Washington State Child Support Schedule Worksheets

☒ Proposed by ☐ (name) _____ ☒ State of WA ☐ Other _____. (CSWP)
Or, ☐ Signed by the Judicial/Reviewing Officer. (CSW)

County DCS _____ **Case No**. IV-D#:0000000 _____

Child/ren and Age/s: Ann/0, Bill/0 _____

Parents' names: Doe, John _____ **(Column 1)** Care, Foster _____ **(Column 2)**

	Column 1	Column 2
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	$ 2600	$ 0
b. Interest and Dividend Income	$ 0	$ 0
c. Business Income	$ 0	$ 0
d. Maintenance Received	$ 0	$ 0
e. Other Income	$ 0	$ 0
f. Imputed Income	$ 0	$ 2080
g. Total Gross Monthly Income (add lines 1a through 1f)	$ 2600	$ 2080
2. Monthly Deductions from Gross Income		
a. Income Taxes **(**Federal and State**)**	$ 216	$ 153
b. FICA **(**Soc. Sec.+ Medicare**)**/Self-Employment Taxes	$ 199	$ 159
c. State Industrial Insurance Deductions	$ 0	$ 0
d. Mandatory Union/Professional Dues	$ 0	$ 0
e. Mandatory Pension Plan Payments	$ 0	$ 0
f. Voluntary Retirement Contributions	$ 0	$ 0
g. Maintenance Paid	$ 0	$ 0
h. Normal Business Expenses	$ 0	$ 0
i. Total Deductions from Gross Income (add lines 2a through 2h)	$ 415	$ 312
3. Monthly Net Income (line 1g minus 2i)	$ 2185	$ 1768
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	$ 3953	
5. Basic Child Support Obligation (enter total amount in box →) Child #1 $643 Child #3 _____ Child #5 _____ Child #2 $643 Child #4 _____	$ 1286	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	0.553	0.447

	Column 1	Column 2
Part II: Basic Child Support Obligation (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5.)	$ 711	$ 575
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the federal poverty guideline for a one-person family.)	$ 1301	
a. <u>Is Combined Net Income Less Than $1,000?</u> **If yes**, for each parent enter the presumptive $50 **per child**.	$ 0	$ 0
b. <u>Is Monthly Net Income Less Than Self-Support Reserve?</u> **If yes**, for that parent enter the presumptive $50 **per child**.	$ 0	$ 0
c. <u>Is Monthly Net Income equal to or more than Self-Support Reserve?</u> **If yes**, for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive $50 per child, whichever is greater.	$ 0	$ 467
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive $50 per child.	$ 711	$ 467
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	$ 0	$ 0
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	$ 0	$ 0
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	$ 0	$ 0
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	$ 0	
11. Day Care and Special Expenses		
a. Day Care Expenses	$ 0	$ 0
b. Education Expenses	$ 0	$ 0
c. Long Distance Transportation Expenses	$ 0	$ 0
d. Other Special Expenses (describe)	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
e. Total Day Care and Special Expenses (add lines 11a through 11d)	$ 0	$ 0
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	$ 0	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	$ 0	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	$ 0	$ 0
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	$ 711	$ 467

	Column 1	Column 2
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	$ 0	$ 0
b. Day Care and Special Expenses Credit	$ 0	$ 0
c. Other Ordinary Expenses Credit (describe)	$ 0	$ 0
d. Total Support Credits (add lines 16a through 16c)	$ 0	$ 0
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or $50 per child whichever is greater)	$ 711	$ 467
Part VII: Additional Informational Calculations		
18. 45 % of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	$ 983	$ 796
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	$ 178	$ 117
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	$ 0	$ 0
b. Investments	$ 0	$ 0
c. Vehicles and Boats	$ 0	$ 0
d. Bank Accounts and Cash	$ 0	$ 0
e. Retirement Accounts	$ 0	$ 0
f. Other (describe)	$ 0	$ 0
	$ 0	$ 0
21. Household Debt (List liens against household assets, extraordinary debt.)		
	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action) Name _____	$ 0	$ 0
Name _____	$ 0	$ 0
b. Income Of Other Adults In Household Name _____	$ 0	$ 0
Name _____	$ 0	$ 0

	Column 1	Column 2
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8 _____	$ 0	$ 0
d. Income Of Child(ren) (if considered extraordinary) Name _____	$ 0	$ 0
Name _____	$ 0	$ 0
e. Income From Child Support Name _____	$ 0	$ 0
Name _____	$ 0	$ 0
f. Income From Assistance Programs Program _____	$ 0	$ 0
Program _____	$ 0	$ 0
g. Other Income (describe) _____	$ 0	$ 0
_____	$ 0	$ 0
23. Non-Recurring Income (describe) _____	$ 0	$ 0
_____	$ 0	$ 0
24. Child Support Owed, Monthly, for Biological or Legal Child(ren)		
Name/age: _____ Paid ☐Yes ☐No	$ 0	$ 0
Name/age: _____ Paid ☐Yes ☐No	$ 0	$ 0
Name/age: _____ Paid ☐Yes ☐No	$ 0	$ 0
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		

26. Other Factors For Consideration

The Noncustodial Parent earns $15 per hour, full time.

The Noncustodial Parent incurs, and anticipates she will continue to incur,
costs to reunify her family. She pays $25 per session for twice weekly
parenting classes, $50 for urinalysis, $30 per week for treatment classes,
and an average of $20 per week in travel expenses to attend various
appointments. Her estimated average monthly expenses are $650 per month.
Continued on next page.

Other Factors for Consideration (continued) (attach additional pages as necessary)

The Noncustodial Parent's support deviates based on her reunification plan expenses. Since she pays $650 per month for reunification, this deviation reduces her net income from $2,185 per month to $1,535 per month. After applying the Self-Support Reserve, this deviation results in a transfer payment of $234.00 per month.

This Worksheet was prepared using the Economic Table (RCW 26.19.020) that takes effect on 1/1/19. DCS used this Economic Table because: (1) current support starts on or after 1/1/19; or (2) if this is an arrears-only obligation, the debt period ends on or after 1/1/19.

Foster's income imputed at (Minimum Wage) because: (No Reason Indicated)

Signature and Dates

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.

_____
Parent's Signature (Column 1)

_____
Parent's Signature (Column 2)

_____
Date   City

_____
Date   City

_____   _____
Judicial/Reviewing Officer   Date

This worksheet has been certified by the State of Washington Administrative Office of the Courts.
Photocopying of the worksheet is permitted.