



STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
CHILD SUPPORT
GUIDELINE WORKSHEET

COUNTY _____ CIVIL ACTION-FILE NO. _____
 PLAINTIFF _____ VS. DEFENDANT _____
 PLAINTIFF SOC. SEC. NO. _____ DEFENDANT SOC. SEC. NO. _____

To be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

	<u>Plaintiff</u>	<u>Defendant</u>	<u>Combined</u>
Number of Children: _____			
1. Monthly Gross Income	\$ _____	\$ _____	XXX
2. <u>Required Deductions:</u>			
a. Preexisting Child Support Payments	- _____	- _____	XXX
b. Health Insurance Premiums or Medical Cash Contributions:	- _____	- _____	XXX
c. Additional Minor Dependents	- _____	- _____	
3. <u>Optional Adjustments in the Discretion of the Court</u>			
a. Pension/Retirement Payments	- _____	- _____	XXX
b. Life Insurance Premium Payments	- _____	- _____	XXX
c. Parent's Extraordinary Medical Exp.	- _____	- _____	XXX
d. Income Tax Exemptions Adjustment	+ _____	+ _____	XXX
e. Payments of Assigned Marital Debts	- _____	- _____	XXX
Monthly Adjusted Gross Income (line 1 minus lines 2 and 3)	\$ _____	\$ _____	\$ _____
Percentage Share of Income (line 4 parent's income divided by line 4 combined income)	_____	_____	100%
Basic Child Support Obligation (apply line 4 combined income to child support table)	XXX	XXX	_____
Work-Related Child Care Costs (actual costs minus federal tax credit)	XXX	XXX	_____
Total Child Support Obligation (add lines 6 and 7)	XXX	XXX	\$ _____
Parent's Child Support Obligation (for each parent, line 5 percentage X line 8)	\$ _____	\$ _____	XXX
Recommended Child Support Order (enter line 9 amount for <u>non-custodial parent only</u> ; leave other column blank)	\$ _____	\$ _____	XXX
Basic Child Support Amount Ordered:	\$ _____	\$ _____	
Cash Medical Ordered	\$ _____	\$ _____	
TOTAL AMOUNT ORDERED: (add lines 11 and 12)	\$ _____	per \$ _____	
Prepared and presented by/for plaintiff: _____		by/for defendant: _____	
	DATE		DATE

Approved as presented _____

Name(s) shown on Form 1040

Your social security number

Before you begin: You need to understand the following terms. See Definitions on page 1 of the instructions.

- Dependent Care Benefits
- Qualifying Person(s)
- Qualified Expenses
- Earned Income

Part I Persons or Organizations Who Provided the Care — You must complete this part.
(If you need more space, use the bottom of page 2.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive dependent care benefits?

No → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 57.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2001 for the person listed in column (a)
First	Last		

