

This form contains Restricted Information.



Circuit Court for _____ Case No. _____
City Or County

_____ Name	VS.	_____ Name
_____ Address		_____ Address
_____ City, State, Zip		_____ City, State, Zip
_____ Telephone		_____ Telephone

Plaintiff

Defendant

WORKSHEET A - CHILD SUPPORT OBLIGATION: PRIMARY PHYSICAL CUSTODY
Md. Rule 9-206(c)
(CC-DR-034)

You must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission.

Number of Minor Children : _____

_____ Name Of Child	_____ Date Of Birth
_____ Name Of Child	_____ Date Of Birth
_____ Name Of Child	_____ Date Of Birth

_____ Name Of Child	_____ Date Of Birth
_____ Name Of Child	_____ Date Of Birth
_____ Name Of Child	_____ Date Of Birth

Frequencies are;M=Monthly,W=Weekly,B=Bi-Weekly,S=Semi-Monthly

	Freq	Parent 1	Freq	Parent 2	Combined
1. MONTHLY ACTUAL INCOME (Before taxes)(Code, Family Law Article, § 12-201 (b))	M		M		
a. Minus preexisting child support payment actually paid	M	-	M	-	
b. Minus alimony actually paid	M	-	M	-	
c. Plus/minus alimony awarded in this case	M	+/-	M	+/-	
d. Multifamily Adjustment		#Children X.75		#Children X.75	
2. MONTHLY ADJUSTED ACTUAL INCOME					
3. PERCENTAGE SHARE OF INCOME (Divide each parent's income on line 2 by the combined income on line 2)		%		%	
4. BASIC CHILD SUPPORT OBLIGATION (Apply line 2 Combined Income to Child Support Schedule.)					
a. Work-Related Child Care Expenses (Code, Family Law Article, § 12-204 (g))	M		M		+
b. Health Insurance Expenses (Code, Family Law Article, § 12-204 (h)(1))	M		M		+
c. Extraordinary Medical Expenses (Code, Family Law Article, § 12-204 (h) (2))	M		M		+
d. Cash Medical Support (Code, Family Law Article, § 12-102 (c) - applies only to a child support order under Title IV, Part D of the Social Security Act)	M		M		+
e. Additional Expenses (Code, Family Law Article § 12-204 (i))	M		M		+
5. TOTAL CHILD SUPPORT OBLIGATION (Add lines 4, 4a, 4b, 4c, 4d, and 4e.)					
6. EACH PARENT'S CHILD SUPPORT OBLIGATION (Multiply line 5 by line 3 for each parent.)					
7. TOTAL DIRECT PAY BY EACH PARENT (Add the expenses shown on lines 4a, 4b, 4c, 4d, and 4e paid by each parent.)					
8. RECOMMENDED CHILD SUPPORT AMOUNT (Subtract line 7 from line 6 for each parent.)					

9. RECOMMENDED CHILD SUPPORT ORDER

(Bring down amount from line 8 for the non-custodial parent only. If this is a negative number, see Comment (2), below.)

Comments or special adjustments, such as (1) any adjustment for certain third party benefits paid to or for the child of an obligor who is disabled, retired, or receiving benefits as a result of a compensable claim (see Code, Family Law Article, § 12-204 (j) or (2) that there is a negative dollar amount on line 9, which indicates a recommended child support order directing the custodial parent to reimburse the non-custodial parent this amount for "direct pay" expenses):

Prepared By:

Date: