

**The Georgia Pen and Paper EZ Child Support Worksheet:
Simple Calculations with No Deviations**

Read the following to find out if this is the right worksheet for you to use:

If you want to claim any other circumstances, such as preexisting orders, qualified children, self-employment taxes, deviations, etc., you must "STOP" now as you cannot use this form. Please instead use the Standard Child Support Worksheet and Schedules (paper or electronic - see page iii of the Instructions).

Advisory: To complete this form, use the attached instructions to reach the correct calculation amounts. Also see the Reference Guide attached for definitions of terms, information and helpful tips. Enter all amounts as monthly amounts.

Type of Court: _____ County: _____

Court/Civil Action/OSAH Case Number: _____ DHR/IV-D Case Number (if applicable)
 Check box if DHR is Petitioner

Mother's name (please print) _____ Father's name (please print) _____
 Custodial Parent / Noncustodial Parent (check one) Custodial Parent / Noncustodial Parent (check one)

Nonparent Custodian's name, if any (please print) _____ Initial Action / Modification Action (check one)
 Date of Initial Child Support Order: _____

List Only Children for Whom Support is Being Determined in This Case

Child's Name	Date of Birth	Child's Name	Date of Birth
C1.		C4.	
C2.		C5.	
C3.		C6.	

Parents' Presumptive Amount of Child Support (Do not include Nonparent Custodian's income)

	(a) Mother	(b) Father	(c) Combined
1. Parents' monthly gross income	\$	\$	\$
2. Parent's percentage of total income (Must total 100%)	%	%	100%
3. Basic Child Support Obligation (BCSO) from attached Child Support Obligation Table			\$
4. Monthly BCSO amount for each parent	\$	\$	

	(a) Mother	(b) Father	(c) Nonparent Custodian	(d) Combined
Additional Expenses				
5. Monthly Work Related Child Care Costs <i>(If none, enter zero)</i>	\$	\$	\$	\$
6. Monthly Health Insurance premium paid for the Children <i>(If none, enter zero)</i>	\$	\$	\$	\$
7. Total Monthly Work Related Child Care and Health Insurance Costs <i>(If none, enter zero)</i>	\$	\$	\$	\$
8. Parents' percentage (%) of Income from Line 2	%	%		100%
9. Parents' share of Work Related Child Care and Health Insurance Costs <i>Multiply % in Line 8 for each parent by total monthly amount in Line 7.</i>	\$	\$		\$
Uninsured Health Expenses				
10. Parents' Adjusted Child Support Obligation - <i>Each parent's monthly BCSO from Line 4 plus parent's share of work related child care expenses & health insurance costs.</i>	\$	\$		
11. Credit for Monthly Amounts parents actually pay or will pay for Work-Related Child Care and/or Health Insurance Costs	\$	\$		
12. Total Parents' Presumptive Child Support Obligation	\$	\$		
13. Subtract Social Security offset - <i>If a child receives Title II Social Security benefits (i.e., RSDI/SSD for parent's disability/retirement) as a dependent on noncustodial parent's account, enter monthly amount child receives under that parent's column. If none, enter zero.</i>	\$	\$		
14. Final child support obligation amount for each parent - <i>Only the noncustodial parent(s) will have the duty to pay.</i>	\$	\$		
The amount on Line 14 is the Final Child Support Amount.				
Uninsured Health Expenses				
15. Uninsured Health Expenses - <i>Carry down the percentage from Line 2 or enter a percentage agreed upon by the parties or ordered by the court.</i>		%	%	

How to find the Basic Child Support Obligation (BCSO) using an example of the Table:

See below an *example* using an excerpt from the Table intended to help one understand how to select the correct BCSO.

The table displays the dollar amount of the BCSO corresponding to various levels of combined adjusted income of the children's parents and the number of children for whom a child support order is being established or modified in the present action. To use the table correctly, one must find the amount of the Combined Adjusted Income on the table that is most closely related to the parents' gross income.

Once you have determined the amount of Total "Combined Adjusted Income" to use, go to the column that represents the number of children included in your worksheet. Follow across the line of income and down the column for the number of children in the action until they intersect. That sum will be used as the Basic Child Support Obligation amount and entered on Line 3 of the worksheet.

Combined Adjusted Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
2,800	583	829	962	1,073	1,180	1,284
2,850	592	842	977	1,089	1,198	1,303
2,900	601	855	992	1,106	1,216	1,323

In this *example*, the parents' Total "Combined Adjusted Income" is \$2867.90 (found on Line 2). The amount of income on the table that is closest to the parents' income is \$2,850.00. Thus, in this *example*, the correct amount of the Total "Combined Adjusted Income" to use is \$2850.00.

Why did we choose \$2850.00 and neither of the other two amounts? This can be explained by looking at the difference in the actual gross income of the parents' when compared to the amounts found under the column in the table labeled "Combined Adjusted Income".

The difference between \$2867.90 and \$2800 is \$67.90.