3 Add the amounts in column (c) of line 2. Do not enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 24	3																																	
4 Enter your earned income	4																																	
5 If married filing a joint return, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 ...	5																																	
6 Enter the smallest of line 3, 4, or 5	6																																	
7 Enter the amount from Form 1040, line 34	7																																	
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">If line 7 is:</th> <th style="width: 10%;">Decimal amount is</th> <th style="width: 25%;">If line 7 is:</th> <th style="width: 10%;">Decimal amount is</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Over</th> <th>But not over</th> </tr> </thead> <tbody> <tr> <td>\$0 — 10,000</td> <td style="text-align: center;">.30</td> <td>\$20,000 — 22,000</td> <td style="text-align: center;">.24</td> </tr> <tr> <td>10,000 — 12,000</td> <td style="text-align: center;">.29</td> <td>22,000 — 24,000</td> <td style="text-align: center;">.23</td> </tr> <tr> <td>12,000 — 14,000</td> <td style="text-align: center;">.28</td> <td>24,000 — 26,000</td> <td style="text-align: center;">.22</td> </tr> <tr> <td>14,000 — 16,000</td> <td style="text-align: center;">.27</td> <td>26,000 — 28,000</td> <td style="text-align: center;">.21</td> </tr> <tr> <td>16,000 — 18,000</td> <td style="text-align: center;">.26</td> <td>28,000 — No limit</td> <td style="text-align: center;">.20</td> </tr> <tr> <td>18,000 — 20,000</td> <td style="text-align: center;">.25</td> <td></td> <td></td> </tr> </tbody> </table>	If line 7 is:	Decimal amount is	If line 7 is:	Decimal amount is	Over	But not over	Over	But not over	\$0 — 10,000	.30	\$20,000 — 22,000	.24	10,000 — 12,000	.29	22,000 — 24,000	.23	12,000 — 14,000	.28	24,000 — 26,000	.22	14,000 — 16,000	.27	26,000 — 28,000	.21	16,000 — 18,000	.26	28,000 — No limit	.20	18,000 — 20,000	.25			8	
If line 7 is:	Decimal amount is	If line 7 is:	Decimal amount is																															
Over	But not over	Over	But not over																															
\$0 — 10,000	.30	\$20,000 — 22,000	.24																															
10,000 — 12,000	.29	22,000 — 24,000	.23																															
12,000 — 14,000	.28	24,000 — 26,000	.22																															
14,000 — 16,000	.27	26,000 — 28,000	.21																															
16,000 — 18,000	.26	28,000 — No limit	.20																															
18,000 — 20,000	.25																																	
9 Multiply line 6 by the decimal amount on line 8. Enter the result here and on Form 1040, line 44. But if this amount is more than the amount on Form 1040, line 42, minus any amount on line 43, or you paid 2000 expenses in 2001, see the instructions for the amount to enter on line 44	9																																	

For Paperwork Reduction Act Notice, see page 3 of the instructions.

Part III Dependent Care Benefits

10	Enter the total amount of dependent care benefits you received for 2001. This amount should be shown in box 10 of your W-2 form(s). Do not include amounts that were reported to you as wages in box 1 of Form(s) W-2	10	
11	Enter the amount forfeited, if any. See the instructions	11	
12	Subtract line 11 from line 10	12	
13	Enter the total amount of qualified expenses incurred in 2001 for the care of the qualifying person(s)	13	
14	Enter the smaller of line 12 or 13	14	
15	Enter your earned income	15	
16	If married filing a joint return, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5); if married filing a separate return, see the instructions for the amount to enter; all others, enter the amount from line 15	16	
17	Enter the smallest of line 14, 15, or 16	17	
18	Excluded benefits. Enter here the smaller of the following: <ul style="list-style-type: none"> • The amount from line 17 or • \$5,000 (\$2,500 if married filing a separate return and you were required to enter your spouse's earned income on line 16). 	18	
19	Taxable benefits. Subtract line 18 from line 12. Also, include this amount on Form 1040, line 7. On the dotted line next to line 7, write "DCB"	19	

To claim the child and dependent care credit, complete lines 20 - 24 below.

20	Enter \$2,400 (\$4,800 if two or more qualifying persons)	20	
21	Enter the amount from line 18	21	
22	Subtract line 21 from line 20. If zero or less, stop. You cannot take the credit. Exception. If you paid 2000 expenses in 2001, see the instructions for line 9	22	
23	Complete line 2 on the front of this form. Do not include in column (c) any benefits shown on line 18 above. Then, add the amounts in column (c) and enter the total here	23	
24	Enter the smaller of line 22 or 23. Also, enter this amount on line 3 on the front of this form and complete lines 4 - 9	24	



STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
CHILD SUPPORT
GUIDELINE WORKSHEET

Calculation of Child Support
For Combined Monthly Gross Income in Excess of \$20,000

COUNTY _____ CIVIL ACTION-FILE NO. _____
 PLAINTIFF _____ VS. DEFENDANT _____
 PLAINTIFF SOC. SEC. NO. _____ DEFENDANT SOC. SEC. NO. _____

