

Washington State Child Support Schedule

Worksheets (CSW)

Mother _____ Father _____

County _____ Superior Court Case Number _____

Children and Ages:		
Part I: Basic Child Support Obligation (See Instructions, Page 1)		
1. Gross Monthly Income	Father	Mother
a. Wages and Salaries	\$	\$
b. Interest and Dividend Income	\$	\$
c. Business Income	\$	\$
d. Spousal Maintenance Received	\$	\$
e. Other Income	\$	\$
f. Total Gross Monthly Income (add lines 1a through 1e)	\$	\$
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$	\$
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$	\$
c. State Industrial Insurance Deductions	\$	\$
d. Mandatory Union/Professional Dues	\$	\$
e. Pension Plan Payments	\$	\$
f. Spousal Maintenance Paid	\$	\$
g. Normal Business Expenses	\$	\$
h. Total Deductions from Gross Income (add lines 2a through 2g)	\$	\$
3. Monthly Net Income (line 1f minus 2h)	\$	\$
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3) (If combined monthly net income is less than \$600, skip to line 7.)	\$	
5. Basic Child Support Obligation (enter total amount in box ----->) Child #1 _____ Child #3 _____ Child #2 _____ Child #4 _____	\$	

	Father	Mother
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)	.	.
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5) (If combined net monthly income on line 4 is less than \$600, enter each parent's support obligation of \$25 per child. Number of children: _____ (Skip to line 15a and enter this amount.)	\$	\$
Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 3)		
8. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	\$	\$
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)	\$	
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)	\$	
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e., if "0" or negative, enter "0")	\$	
9. Day Care and Special Child Rearing Expenses		
a. Day Care Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (Add lines 9a through 9d)	\$	\$
10. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 9e)	\$	
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	\$	
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$	\$
Part III: Gross Child Support Obligation		
13. Gross Child Support Obligation (line 7 plus line 12)	\$	\$
Part IV: Child Support Credits (See Instructions, Page 3)		
14. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)		
	\$	\$
d. Total Support Credits (add lines 14a through 14c)	\$	\$

Part V: Standard Calculation/Presumptive Transfer Payment (See Instructions, Page 4)		
15. Standard Calculation	Father	Mother
a. Amount from line 7 if line 4 is below \$600. Skip to Part VI.	\$	\$
b. Line 13 minus line 14d, if line 4 is over \$600 (see below if appl.)	\$	\$
Limitation standards adjustments		
c. Amount on line 15b adjusted to meet 45% net income limitation	\$	\$
d. Amount on line 15b adjusted to meet need standard limitation	\$	\$
e. Enter the lowest amount of lines 15b, 15c or 15d:	\$	\$
Part VI: Additional Factors for Consideration (See Instructions, Page 4)		
16. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	\$	\$
b. Stocks and Bonds	\$	\$
c. Vehicles	\$	\$
d. Boats	\$	\$
e. Pensions/IRAs/Bank Accounts	\$	\$
f. Cash	\$	\$
g. Insurance Plans	\$	\$
h. Other (describe)	\$	\$
	\$	\$
	\$	\$
17. Household Debt (List liens against household assets, extraordinary debt.)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
18. Other Household Income		
a. Income Of Current Spouse (if not the other parent of this action)		
Name _____	\$	\$
Name _____	\$	\$
b. Income Of Other Adults In Household		
Name _____	\$	\$
Name _____	\$	\$
c. Income Of Children (if considered extraordinary)		
Name _____	\$	\$
Name _____	\$	\$
d. Income From Child Support		
Name _____	\$	\$
Name _____	\$	\$

Other Household Income (continued)	Father's Household	Mother's Household
e. Income From Assistance Programs Program _____ Program _____	\$ \$	\$ \$
f. Other Income (describe) _____ _____	\$ \$	\$ \$
19. Non-Recurring Income (describe) _____ _____	\$ \$	\$ \$
20. Child Support Paid For Other Children		
Name/age: _____	\$	\$
Name/age: _____	\$	\$
Name/age: _____	\$	\$
21. Other Children Living In Each Household		
(First names and ages)		
22. Other Factors For Consideration		

Other factors for consideration (continued)			
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.			
Mother's Signature		Father's Signature	
Date	City	Date	City

Judge/Reviewing Officer

Date

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

FG VER: (1.3)