The difference between \$2867.90 and \$2850 is \$17.90. (Most closely related amount.)

The difference between \$2867.90 and \$2900 is \$32.10

COMBINED	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX CHILDREN
23,900	2,055	2,843	3,203	3,377	3,935	4,322
24,000	2,055	2,847	3,212	3,386	3,944	4,331
24,100	2,055	2,851	3,221	3,397	3,955	4,341
24,200	2,055	2,855	3,230	3,408	3,966	4,351
24,300	2,055	2,859	3,239	3,419	3,977	4,361
24,400	2,055	2,863	3,248	3,430	3,988	4,371
24,500	2,055	2,867	3,257	3,441	3,999	4,381
24,600	2,055	2,871	3,266	3,452	4,010	4,391
24,700	2,055	2,875	3,275	3,463	4,021	4,401
24,800	2,055	2,879	3,284	3,474	4,032	4,411
24,900	2,055	2,883	3,293	3,485	4,043	4,421
25,000	2,055	2,887	3,302	3,496	4,054	4,431
25,100	2,055	2,891	3,311	3,507	4,065	4,441
25,200	2,055	2,895	3,320	3,518	4,076	4,451
25,300	2,055	2,899	3,329	3,529	4,087	4,461
25,400	2,055	2,903	3,338	3,540	4,098	4,471
25,500	2,055	2,907	3,347	3,551	4,109	4,481
25,600	2,055	2,911	3,356	3,562	4,120	4,491
25,700	2,055	2,915	3,365	3,573	4,131	4,501
25,800	2,055	2,919	3,374	3,584	4,142	4,511
25,900	2,055	2,923	3,383	3,595	4,153	4,521
26,000	2,055	2,927	3,392	3,606	4,164	4,531
26,100	2,055	2,931	3,401	3,617	4,175	4,541
26,200	2,055	2,935	3,410	3,628	4,186	4,551
26,300	2,055	2,939	3,419	3,639	4,197	4,561
26,400	2,055	2,943	3,428	3,650	4,208	4,571
26,500	2,055	2,947	3,437	3,661	4,219	4,581
26,600	2,055	2,951	3,446	3,672	4,230	4,591
26,700	2,055	2,955	3,455	3,683	4,241	4,601
26,800	2,055	2,959	3,464	3,694	4,252	4,611
26,900	2,055	2,963	3,473	3,705	4,263	4,621
27,000	2,055	2,967	3,482	3,716	4,274	4,631
27,100	2,055	2,971	3,491	3,727	4,285	4,641
27,200	2,055	2,975	3,500	3,738	4,296	4,651
27,300	2,055	2,979	3,509	3,749	4,307	4,661
27,400	2,055	2,983	3,518	3,760	4,318	4,671
27,500	2,055	2,987	3,527	3,771	4,329	4,681
27,600	2,055	2,991	3,536	3,782	4,340	4,691
27,700	2,055	2,995	3,545	3,793	4,351	4,701
27,800	2,055	2,999	3,554	3,804	4,362	4,711
27,900	2,055	3,003	3,563	3,815	4,373	4,721
28,000	2,055	3,007	3,572	3,826	4,384	4,731
28,100	2,055	3,011	3,581	3,837	4,395	4,741
28,200	2,055	3,015	3,590	3,848	4,406	4,751
28,300	2,055	3,019	3,599	3,859	4,417	4,761
28,400	2,055	3,023	3,608	3,870	4,428	4,771
28,500	2,055	3,027	3,617	3,881	4,439	4,781
28,600	2,055	3,031	3,626	3,892	4,450	4,791
28,700	2,055	3,035	3,635	3,903	4,461	4,801
28,800	2,055	3,039	3,644	3,914	4,472	4,811
28,900	2,055	3,043	3,653	3,925	4,483	4,821
29,000	2,055	3,047	3,662	3,936	4,494	4,831
29,100	2,055	3,051	3,671	3,947	4,505	4,841
29,200	2,055	3,055	3,680	3,958	4,516	4,851
29,300	2,055	3,059	3,689	3,969	4,527	4,861
29,400	2,055	3,063	3,698	3,980	4,538	4,871
29,500	2,055	3,067	3,707	3,991	4,549	4,881
29,600	2,055	3,071	3,716	4,002	4,560	4,891
29,700	2,055	3,075	3,725	4,013	4,571	4,901
29,800	2,055	3,079	3,734	4,024	4,582	4,911
29,900	2,055	3,083	3,743	4,035	4,593	4,921
30,000	2,055	3,087	3,752	4,046	4,604	4,931