To be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

	<u>Plaintiff</u>	<u>Defendant</u>	<u>Combined</u>
Number of Children: <u>2 (reside with P)</u>			
Monthly Gross Income	\$ <u>5,000.00</u>	\$ <u>20,000.00</u>	XXX
<u>Required Deductions:</u>			
a. Preexisting Child Support Payments	- _____	- _____	XXX
b. Health Insurance Premiums or Medical Cash Contributions:	- <u>0</u>	- <u>No cost via employment</u>	XXX
c. Additional Minor Dependents	- _____	- _____	
<u>Optional Adjustments in the Discretion of the Court</u>			
a. Pension/Retirement Payments	- _____	- _____	XXX
b. Life Insurance Premium Payments	- _____	- _____	XXX
c. Parent's Extraordinary Medical Exp.	- _____	- _____	XXX
d. Income Tax Exemptions Adjustment	± _____	± _____	XXX
e. Payments of Assigned Marital Debts	- _____	- _____	XXX
Monthly Adjusted Gross Income (line 1 minus lines 2 and 3)	\$ <u>5,000.00</u>	\$ <u>20,000.00</u>	\$ <u>25,000.00</u>
Percentage Share of Income (line 4 parent's income divided by line 4 combined income)	<u>20%</u>	<u>80%</u>	<u>100%</u>
Basic Child Support Obligation (apply line 4 combined income to child support table)	XXX	XXX	* <u>3,459.00</u>
Work-Related Child Care Costs (actual costs minus federal tax credit)	XXX	XXX	<u>0</u>
Total Child Support Obligation (add lines 6 and 7)	XXX	XXX	\$ <u>3,459.00</u>
Parent's Child Support Obligation (for each parent, line 5 percentage X line 8)	\$ <u>692.00</u>	\$ <u>2,767.00</u>	XXX
Recommended Child Support Order (enter line 9 amount for <u>non-custodial parent</u> only; leave other column blank)	\$ _____	\$ <u>2,767.00</u>	XXX
Basic Child Support Amount Ordered:	\$ _____	\$ <u>2,767.00</u>	
Cash Medical Ordered	\$ _____	\$ <u>0</u>	
TOTAL AMOUNT ORDERED: (add lines 11 and 12)	\$ <u>644.00</u>	per \$ _____ week wl./bi-wk./mo.	

Ordered and presented by/for plaintiff: _____ by/for defendant: _____
 DATE DATE

Accepted as presented _____

*\$300,000 (combined annual gross income)
divided by \$240,000 (highest combined
annual gross income on schedule = 1.25 x
\$2767 (monthly obligation for 2 children for
\$240,000 annual gross income = \$3,458.75
monthly child support obligation for a
combined annual income of \$300,000.

(over)



Medical Cash Contribution Order (When Health Insurance Cost is not "Reasonable")

COUNTY CIVIL ACTION-FILE NO. PLAINTIFF VS. DEFENDANT PLAINTIFF SOC. SEC. NO. DEFENDANT SOC. SEC. NO.

To be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

Table with 4 columns: Description, Plaintiff, Defendant, Combined. Rows include Number of Children (1), Monthly Gross Income (\$1,000.00 vs \$2,500.00), Required Deductions (Preexisting Child Support, Health Insurance, etc.), Optional Adjustments (Pension, Life Insurance, etc.), Monthly Adjusted Gross Income (\$1,000.00 vs \$2,375.00 vs \$3,375.00), Percentage Share of Income (30%, 70%, 100%), Basic Child Support Obligation (XXX vs XXX vs 573.00), Work-Related Child Care Costs (XXX vs XXX vs 0), Total Child Support Obligation (XXX vs XXX vs \$573.00), Parent's Child Support Obligation (\$172.00 vs \$401.00 vs XXX), Recommended Child Support Order (\$401.00 vs \$401.00 vs XXX), Basic Child Support Amount Ordered (\$401.00 vs \$401.00 vs XXX), Cash Medical Ordered (\$125.00 vs \$125.00 vs XXX), TOTAL AMOUNT ORDERED (\$526.00 per \$ Month), and signature lines for plaintiff and defendant.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

