

District Court Denver Juvenile Court
Clear Creek County, Colorado
Court Address:

In re:

- The Marriage of:
 The Civil Union of:
 Parental Responsibilities concerning:

Petitioner: Samantha Fox

and

Co-Petitioner/Respondent: Robert Means

▲ COURT USE ONLY ▲

Attorney or Party Without Attorney (Name and Address):
Samantha Fox
1227 Wyoming Street
Golden, CO 80403

Case Number:
09DR42

Phone Number: (720) 934-1209 E-mail: theleastcomplicated@gmail.com
FAX Number: Atty. Reg.#:

Division

Courtroom

MOTION TO MODIFY CHILD SUPPORT PURSUANT TO §14-10-122, C.R.S.

Note to Responding Party: If you disagree with this Motion, the Colorado Rules of Civil Procedure allow you to file a written response with the Court which must be filed within 21 days of the date this Motion was served on you or mailed to you.

The Petitioner Co-Petitioner/Respondent states the following for the purpose of modifying child support.

1. Information about Petitioner: Date of Birth: 09/18/1974

Current Mailing Address: 1227 Wyoming Street

City & Zip: Golden, CO

Home Phone #: (303) 309-4078 Work Phone #: (720) 934-1209 Cell #: (720) 934-1209

2. Information about Co-Petitioner/Respondent: Date of Birth: 01/06/1971

Current mailing address: 30623 Sun Creek Drive

City & Zip: Evergreen, CO

Home Phone #: (720) 319-8316 Work Phone #: (720) 319-8316 Cell #: (720) 319-8316

3. The parties have 2 minor child(ren):

| Full Name of Child | Present Address | Sex | Date of Birth |
|-------------------------|---------------------------------|-----|---------------|
| Stanton Hanbury Means | 1227 Wyoming Street, Golden, CO | M | 03/01/2002 |
| Meredith Madeline Means | 1227 Wyoming Street, Golden, CO | F | 12/11/2004 |
| | | | |
| | | | |

4. Under the current Support Order, the Petitioner has 183 overnights per year with the children and the Co-Petitioner/Respondent has 182 overnights per year with the children.

5. Under the current child support order, the Petitioner's Co-Petitioner's/Respondent's child support obligation is \$ 575 and is paid weekly bi-weekly twice a month monthly Other: _____.
6. (Check only if applicable.) The current support order does not contain a provision regarding medical insurance (medical, dental, and/or vision) coverage.
7. A change in the current Support Order is appropriate because of the following change(s) in circumstance(s).
 Please check the appropriate box. Day Care costs Change in Income
 Change in Parenting Time Change in Residence Emancipation of a Child
 Medical insurance coverage Other: _____

Describe why you are requesting the modification.

Parenting time has changed. Stanton lives with me full-time since January 2018 and doesn't plan to live with his dad in the future. Meredith lives with me full-time since June 2017 but usually spends one night a week at Robert's. This changes the current parenting time to me (the Petitioner) having 365 overnights with Stanton and 313 overnights with Meredith; while Robert (the Respondent) has 0 overnights with Stanton and 52 overnights with Meredith.

Although the child support worksheet based on this new situation calculated that Robert should pay child support of \$70, I am not requesting that he pay anything, only that my child support obligation be ended. If either of the kids wants to live with their dad in the future, we can revisit this as needed, but with both kids living with me and me paying all the expenses, paying Robert child support no longer makes sense.

I fully support the children including extraordinary medical expenses for Meredith (included in attached CO child support worksheet) and a car payment and auto insurance for Stanton. Meredith had a hospital stay in March of 2018 that has cost \$5,000 out of pocket so far, and she is now in therapy that I pay for at \$580 per month. I also pay Stanton's car payment and insurance at \$450 a month.

8. The new child support obligation that I am requesting is is not more than a 10% change from the current child support order. The proposed child support obligation should be \$ 0 to be paid weekly bi-weekly twice a month monthly other: N/A.
9. I/We have completed a child support worksheet that shows what the new child support obligation should be. The child support worksheet is is not attached to this Motion.
10. I/We have attached current Sworn Financial Statements to this Motion.

11. Is either party currently receiving public assistance? Yes No If you checked Yes, answer the following:

| Name of Person Receiving Benefit | Name of County or State |
|----------------------------------|-------------------------|
| | |

12. Is either party receiving child support enforcement services. Yes No If Yes, identify _____ (County) _____ (State).
13. Does either parent live in another state? Yes No If Yes, identify _____ (name of person) and _____ (City and State) they are currently living in.

