAL number of children in this case. The number you circle should be the same as the number you wrote on **Line 8a** of the Worksheet.

   If you have children under 12, draw a line from the circled number of children down the column until it meets the line you drew for parents' yearly combined income. Circle the number where the lines meet and write the number you circled in the space after "amount from table" on **Line 8b** of the Worksheet.

   If you have children 12 or over, draw a line from the circled number of children down the column until it meets the line you drew for parents' yearly combined income. Circle the number where the lines meet and write the number you circled in the space after "amount from table" on **Line 8c** of the Worksheet.

4. For example, if you have **two** children under 12 and **two** children over 12 and a combined annual gross income of $18,000, use the column for **4** children in both age categories. The "Parents' Combined Annual Income" and the "Number of Children" lines should meet at $**30** in the under 12 category. The lines should meet at $**38** in the over 12 category.

Using this example, you would write the following on the Worksheet:

8a. Total number of children __**4**__
8b. Number of children ages 0-11__**2**__ multiplied by amount from table $_**30**_ = $__**60**__
8c. Number of children ages 12-17__**2**__ multiplied by amount from table $_**38**_ = $__**76**__

NON-PRIMARY CARE PROVIDERS WITH VERY LOW INCOMES

When the non-primary care provider's income is very low, different rules for calculating child support apply. These rules are explained in the Child Support Guidelines, 19-A M.R.S.A. § 2006(5)(C). If the non-primary care provider's income falls in the self-support reserve (the shaded area of the Child Support Table), check the box in the non-primary care provider column next to "self-support reserve" on the child support worksheet. If the non-primary care provider's income is lower than all income amounts listed in the Child Support Table, check the box next to "below poverty level" on the child support worksheet.

CALCULATING AMOUNT FOR LINE 4c OF THE WORKSHEET
(OTHER CHILDREN LIVING WITH NON-PRIMARY CARE PROVIDER)

If the non-primary care provider has a legal obligation to support other children living in his/her home, the non-primary care provider is entitled to a credit. The amount of the credit is written on line 4c. To determine the credit to be entered on Line 4c, follow the steps in paragraphs 1, 2, 3, and 4, with some changes. In step 2, circle the amount in the Table under "Parents' Combined Annual Income" that is closest to the non-primary care provider's total gross income after any deductions on Line 4b. Do not circle the combined yearly gross income of both parties in this case. In step 3, in the "Number of Children" column in each age category, circle the total number of other children living with the non-primary care provider that the non-primary care provider has a legal obligation to support. Do not circle the total number of children in this case.

Warning: If there is an existing child support order for the children in this case, the credit may not apply.

CALCULATING THE HEALTH INSURANCE ADJUSTMENT
FOR SECTION 13b OF THE WORKSHEET

If the non-primary care provider pays the cost of the children's health insurance, that parent's weekly support obligation must be adjusted. The amount of the adjustment is the cost of the health insurance for the children (line 9). Put the amount from line 9 on the line next to "Health insurance adjustment." Subtract this number from the non-primary care provider's support obligation to determine the amount that must be paid as support.

If the primary care provider pays the cost of the children's health insurance or if neither parent pays for health insurance, enter 0 on the line next to "health insurance adjustment."