FAMILY COURT CHILD-SUPPORT GUIDELINE WORKSHEET

Split Custody: 2 Children 1 Parent/ 1 Child Other Parent

COUNTY CIVIL ACTION-FILE NO. PLAINTIFF VS. DEFENDANT PLAINTIFF SOC. SEC. NO. DEFENDANT SOC. SEC. NO

to be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

Table with columns: Plaintiff, Defendant, Combined. Rows include: Number of Children, Monthly Gross Income, Required Deductions (a-c), Optional Adjustments (a-e), Monthly Adjusted Gross Income, Percentage Share of Income, Basic Child Support Obligation, Work-Related Child Care Costs, Total Child Support Obligation, Parent's Child Support Obligation, Recommended Child Support Order, Basic Child Support Amount Ordered, Cash Medical Ordered, TOTAL AMOUNT ORDERED.

Ordered and presented by/for plaintiff: DATE by/for defendant: DATE

Reviewed as presented



STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
CHILD SUPPORT
GUIDELINE WORKSHEET

Split Custody: 1 Child Each Parent

COUNTY _____ CIVIL ACTION-FILE NO. _____
 PLAINTIFF _____ VS. DEFENDANT _____
 PLAINTIFF SOC. SEC. NO. _____ DEFENDANT SOC. SEC. NO. _____

to be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

	<u>Plaintiff</u>	<u>Defendant</u>	<u>Combined</u>
Number of Children: <u>2 (one each home)</u>			
Monthly Gross Income	\$ <u>1,000.00</u>	\$ <u>1,500.00</u>	XXX \$2,500.00
<u>Required Deductions:</u>			
a. Preexisting Child Support Payments	- <u>356.00</u>	- <u>356.00</u>	XXX
b. Health Insurance Premiums or Medical Cash Contributions:	- _____	- _____	XXX
c. Additional Minor Dependents	- _____	- _____	
<u>Optional Adjustments in the Discretion of the Court</u>			
a. Pension/Retirement Payments	- _____	- _____	XXX
b. Life Insurance Premium Payments	- _____	- _____	XXX
c. Parent's Extraordinary Medical Exp.	- _____	- _____	XXX
d. Income Tax Exemptions Adjustment	± _____	± _____	XXX
e. Payments of Assigned Marital Debts	- _____	- _____	XXX
Monthly Adjusted Gross Income (line 1 minus lines 2 and 3)	\$ <u>644.00</u>	\$ <u>1,144.00</u>	\$ <u>1,788.00</u>
Percentage Share of Income (line 4 parent's income divided by line 4 combined income)	<u>36%</u>	<u>64%</u>	<u>100%</u>
Basic Child Support Obligation (apply line 4 combined income to child support table) for ^{other} child XXX	XXX	XXX	<u>348.00</u>
Work-Related Child Care Costs (actual costs minus federal tax credit)	XXX	XXX	
Total Child Support Obligation (add lines 6 and 7)	XXX	XXX	\$ <u>348.00</u>
Parent's Child Support Obligation (for each parent, line 5 percentage X line 8)	\$ <u>125.00</u>	\$ <u>223.00</u>	XXX
Recommended Child Support Order (enter line 9 amount for <u>non-custodial parent</u> only; leave other column blank)	\$ _____	\$ <u>98.00</u>	XXX
Basic Child Support Amount Ordered:	\$ _____	\$ <u>98.00</u>	
Cash Medical Ordered	\$ _____	\$ _____	
TOTAL AMOUNT ORDERED: (add lines 11 and 12)	\$ <u>98.00</u>	per \$ <u>Month</u>	
		wl./bi-wk./mo.	