14. (Check only if applicable.) I request a change in the current tax exemption because of the reallocation of the costs of raising the dependent children, pursuant to §14-10-115(12), C.R.S.

I respectfully request that this Court enter an Order modifying the Petitioner's Co-Petitioner's/Respondent's child support obligation as described above.

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

SIGNATURE

Samantha Fox
(Print name of Petitioner or Co-Petitioner/Respondent)


Signature of Petitioner or Co-Petitioner/Respondent

6/13/18
Date

Golden
City

CO
State

80403
Zip Code

(720) 934-1209
(Area Code) Telephone Number (home)

303.309.4678
(Area Code) Telephone Number (work)

CERTIFICATE OF SERVICE

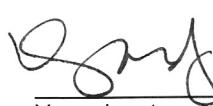
I certify that on 6/14/18 (date) a true and accurate copy of the **Verified Motion to Modify Child Support** was served on the other party by:

Hand Delivery, E-filed, Faxed to this number: _____, or
 by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: Robert Means

30623 Sun Creek Drive

Evergreen, CO 80439


Your signature

If the Child Support Enforcement Unit is involved in the case; you must provide them a copy of this Motion.

District Court Denver Juvenile Court
 Clear Creek County, Colorado

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- The Marriage of:
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 Samantha Fox
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 FAX Number: Atty. Reg. #:

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Division Courtroom

SWORN FINANCIAL STATEMENT

I, Samantha Fox (full name) I am I am not currently employed.

I am employed 40 hours per week. I am paid weekly bi-weekly twice a month monthly.

My pay is based on a Monthly Salary Hourly rate of \$ _____ Other: _____

Date employment began October 2013.

My occupation is: Sr. Product Analyst Name of employer: Ponderosa Advisors

Address of employer: 518 17th St, Suite 1400, Denver CO 80202

If unemployed, what date did you last work? _____

I am unemployed due to disability involuntary layoff at work other: _____

This household consists of 2 adult(s), and 2 minor child(ren).

I believe the monthly gross income of the other party is \$ 2,500.

Annual gross income (last tax year 2017) for Petitioner \$ 119,867, Co-Petitioner/Respondent \$ _____

1. Monthly Income (Convert annual, bi-monthly, and weekly amounts to monthly amounts.)

| | | | |
|--|-----------|---|------------------|
| Gross Monthly Income (before taxes and deductions) from salary and wages, including commissions, bonuses, overtime, self-employment, business income, other jobs, and monthly reimbursed expenses. | \$9899.47 | Social Security Benefits (SSA) <input type="checkbox"/> SSDI (Disability insurance – entitlement program) <input type="checkbox"/> SSI (supplemental income – need based) | \$ |
| Unemployment & Veterans' Benefits | | Disability, Workers' Compensation | |
| Pension & Retirement Benefits | | Interest & Dividends | |
| Public Assistance (TANF) | | Other - _____ | |
| | | Total Monthly Income | \$ |
| Miscellaneous Income | | | |
| Royalties, Trusts, and Other Investments | \$ | Contributions from Others | \$ |
| Dependent Children's monthly gross income. Source of Income: _____ | | All other sources, i.e. personal injury settlement, non-reported income, etc. | |
| Rental Net Income | | Expense Accounts | |
| Child Support from Others | | Other - _____ | |
| Spousal/Partner Support from Others | | Other - _____ | |
| | | Total Monthly Miscellaneous Income | \$9899.47 |

| | |
|---------------------|------------------|
| Total Income | \$9899.47 |
|---------------------|------------------|

2. Monthly Deductions (Mandatory and Voluntary)

| Mandatory Deductions | Cost Per Month | | Cost Per Month |
|--|----------------|------------------------------------|------------------|
| Federal Income Tax | \$1249.97 | State/Local Income Tax | \$340 |
| PERA/Civil Service | | Social Security Tax | 550.73 |
| Medicare Tax | 128.80 | Other - _____ | |
| Total Mandatory Deductions | | | \$2269.50 |
| Voluntary Deductions | Cost Per Month | | Cost Per Month |
| Life and Disability Insurance | \$41.53 | Stocks/Bonds | \$ _____ |
| Health, Dental, Vision Insurance Premium | 1016.78 | Retirement & Deferred Compensation | |
| Total number of people covered on Plan → | 4 | | |
| Child Care (deducted from salary) | | Other - _____ | |
| Flex Benefit Cafeteria Plan | | Other - _____ | |
| Total Voluntary Deductions | | | \$1058.31 |
| Total Monthly Deductions | | | \$3327.81 |

3. Monthly Expenses

Note: List regular monthly expenses below that you pay on an on-going basis and that are not identified in the deductions above.

