

**ENROLLED ORIGINAL**

**APPENDIX III**

**Worksheet B: Shared Physical Custody**

<b>Name of</b> <b>Petitioner:</b> _____ - <b>Name of</b> <b>Respondent:</b> _____ - <b>Jacket Number</b> _____ <b>IV-D Number</b> _____ _____
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Children	Dates of Birth	Children	Dates of Birth

PART I. BASIC OBLIGATION	Petitioner	Respondent	Combined
1. GROSS INCOME	\$	\$	
a. Plus or minus alimony [§ 16-916.01 (d)(3)]			
b. Minus prior child support orders [§ 16-916.01 (d)(4)]			
c. Adjustment for additional children living in the home [§ 16-916.01 (d)(5)]			
2. ADJUSTED GROSS INCOME	\$	\$	\$
3. PERCENTAGE SHARE OF ADJUSTED GROSS INCOME (Each parent's Line 2 divided by Combined Line 2)	%	%	100%
4. BASIC OBLIGATION (Use Line 2 combined to find amount from schedule)		\$	
<b>PART II. SHARED CUSTODY ADJUSTMENT [§ 16-916.01(q)]</b>			

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5. ADJUSTED BASIC CHILD SUPPORT (Line 4 x 1.50)		\$	
6. Each Parent's Share of Adjusted Basic Child Support (Line 5 x each parent's Line 3)	\$	\$	
7. Time with Each Parent (must total 365)			365
8. Percentage of Time with Each Parent (each parent's 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.)	\$	\$	
<b>PART III. ADJUSTMENT FOR ADDITIONAL EXPENSES (Expenses paid directly by each parent)</b>			
12a. Children's Portion of Health Insurance Premium [§ 16-916.01 (i)]	\$	\$	
12b. Extraordinary Medical Expenses [§ 16-916.01 (j)] (if not paid directly to provider)	\$	\$	
12c. Child Care Expenses [§ 16-916.01 (k)] (if not paid directly to provider)	\$	\$	
12d. Total Adjustments (For each parent, add Lines 12a, 12b, and 12c)	\$	\$	\$
13. Each Parent's Share of Additional Expenses (Each parent's Line 3 x Line 12d Combined)	\$	\$	
14. Each Parent's Net Share of Additional Expenses (Each parent's Line 13 - Line 12d. If negative, enter \$0.)	\$	\$	

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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.)	\$	\$
<b>PART IV. RECOMMENDED CHILD SUPPORT ORDER</b>		
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.		
Prepared By:	Date:	