Ordered and presented by/for plaintiff: _____ by/for defendant: _____
 DATE DATE

Accepted as presented _____

Rhode Island
 Monthly Basic Child Support Obligations
 Effective October 1, 2002

COMBINED GROSS MONTHLY INCOME	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX CHILDREN
800	50	50	50	50	50	50
850	50	50	50	50	50	50
900	62	62	63	64	64	65
950	97	98	99	100	101	102
1000	132	134	135	137	138	140
1050	168	170	172	173	175	177
1100	203	205	208	210	212	214
1150	238	241	244	246	249	252
1200	247	277	280	283	286	289
1250	256	311	314	318	321	325
1300	264	345	348	352	356	360
1350	273	378	382	386	390	395
1400	281	411	416	421	425	430
1450	290	445	450	455	460	465
1500	298	461	484	489	494	499
1550	306	474	518	523	529	534
1600	315	487	551	557	563	569
1650	323	500	585	592	598	604
1700	331	513	619	626	633	639
1750	340	526	653	660	667	674
1800	348	539	675	694	702	709
1850	356	552	691	729	736	744
1900	365	565	708	763	771	779
1950	373	578	724	797	806	814
2000	381	591	740	831	840	849
2050	390	604	756	853	875	884
2100	398	617	772	871	909	919
2150	406	630	789	890	944	954
2200	415	643	805	908	979	989
2250	423	656	821	926	1010	1024
2300	432	669	837	945	1030	1059
2350	439	680	851	960	1047	1094
2400	446	691	865	976	1064	1129
2450	453	701	879	991	1081	1156
2500	460	712	892	1006	1097	1174
2550	467	723	906	1022	1114	1192
2600	474	734	919	1037	1131	1210
2650	481	745	933	1052	1147	1228
2700	488	756	947	1067	1164	1245
2750	495	766	960	1083	1181	1263
2800	502	777	974	1098	1197	1281
2850	509	788	987	1113	1214	1299

Rhode Island
 Monthly Basic Child Support Obligations
 Effective October 1, 2002

COMBINED GROSS MONTHLY INCOME	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX CHILDREN
2900	516	799	1001	1128	1231	1317
2950	523	810	1015	1144	1248	1335
3000	529	819	1027	1157	1262	1350
3050	534	828	1037	1169	1276	1365
3100	540	836	1048	1181	1289	1379
3150	545	845	1059	1193	1302	1393
3200	551	853	1070	1206	1315	1407
3250	557	862	1081	1218	1329	1421
3300	562	871	1091	1230	1342	1435
3350	568	879	1102	1242	1355	1449
3400	573	888	1113	1254	1368	1464
3450	579	896	1124	1266	1381	1478
3500	584	905	1135	1278	1395	1492
3550	590	914	1145	1290	1408	1506
3600	595	922	1156	1302	1421	1520
3650	601	931	1167	1315	1434	1534
3700	606	939	1178	1327	1448	1548
3750	612	948	1189	1339	1461	1563
3800	618	956	1199	1351	1474	1577
3850	623	965	1210	1363	1487	1591
3900	629	974	1221	1375	1501	1605
3950	634	982	1232	1387	1514	1619
4000	640	991	1243	1399	1527	1633
4050	645	999	1253	1411	1540	1648
4100	651	1008	1264	1423	1554	1662
4150	656	1016	1275	1436	1567	1676
4200	661	1026	1286	1448	1580	1690
4250	667	1035	1297	1461	1594	1705
4300	673	1044	1309	1474	1608	1720
4350	679	1053	1320	1487	1622	1735
4400	685	1062	1331	1500	1636	1750
4450	690	1071	1343	1512	1650	1765
4500	696	1081	1354	1525	1664	1780
4550	702	1090	1365	1538	1678	1795
4600	708	1099	1377	1551	1692	1810
4650	713	1108	1388	1563	1706	1825
4700	719	1117	1399	1576	1720	1839
4750	725	1126	1411	1589	1734	1854
4800	731	1135	1422	1602	1747	1869
4850	737	1144	1433	1615	1761	1884
4900	742	1153	1445	1627	1775	1899
4950	748	1162	1456	1640	1789	1914