A. Housing

| | Cost Per Month | | Cost Per Month |
|---|----------------|------------------------------------|----------------------|
| 1 st Mortgage | \$ _____ | 2 nd Mortgage | \$ _____ |
| Insurance (Home/Rental) & Property Taxes (not included in mortgage payment) | | Condo/Homeowner's/Maintenance Fees | |
| Rent | | Other - _____ | |
| <i>*New husband pays mortgage</i> | | | Total Housing |

B. Utilities and Miscellaneous Housing Services

| | Cost Per Month | | Cost Per Month |
|---|----------------|---|----------------|
| Gas & Electricity | \$300 | Water, Sewer, Trash Removal | \$ _____ |
| Telephone (local, long distance, cellular & pager) | 300 | Property Care (Lawn, snow removal, cleaning, security system, etc.) | 100 |
| Internet Provider, Cable & Satellite TV | 80 | Other - _____ | |
| Total Utilities and Miscellaneous Housing Services | | | \$780 |

C. Food & Supplies

| | Cost Per Month | | Cost Per Month |
|----------------------------------|----------------|------------|----------------|
| Groceries & Supplies | \$1400 | Dining Out | \$100 |
| Total Food & Supplies | | | \$1500 |

D. Health Care Costs (Co-pays, Premiums, etc.)

| | Cost Per Month | | Cost Per Month |
|------------------------------------|----------------|--------------------------|----------------|
| Doctor & Vision Care | \$50 | Dentist and Orthodontist | \$100 |
| Medicine & RX Drugs | | Therapist | 580 |
| Premiums (if not paid by employer) | | Other - _____ | |

| | | |
|--|--------------------------|--------------|
| | Total Health Care | \$730 |
|--|--------------------------|--------------|

E. Transportation & Recreation Vehicles (Motorcycles, Motor Homes, Boats, ATV, Snowmobiles, etc.)

| | Cost Per Month | | Cost Per Month |
|--------------------------------|-----------------------|---|-----------------------|
| Primary Vehicle Payment | \$885 | Other Vehicle Payments | \$250 |
| Fuel, Parking, and Maintenance | 750 | Insurance & Registration/Tax Payments (yearly amount(s) ÷12) | 400 |
| Bus & Commuter Fees | | Other - _____ | |
| Total Transportation | | | \$2285 |

F. Children's Expenses and Activities

| | Cost Per Month | | Cost Per Month |
|---|-----------------------|--|-----------------------|
| Clothing & Shoes | \$150 | Child Care | \$ _____ |
| Extraordinary Expenses i.e. Special Needs, etc. | | Misc. Expenses, i.e. Tutor, Books, Activities, Fees, Lunch, etc. | 350 |
| Tuition | | Other - _____ | |
| Total Children's Expenses and Activities | | | \$500 |

G. Education for you - Please identify status: Full-time student Part-time student

| | Cost Per Month | | Cost Per Month |
|--------------------------------------|-----------------------|---------------|-----------------------|
| Tuition, Books, Supplies, Fees, etc. | | Other - _____ | |
| Total Education | | | \$ |

H. Maintenance (Spousal/Partner Support) & Child Support (that you pay)

| | Cost Per Month | | Cost Per Month |
|--|-----------------------|---------------------------------------|-----------------------|
| Maintenance | | Child Support | |
| <input type="checkbox"/> This family | \$ _____ | <input type="checkbox"/> This family | \$ _____ |
| <input type="checkbox"/> Other family | | <input type="checkbox"/> Other family | |
| Total Maintenance and Child Support | | | \$ |