COMBINED	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX CHILDREN
27,500	2,174	2,962	3,322	3,496	4,054	4,441
27,600	2,174	2,966	3,331	3,507	4,065	4,451
27,700	2,174	2,970	3,340	3,518	4,076	4,461
27,800	2,174	2,974	3,349	3,529	4,087	4,471
27,900	2,174	2,978	3,358	3,540	4,098	4,481
28,000	2,174	2,982	3,367	3,551	4,109	4,491
28,100	2,174	2,986	3,376	3,562	4,120	4,501
28,200	2,174	2,990	3,385	3,573	4,131	4,511
28,300	2,174	2,994	3,394	3,584	4,142	4,521
28,400	2,174	2,998	3,403	3,595	4,153	4,531
28,500	2,174	3,002	3,412	3,606	4,164	4,541
28,600	2,174	3,006	3,421	3,617	4,175	4,551
28,700	2,174	3,010	3,430	3,628	4,186	4,561
28,800	2,174	3,014	3,439	3,639	4,197	4,571
28,900	2,174	3,018	3,448	3,650	4,208	4,581
29,000	2,174	3,022	3,457	3,661	4,219	4,591
29,100	2,174	3,026	3,466	3,672	4,230	4,601
29,200	2,174	3,030	3,475	3,683	4,241	4,611
29,300	2,174	3,034	3,484	3,694	4,252	4,621
29,400	2,174	3,038	3,493	3,705	4,263	4,631
29,500	2,174	3,042	3,502	3,716	4,274	4,641
29,600	2,174	3,046	3,511	3,727	4,285	4,651
29,700	2,174	3,050	3,520	3,738	4,296	4,661
29,800	2,174	3,054	3,529	3,749	4,307	4,671
29,900	2,174	3,058	3,538	3,760	4,318	4,681
30,000	2,174	3,062	3,547	3,771	4,329	4,691

Georgia
Schedule of State Child Support Obligations

Georgia
Schedule of State Child Support Obligations

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Advisory: To complete this form, use the attached instructions to reach the correct calculation amounts. Also see the Reference Guide attached for definitions of terms, information and helpful tips. Enter all amounts as monthly amounts.

Type of Court: Superior

County: Liberty

CV-12345
Court/Civil Action/OSAH Case Number:

N/A
DHR/IV-D Case Number (if applicable)
 Check box if DHR is Petitioner

Mother's Full Name
Mother's name (please print)
 Custodial Parent / Noncustodial Parent (check one)

Father's Full Name
Father's name (please print)
 Custodial Parent / Noncustodial Parent (check one)

N/A
Nonparent Custodian's name, if any (please print)

Initial Action / Modification Action (check one)
Date of Initial Child Support Order: _____

List Only Children for Whom Support is Being Determined in This Case

Child's Name	Date of Birth	Child's Name	Date of Birth
C1. <i>Child One</i>	<u>01/01/1995</u>	C4.	
C2. <i>Child Two</i>	<u>05/11/2000</u>	C5.	
C3.		C6.	

Parents' Presumptive Amount of Child Support (Do not include Nonparent Custodian's income)

	(a) Mother	(b) Father	(c) Combined
1. Parents' monthly gross income	\$1017.90	\$1950.00	\$2967.90
2. Parent's percentage of total income (Must total 100%)	34.30%	65.70%	100%
3. Basic Child Support Obligation (BCSO) from attached Child Support Obligation Table			\$868.00
4. Monthly BCSO amount for each parent	\$297.72	\$570.28	

	(a) Mother	(b) Father	(c) Nonparent Custodian	(d) Combined
Additional Expenses				
5. Monthly Work Related Child Care Costs (If none, enter zero)	\$300.00	\$	\$	\$300.00
6. Monthly Health Insurance premium paid for the Children (If none, enter zero)	\$100.00	\$	\$	\$100.00
7. Total Monthly Work Related Child Care and Health Insurance Costs (If none, enter zero)	\$400.00	\$	\$	\$400.00
8. Parents' percentage (%) of Income from Line 2	34.30%	65.70%		100%
9. Parents' share of Work Related Child Care and Health Insurance Costs <i>Multiply % in Line 8 for each parent by total monthly amount in Line 7.</i>	\$137.20	\$262.80		\$400.00
10. Parents' Adjusted Child Support Obligation - Each parent's monthly BCSO from Line 4 plus parent's share of work related child care expenses & health insurance costs.	\$434.92	\$833.08		
11. Credit for Monthly Amounts parents actually pay or will pay for Work-Related Child Care and/or Health Insurance Costs	\$400.00	\$0.00		
12. Total Parents' Presumptive Child Support Obligation	\$ 34.92	\$833.08		
13. Subtract Social Security offset - If a child receives Title II Social Security benefits (i.e., RSDI/SSD for parent's disability/retirement) as a dependent on noncustodial parent's account, enter monthly amount child receives under that parent's column. If none, enter zero.	\$	\$ 0.00		
14. Final child support obligation amount for each parent - Only the noncustodial parent(s) will have the duty to pay.	\$ 34.92	\$833.08		
The amount on Line 14 is the Final Child Support Amount.				
Uninsured Health Expenses				
15. Uninsured Health Expenses - Carry down the percentage from Line 2 or enter a percentage agreed upon by the parties or ordered by the court.	50%	50%		