Rhode Island
 Monthly Basic Child Support Obligations
 Effective October 1, 2002

COMBINED GROSS MONTHLY INCOME	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX CHILDREN
5000	754	1172	1467	1653	1803	1929
5050	760	1181	1479	1666	1817	1944
5100	765	1190	1490	1678	1831	1959
5150	771	1199	1501	1691	1845	1974
5200	777	1208	1513	1704	1859	1989
5250	783	1217	1524	1717	1873	2003
5300	789	1226	1535	1730	1887	2018
5350	794	1235	1546	1742	1901	2033
5400	800	1244	1558	1755	1915	2048
5450	806	1253	1569	1768	1929	2063
5500	812	1263	1580	1781	1943	2078
5550	817	1272	1592	1793	1957	2093
5600	823	1281	1603	1806	1971	2108
5650	829	1290	1614	1819	1985	2123
5700	835	1299	1626	1832	1999	2138
5750	840	1308	1637	1845	2012	2153
5800	846	1317	1648	1857	2026	2167
5850	852	1326	1660	1870	2040	2182
5900	858	1335	1671	1883	2054	2197
5950	863	1344	1682	1895	2067	2211
6000	869	1352	1692	1907	2080	2225
6050	874	1361	1703	1919	2093	2239
6100	879	1369	1713	1931	2107	2253
6150	885	1378	1724	1943	2120	2267
6200	890	1387	1735	1955	2133	2281
6250	896	1395	1745	1967	2146	2295
6300	901	1404	1756	1979	2159	2309
6350	906	1412	1766	1991	2172	2323
6400	912	1421	1777	2003	2185	2337
6450	917	1429	1788	2015	2198	2351
6500	923	1438	1798	2026	2211	2365
6550	928	1446	1809	2038	2224	2379
6600	934	1455	1819	2050	2237	2393
6650	939	1463	1830	2062	2250	2407
6700	944	1472	1841	2074	2263	2421
6750	950	1480	1851	2086	2276	2434
6800	955	1489	1862	2098	2289	2448
6850	961	1497	1872	2110	2302	2462
6900	966	1506	1883	2122	2315	2476
6950	972	1513	1893	2133	2328	2490
7000	977	1521	1902	2144	2339	2502
7050	981	1528	1911	2154	2350	2514

Rhode Island
 Monthly Basic Child Support Obligations
 Effective October 1, 2002

COMBINED GROSS MONTHLY INCOME	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX CHILDREN
7100	986	1536	1921	2165	2362	2527
7150	992	1544	1931	2177	2375	2540
7200	997	1552	1941	2188	2387	2553
7250	1002	1560	1951	2200	2400	2567
7300	1008	1568	1961	2211	2413	2580
7350	1013	1577	1972	2223	2425	2594
7400	1018	1585	1982	2234	2438	2607
7450	1024	1593	1992	2246	2450	2620
7500	1029	1601	2002	2257	2463	2634
7550	1034	1609	2012	2269	2476	2647
7600	1040	1617	2023	2280	2488	2661
7650	1045	1626	2033	2292	2501	2674
7700	1050	1634	2043	2303	2513	2687
7750	1056	1642	2053	2315	2526	2701
7800	1061	1650	2063	2326	2539	2714
7850	1066	1658	2073	2338	2551	2728
7900	1072	1667	2084	2349	2564	2741
7950	1077	1675	2094	2361	2576	2754
8000	1082	1683	2104	2372	2589	2768
8050	1088	1691	2114	2384	2601	2781
8100	1093	1699	2124	2395	2614	2795
8150	1098	1707	2135	2407	2627	2808
8200	1103	1716	2145	2418	2639	2821
8250	1109	1724	2155	2430	2652	2835
8300	1114	1732	2165	2442	2664	2848
8350	1119	1740	2175	2453	2677	2862
8400	1125	1748	2185	2465	2690	2875
8450	1130	1757	2196	2476	2702	2888
8500	1135	1765	2206	2488	2715	2902
8550	1141	1773	2216	2499	2727	2915
8600	1146	1781	2226	2511	2740	2929
8650	1151	1789	2236	2522	2752	2942
8700	1157	1797	2247	2534	2765	2956
8750	1162	1806	2257	2545	2778	2969
8800	1167	1814	2267	2557	2790	2982
8850	1173	1822	2277	2568	2803	2996
8900	1178	1830	2287	2580	2815	3009
8950	1183	1838	2298	2591	2828	3023
9000	1189	1846	2308	2603	2841	3036
9050	1194	1855	2318	2614	2853	3049
9100	1199	1863	2328	2626	2866	3063
9150	1205	1871	2338	2637	2878	3076

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9200	1210	1879	2348	2649	2891	3090
9250	1215	1887	2359	2660	2903	3103
9300	1221	1896	2369	2672	2916	3116
9350	1226	1904	2379	2683	2929	3130
9400	1231	1912	2389	2695	2941	3143
9450	1236	1920	2399	2707	2954	3157
9500	1242	1928	2410	2718	2966	3170
9550	1247	1936	2420	2730	2979	3183
9600	1252	1944	2429	2741	2990	3196
9650	1256	1949	2437	2749	2999	3205
9700	1260	1955	2444	2758	3008	3215
9750	1264	1961	2452	2766	3018	3225
9800	1268	1967	2459	2774	3027	3235
9850	1272	1973	2466	2782	3036	3244
9900	1275	1979	2474	2791	3045	3254
9950	1279	1984	2481	2799	3054	3264
10000	1283	1990	2489	2807	3063	3274
10050	1287	1996	2496	2816	3072	3283
10100	1291	2002	2503	2824	3081	3293
10150	1295	2008	2511	2832	3090	3303
10200	1299	2014	2518	2841	3100	3312
10250	1303	2019	2526	2849	3109	3322
10300	1307	2025	2533	2857	3118	3332
10350	1311	2031	2540	2865	3127	3342
10400	1314	2037	2548	2874	3136	3351
10450	1318	2043	2555	2882	3145	3361
10500	1322	2049	2562	2890	3154	3371
10550	1326	2054	2570	2899	3163	3381
10600	1330	2060	2577	2907	3173	3390
10650	1334	2066	2585	2915	3182	3400
10700	1338	2072	2592	2924	3191	3410
10750	1342	2078	2599	2932	3200	3419
10800	1346	2084	2607	2940	3209	3429
10850	1349	2090	2614	2948	3218	3439
10900	1353	2095	2622	2957	3227	3449
10950	1357	2101	2629	2965	3236	3458
11000	1361	2107	2636	2973	3246	3468
11050	1365	2113	2644	2982	3255	3478
11100	1369	2119	2651	2990	3264	3488
11150	1373	2125	2659	2998	3273	3497
11200	1377	2130	2666	3007	3282	3507
11250	1381	2136	2673	3015	3291	3517

