

CALCULATION FOR JOINT PHYSICAL CUSTODY

	Mother	Father
1. Each parent's percent contribution (% from line 6, worksheet 1)	_____	_____
2. Monthly support obligation from table 1 (from line 7, worksheet 1)		_____
3. Joint physical support obligation (line 2 times 1.5)		_____
4. Each parent's share (line 1 times line 3)	_____	_____
5. Number of days annually child(ren) is in custody of each parent	_____	_____
6. Percentage of year child(ren) is in custody of each parent (line 5 divided by 365)	_____	_____
7. Mother's obligation to father (line 4 mother column, times % on line 6 father column)	_____	_____
8. Father's obligation to mother (line 4 father column, times % on line 6 mother column)	_____	_____
9. Father/mother obligation for support (difference between lines 7 and 8)		_____
		(mother/father)

Additional Adjustment for Child(ren)'s health insurance premium

	Mother	Combined	Father
10. Child(ren)'s health insurance premium* (from line 8, worksheet 1)	_____		_____
11. Combined health insurance premium(s)		_____	

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|-------|---|-----------------|-------|
| 12. | Each parent's share of premium
(line 1 times line 11) | _____ | _____ |
| 13. | Amount of premium paid
(line 10) | _____ | _____ |
| 14. | Amount owed to other parent for premium
(line 12 minus line 13, if negative
amount enter \$0) | _____ | _____ |
| 15.a. | Which parent owes basic support on line 9? | _____ | |
| | | (mother/father) | |
| 15.b. | Which parent owes support for health insurance
on line 14? | _____ | |
| | | (mother/father) | |
| 15.c. | Does the same parent owe support on
lines 15a and 15b? | _____ | |
| | | (Yes/No) | |
| 16. | Total support to be paid by parent on line 15a
(if YES on line 15c, line 9 plus line 14;
if NO on line 15c, line 9 minus line 14) | _____ | |

* The parent requesting an adjustment for health insurance premiums must submit proof of the cost of the premium for the child(ren).