

**SHARED CUSTODY CHILD SUPPORT CALCULATION**

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Attach this form to form DR-305, *Child Support Guidelines Affidavit*, or form DR-105, *Petition for Dissolution of Marriage*, to explain the child support calculation if the parents will share physical custody as defined in Civil Rule 90.3(f). That is, it must be attached only if the children will reside with each parent for a period, specified in writing, of at least 30% of the year.

|  | <u>FATHER</u> | <u>MOTHER</u> |
|--|---------------|---------------|
| 1. Adjusted annual income (from section D on form DR-305 or section II.D on page 4 of form DR-105) up to \$120,000.  | \$ _____      | \$ _____      |
| 2. Multiply line 1 by<br>.20 for one child<br>.27 for two children<br>.33 for three children and<br>.03 for each additional child  | x _____       | x _____       |
| Annual Child Support<br>(Minimum amount is \$600)  | \$ _____      | \$ _____      |
| 3. Percentage of time each parent will have physical custody   | _____ %       | _____ %       |
| 4. Percentage of time <u>other</u> parent will have physical custody   | _____ %       | _____ %       |
| 5. Multiply line 2 times line 4.   | \$ _____      | \$ _____      |
| 6. Subtract smaller figure on line 5 from larger and write the difference in the column with the larger line 5 figure. (One line should be blank.)                                   | \$ _____      | \$ _____      |
| 7. Multiply line 6 by 1.5.<br>(One line should be blank.)  | \$ _____      | \$ _____      |
| 8. Annual Child Support.<br>Fill in the smaller of line 7 or line 2 for the parent who will pay support.   | \$ _____      | \$ _____      |
| 9. Number of payments per year: _____ (See Civil Rule 90.3(b)(1)(D).)  |               |               |
| 10. Monthly Child Support Payment for all months except _____<br>(line 8 divided by line 9): \$ _____ to be paid by <input type="checkbox"/> mother <input type="checkbox"/> father. |               |               |

Write the paragraph 10 information on either form DR-305, page 2, section F.2. or form DR-105, page 10, section VIII.A.3.b.

\_\_\_\_\_  
Father's Signature  
\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Mother's Signature  
\_\_\_\_\_  
Type or Print Name