

IN THE FAMILY COURT OF _____ COUNTY, WEST VIRGINIA

CASE NO. _____

Mother: _____ SS No.: _____

Father: _____ SS No.: _____

Children	SSN	Date of Birth	Children	SSN	Date of Birth
PART I. BASIC OBLIGATION			Mother	Father	Combined
1. MONTHLY GROSS INCOME (Exclusive of overtime compensation)			\$	\$	
a. Minus preexisting child support payment			-	-	
b. Minus maintenance paid			-	-	
c. Plus overtime compensation, if not excluded, and not to exceed 50%, pursuant to W. Va. Code §48-1-228(b)(6)					
d. Additional dependent deduction					
e. Minus student loan payment pursuant to W. Va. Code §48-13-202(3)					
2. MONTHLY ADJUSTED GROSS INCOME			\$	\$	\$
3. PERCENTAGE SHARE OF INCOME (Each parent's income from line 2 divided by Combined Income)			%	%	100%
4. BASIC OBLIGATION (Use line 2 Combined to find amount from Child Support Schedule.)					\$
PART II. SHARED PARENTING ADJUSTMENT					
5. Shared Parenting Basic Obligation (line 4 x 1.6)					\$
6. Each Parent's Share (Line 5 x each parent's line 3)			\$	\$	
7. Overnights with Each Parent (must total 365)					365
8. Percentage with Each Parent (Line 7 divided by 365)			%	%	100%
9. Amount Retained (Line 6 x line 8 for each parent)			\$	\$	
10. Each Parent's Obligation (Line 6 - line 9)			\$	\$	
11. AMOUNT TRANSFERRED FOR BASIC OBLIGATION (Subtract smaller amount on line 10 from larger amount on line 10. Parent with larger amount on line 10 owes the other parent the difference. Enter \$0 for other parent.)			\$	\$	
PART III. ADJUSTMENTS FOR ADDITIONAL EXPENSES (Expenses paid directly by each parent.)					
12a. Work-Related Child Care Costs Adjusted for Federal Tax Credit (0.75 x actual work-related child care costs.)			\$	\$	
12b. Extraordinary Medical Expenses (Uninsured only) and Children's Portion of Health Insurance Premium Costs.			\$	\$	
12c. Extraordinary Additional Expenses (Agreed to by parents or by order of the court.)			\$	\$	
12d. Minus Extraordinary Adjustments (Agreed to by parents or by order of the court.)			\$	\$	
12e. Total Adjustments (For each column, add 12a, 12b, and 12c. Subtract line 12d. Add the parent's totals together for Combined amount.)			\$	\$	\$
13. Each Parent's Share of Additional Expenses (Line 3 x line 12e Combined.)			\$	\$	
14. Each Parent's Net Share of Additional Direct Expenses (Each parent's line 13-line 12e. If negative number, enter \$0)			\$	\$	
15. AMOUNT TRANSFERRED FOR ADDITIONAL EXPENSES (Subtract smaller amount on line 14 from larger amount on line 14. Parent with larger amount on line 14 owes the other parent the difference. Enter \$0 for other parent.)			\$	\$	
PART IV. RECOMMENDED CHILD SUPPORT ORDER					
16. TOTAL AMOUNT TRANSFERRED (Line 11 line 15)			\$	\$	
17. RECOMMENDED CHILD SUPPORT ORDER (Subtract smaller amount on line 16 from larger amount on line 16. Parent with larger amount on line 16 owes the other parent the difference.)			\$	\$	
Comments, calculations, or rebuttals to schedule or adjustments					
PREPARED BY:					Date: