

Obligation Worksheet A

(The worksheet for calculation of the total support obligation under R.S. 9:315.8 and 315:10)

Court _____

Parish _____, Louisiana

Case Number _____

Div/CtRm _____

Petitioner

Respondent

Children & Dates of Birth

Children & Dates of Birth

	A.	B.	C.
	Petitioner	Respondent	Combined
1. MONTHLY GROSS INCOME (<u>R.S. 9:315.2(A)</u>)			
2. MONTHLY ADJUSTED GROSS INCOME (Line 1 minus 1a and 1b).	\$ _____	\$ _____	\$ _____
3. COMBINED MONTHLY ADJUSTED GROSS INCOME (Line 2 Column A plus Line 2 Column B). (<u>R.S. 9:315.2(C)</u>)			
4. PERCENTAGE SHARE OF INCOME (Line 2 divided by line 3). (<u>R.S. 9:315.2(C)</u>)	% _____	% _____	
5. BASIC CHILD SUPPORT OBLIGATION (Compare line 3 to Child Support Schedule). (<u>R.S. 9:315.2(D)</u>)			\$ _____
a. Child Care Costs . (<u>R.S. 9:315.3</u>)			
b. Child's Health Insurance Premium Cost. (<u>R.S. 9:315.4</u>)			
c. Extraordinary Medical Expenses (Uninsured Only). (Agreed to by parties or by order of the court). (<u>R.S. 9:315.5</u>)			

d. Extraordinary Expenses (Agreed to by parties or by order of the court). (R.S. 9:315.6)

e. Optional. Minus extraordinary adjustments (Child's income if applicable). (R.S. 9:315.7)

6. TOTAL CHILD SUPPORT OBLIGATION (Add lines 5, 5a, 5b, 5c, and 5d; Subtract line 5e). (R.S. 9:315.8) \$ _____

7. EACH PARTY'S CHILD SUPPORT OBLIGATION (Multiply line 4 times line 6 for each parent). \$ _____ \$ _____

8. DIRECT PAYMENTS made by the noncustodial parent on behalf of the child for child care costs, health insurance premiums, extraordinary medical expenses, or extraordinary expenses.

9. RECOMMENDED CHILD SUPPORT ORDER (Subtract line 8 from line 7). \$ _____

Comments, calculations, or rebuttals to schedule or adjustments if made under 8 above or if ordering a credit for a joint custodial arrangement:

Prepared by: _____

Date: _____