I. Miscellaneous (Please list on-going expenses not covered in the sections above)

| | Cost Per Month | | Cost Per Month |
|----------------------------|-----------------------|--|-----------------------|
| Recreation/Entertainment | \$100 | Personal Care (Hair, Nail, Clothing, etc.) | \$ _____ |
| Legal/Accounting Fees | | Subscriptions (Newspapers, Magazines, etc.) | |
| Charity/Worship | | Movie & Video Rentals | |
| Vacation/Travel/Hobbies | | Investments (Not part of payroll deductions) | |
| Membership/Clubs | | Home Furnishings | |
| Pets/Pet Care | 75 | Sports Events/Participation | |
| Other - _____ | | Other - _____ | |
| Other - _____ | | Other - _____ | |
| Other - _____ | | Other - _____ | |
| Other - _____ | | Other - _____ | |
| Total Miscellaneous | | | \$175 |

| | |
|---|---------------|
| Total Monthly Expenses (Totals from A – I) | \$5970 |
|---|---------------|

4. Debts (unsecured)

List unsecured debts such as credit cards, store charge accounts, loans from family members, back taxes owed to the I.R.S., etc. **Do not** list debts that are liens against your property, such as mortgages and car loans, because that payment is already listed as an expense above, and the total of the debt is shown elsewhere as a deduction from value where that asset is listed, such as under Real Estate or Motor Vehicles.

For name on account, "P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

SWORN FINANCIAL STATEMENT SUMMARY (INCOME/EXPENSES)

Total Income (from Page 1) \$ 9899.47 A

Total Monthly Deductions (from Page 2) \$ 3327.81 B

Total Monthly Net Income (A minus B) \$ 6571.66

Total Monthly Expenses (from Page 3) \$ 5970 C

Total Minimum Monthly Payment Required - Debts Unsecured (from Page 4) \$ 508.66 D

Total Monthly Expenses and Payments (C plus D) \$ 6478.66

Net Excess or Shortfall (Monthly Net Income less Monthly Expenses and Payments) **(+/-)** \$ **93**

5. Assets

You MUST disclose all assets correctly. By indicating "None", you are stating affirmatively that you or the other party, do not have assets in that category. Please attach additional copies of pages 5 & 6 to identify your assets, if necessary.

If the parties are married or partners in a civil union, check under the heading Joint (J) all assets acquired during the marriage/civil union but not by gift or inheritance. Under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R), check assets owned before this marriage/civil union and assets acquired by gift or inheritance.

If the parties were NEVER married to each other or are using this form to modify child support, list all of each party's assets under the headings of Petitioner (P) or Co-Petitioner/Respondent (C/R).

"P" = Petitioner, "C/R" = Co-Petitioner or Respondent, "J" = Joint.

| A. Real Estate (Address or Property Description and Name of Creditor/ Lender) <input type="checkbox"/> None | P | C/R | J | Estimated Value as of Today Value = what you could sell it for in its current condition. | Amount Owed | Net Value/Equity (Value minus amount owed) |
|--|--------------------------|--------------------------|--------------------------|---|-------------|--|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ | \$ | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Total | | | | \$ | \$ | \$ |

| B. Motor Vehicles & Recreation Vehicles Including Motorcycles, ATV's, Boats, etc.) (Year, Make, Model) (Name of Creditor/Lender) <input type="checkbox"/> None | P | C/R | J | Estimated Value as of Today Value = what you could sell it for in its current condition. | Amount Owed | Net Value/Equity (Value minus amount owed) |
|---|-------------------------------------|--------------------------|--------------------------|---|-------------|--|
| 2017 Lexus GX 460 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44,000 | 58,000 | -14,000 |
| 2012 Nissan Murano | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10,000 | 12,000 | -2,000 |
| Kawasaki ATV | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3500 | 0 | 3500 |
| Kawasaki ATV | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3500 | 0 | 3500 |
| Total | | | | \$ | \$ | \$-3,600 |

| C. Cash on Hand, Bank, Checking, Savings, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None | P | C/R | J | Type of Account | Account # (last 4-digits only) | Balance as of Today |
|---|--------------------------|--------------------------|--------------------------|-----------------|--------------------------------|---------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Total | | | | | | \$ |

| D. Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None | P | C/R | J | Type of Policy | Face Amount of Policy | Cash Value today |
|--|-------------------------------------|--------------------------|--------------------------|----------------|-----------------------|------------------|
| Protective Life | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Term | \$650,000 | \$0 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|----|----|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | | | Total | \$ | \$ |

| | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--|
| E. Furniture, Household Goods, and Other Personal Property, i.e. Jewelry, Antiques, Collectibles, Artwork, Power Tools, etc. Identify Items and report in total. <input type="checkbox"/> None | P | C/R | J | Current Possession Held by | | | Estimated Value as of Today Value = what you could sell it for in its current condition. |
| | | | | P | C/R | J | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | | Total \$ |

| | | |
|---|-------|----|
| F. Stocks, Bonds, Mutual Funds, Securities & Investment Accounts <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS. | Total | \$ |
| G. Pension, Profit Sharing, or Retirement Funds <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS. | Total | \$ |

| | | | |
|---|---|--|--|
| H. Miscellaneous Assets <input type="checkbox"/> None If you own any of the assets identified below, please check the appropriate box and attach JDF 1111-SS to report the value. | | | |
| <input type="checkbox"/> Business Interests | <input type="checkbox"/> Stock Options | <input type="checkbox"/> Money/Loans owed to you | <input type="checkbox"/> IRS Refunds due to you |
| <input type="checkbox"/> Country Club & Other Memberships | <input type="checkbox"/> Livestock, Crops, Farm Equipment | <input type="checkbox"/> Pending lawsuit or claim by you | <input type="checkbox"/> Accrued Paid Leave (sick, vacation, personal) |
| <input type="checkbox"/> Oil and Gas Rights | <input type="checkbox"/> Vacation Club Points | <input type="checkbox"/> Safety Deposit Box/Vault | <input type="checkbox"/> Trust Beneficiary |
| <input type="checkbox"/> Frequent Flyer Miles | <input type="checkbox"/> Education Accounts | <input type="checkbox"/> Health Savings Accounts | <input type="checkbox"/> Mineral and Water Rights |
| <input type="checkbox"/> Other - _____ | <input type="checkbox"/> Other - _____ | <input type="checkbox"/> Other - _____ | <input type="checkbox"/> Other - _____ |
| | | | Total \$ |

| | | |
|--|-------|----|
| I. Separate Property <input type="checkbox"/> None <input type="checkbox"/> If owned please attach JDF 1111-SS to identify the property and to report the value. | Total | \$ |
|--|-------|----|

| | |
|--|----|
| Total Value/Balance of All Assets (A – I) | \$ |
|--|----|

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

I understand that if the information I have provided changes or needs to be updated before a final decree or order is issued by the Court, that I have a duty to provide the correct or updated information.

I understand that if I have omitted or misstated any material information, intentionally or not, the Court will have the power to enter orders to address those matters, including the power to punish me for any statements made with the intent to defraud or mislead the Court or the other party.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the 13 day of June, 2018, at Golden, CO
(date) (month) (year) (city or other location, and state OR country)

Samantha Fox
(printed name of Petitioner or Co-Petitioner/Respondent)


Signature of Petitioner or Co-Petitioner/Respondent

CERTIFICATE OF SERVICE

I certify that on 6/14/18 (date) a true and accurate copy of the **SWORN FINANCIAL STATEMENT** was served on the other party by:

- Hand Delivery, E-filed, Faxed to this number: _____, or
 By placing it in the United States mail, postage pre-paid, and addressed to the following:

To: Robert Means
30623 Sun Creek Drive
Evergreen, CO 80439


Your signature

Your Information

 Your Information
Support/Maintc

Colorado Child Support and Maintenance

THIS SCREEN IS NOT THE OFFICIAL FORM AND SHOULD NOT BE SUBMITTED TO THE COURT.
Family Law Software Version: 20.01 build 437.8
Complete this screen. Then click the links at the bottom of this screen to view and print the official forms.

| | | | |
|--------------------|----------------------------------|--------------|--|
| Samantha Robert | # Case No. (optional): 09DR42 | Fox Means | <input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Male <input checked="" type="radio"/> Female |
|--------------------|----------------------------------|--------------|--|

Use 2017 statute? (Clear checkbox to use earlier statutes.)

▲ Children

Select Overnight period: Annual

| Child's First Name | Birth Date or year | Custody for Guideline | Tax Exemption | Child Eligible Age? | Child of this relationship? | Overnights With Samantha | Overnights With Robert |
|--|--------------------|-----------------------|---------------|-------------------------------------|-------------------------------------|--------------------------|------------------------|
| Stanton | 03/01/2002 | Samantha | Samantha | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 365.0 | 0.0 |
| If not of this relationship: <input type="checkbox"/> Lives with party <input type="checkbox"/> Lives elsewhere. \$ _____ If elsewhere, monthly support paid NOT pursuant to an order. <input checked="" type="checkbox"/> | | | | | | | |
| Meredith (Max) | 12/11/2004 | Samantha | Samantha | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 313.0 | 52.0 |
| If not of this relationship: <input type="checkbox"/> Lives with party <input type="checkbox"/> Lives elsewhere. \$ _____ If elsewhere, monthly support paid NOT pursuant to an order. <input checked="" type="checkbox"/> | | | | | | | |

Wages and Filing Status

| | | |
|---|-------------------------------------|--------------------------|
| Gross Wages from pay stub <input checked="" type="checkbox"/> | Samantha: 9,899 Per Month | Robert: 0 Per Month |
| Using what pay period "X" if Self-Employment Income <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Add wages from another employer <input type="checkbox"/> [add wage] | <input type="checkbox"/> [add wage] | |
| <input type="checkbox"/> Apply top guideline bracket to all combined income above top bracket amount? <input checked="" type="checkbox"/> | | |
| Tax Filing Status in 2018 <input checked="" type="checkbox"/> | Single | |

▷ Wage-Like Income

▷ Deductions Including Maintenance

▲ Adjustments including Child Care and Health Insurance

| | | |
|---|----------|--------|
| a. Total child care for work and education, per month <input checked="" type="checkbox"/> | Samantha | Robert |
| b. Child care for education (included in total) per month (portion not for work) <input checked="" type="checkbox"/> | | |
| <u>Child Care Deduction Calculation</u> | | |
| c. Children's share of health and dental insurance (for guideline, not SFS) <input checked="" type="checkbox"/> | 320 | |
| <u>Health Insurance Deduction Calculation</u> | | |
| d. Extraordinary medical expenses for children, per year (over \$250/year per child) <input checked="" type="checkbox"/> | 6,960 | |
| and per month (calculated) <input checked="" type="checkbox"/> | 580 | 0 |
| e. Other extraordinary expenses for children, per month. <input checked="" type="checkbox"/> | monthly | |
| f. Extraordinary adjustments / month (reduces need) <input checked="" type="checkbox"/> | | |

Your Information

 Support Man

Print PDF

Colorado Child Support Schedule

Colorado - Schedule of Basic Child Support Obligations

Quick Lookup: # Number of Children Income = Basic Obligation

| Combined Adjusted Income | 1 Child | 2 Children | 3 Children | 4 Children | 5 Children | 6 or More Children |
|-----------------------------------|---------|------------|------------|------------|------------|--------------------|
| Income less than \$1100.00 | | | | | | |
| 1100 | 218 | 338 | 410 | 458 | 504 | 547 |
| 1150 | 222 | 348 | 427 | 477 | 521 | 570 |
| 1200 | 234 | 362 | 443 | 485 | 545 | 592 |
| 1250 | 243 | 375 | 460 | 513 | 565 | 614 |
| 1300 | 251 | 389 | 478 | 520 | 585 | 636 |
| 1350 | 260 | 402 | 492 | 550 | 605 | 658 |
| 1400 | 268 | 416 | 509 | 568 | 628 | 680 |
| 1450 | 277 | 429 | 522 | 587 | 648 | 701 |
| 1500 | 285 | 442 | 541 | 604 | 665 | 723 |
| 1550 | 294 | 455 | 558 | 622 | 684 | 743 |
| 1600 | 302 | 467 | 572 | 639 | 702 | 764 |
| 1650 | 310 | 480 | 587 | 656 | 721 | 784 |
| 1700 | 318 | 492 | 602 | 673 | 740 | 805 |
| 1750 | 327 | 505 | 618 | 690 | 759 | 826 |
| 1800 | 335 | 518 | 634 | 708 | 778 | 846 |
| 1850 | 343 | 530 | 649 | 725 | 798 | 867 |
| 1900 | 352 | 543 | 665 | 742 | 817 | 888 |
| 1950 | 360 | 556 | 680 | 760 | 836 | 908 |
| 2000 | 368 | 569 | 696 | 777 | 855 | 929 |
| 2050 | 377 | 581 | 711 | 794 | 874 | 950 |
| 2100 | 385 | 594 | 727 | 812 | 893 | 971 |
| 2150 | 393 | 607 | 742 | 829 | 912 | 991 |
| 2200 | 401 | 620 | 758 | 847 | 931 | 1012 |
| 2250 | 410 | 632 | 773 | 864 | 950 | 1033 |

Child Support: \$70 per month paid by Robert.