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11300	1384	2142	2681	3023	3300	3526
11350	1388	2148	2688	3031	3309	3536
11400	1392	2154	2696	3040	3318	3545
11450	1395	2158	2702	3047	3326	3553
11500	1398	2163	2708	3053	3333	3562
11550	1401	2168	2714	3060	3340	3570
11600	1403	2173	2721	3067	3348	3578
11650	1406	2178	2727	3074	3355	3586
11700	1409	2183	2733	3080	3363	3594
11750	1412	2188	2739	3087	3370	3602
11800	1415	2193	2746	3094	3378	3610
11850	1418	2198	2752	3101	3385	3619
11900	1421	2203	2758	3107	3392	3627
11950	1424	2208	2764	3114	3400	3635
12000	1427	2213	2771	3121	3407	3643
12050	1430	2218	2777	3128	3415	3651
12100	1433	2223	2783	3134	3422	3659
12150	1436	2228	2790	3141	3429	3667
12200	1439	2233	2796	3148	3437	3676
12250	1442	2238	2802	3155	3444	3684
12300	1445	2243	2808	3161	3452	3692
12350	1448	2248	2815	3168	3459	3700
12400	1451	2253	2821	3175	3467	3708
12450	1453	2257	2827	3181	3473	3716
12500	1456	2262	2832	3187	3480	3723
12550	1459	2266	2838	3193	3487	3730
12600	1461	2271	2843	3199	3493	3738
12650	1464	2275	2849	3205	3500	3745
12700	1467	2279	2855	3211	3507	3752
12750	1469	2284	2860	3217	3513	3760
12800	1472	2288	2866	3223	3520	3767
12850	1475	2293	2872	3229	3527	3774
12900	1477	2297	2877	3236	3533	3782
12950	1480	2302	2883	3242	3540	3789
13000	1483	2306	2888	3248	3547	3796
13050	1485	2311	2894	3254	3553	3803
13100	1488	2315	2900	3260	3560	3811
13150	1490	2319	2905	3266	3567	3818
13200	1493	2324	2911	3272	3573	3825
13250	1496	2328	2917	3278	3580	3833
13300	1499	2332	2921	3283	3586	3839
13350	1501	2335	2925	3288	3591	3844

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13400	1503	2338	2930	3293	3597	3850
13450	1505	2342	2934	3297	3602	3855
13500	1507	2345	2938	3302	3607	3860
13550	1509	2348	2942	3307	3612	3866
13600	1511	2351	2946	3311	3617	3871
13650	1513	2355	2950	3316	3622	3876
13700	1516	2358	2954	3321	3627	3881
13750	1518	2361	2958	3325	3632	3887
13800	1520	2364	2963	3330	3637	3892
13850	1522	2368	2967	3335	3642	3897
13900	1524	2371	2971	3339	3647	3903
13950	1526	2374	2975	3344	3652	3908
14000	1528	2377	2979	3349	3657	3913
14050	1530	2381	2983	3353	3662	3919
14100	1533	2384	2987	3358	3667	3924
14150	1535	2387	2991	3363	3672	3929
14200	1537	2390	2995	3367	3677	3935
14250	1539	2394	3000	3372	3682	3940
14300	1541	2397	3004	3377	3687	3945
14350	1543	2400	3008	3381	3692	3951
14400	1545	2403	3012	3386	3697	3956
14450	1547	2407	3016	3391	3702	3961
14500	1550	2410	3020	3395	3708	3967
14550	1552	2413	3024	3400	3713	3972
14600	1554	2416	3028	3405	3718	3977
14650	1556	2420	3033	3409	3723	3983
14700	1558	2423	3037	3414	3728	3988
14750	1560	2426	3041	3419	3733	3993
14800	1562	2429	3045	3423	3738	3999
14850	1565	2433	3049	3428	3743	4004
14900	1567	2436	3053	3433	3748	4009
14950	1569	2439	3057	3437	3753	4014
15000	1571	2442	3061	3442	3758	4020
15050	1573	2446	3065	3447	3763	4025
15100	1575	2449	3070	3451	3768	4030
15150	1577	2452	3074	3456	3773	4036
15200	1579	2455	3078	3461	3778	4041
15250	1582	2459	3082	3465	3783	4046
15300	1584	2462	3086	3470	3788	4052
15350	1586	2465	3090	3475	3793	4057
15400	1588	2468	3094	3479	3798	4062
15450	1590	2472	3098	3484	3803	4068

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COMBINED GROSS MONTHLY INCOME	ONE CHILD	TWO CHILDREN	THREE CHILDREN	FOUR CHILDREN	FIVE CHILDREN	SIX CHILDREN
15500	1592	2475	3103	3489	3808	4073
15550	1594	2478	3107	3493	3813	4078
15600	1596	2481	3111	3498	3819	4084
15650	1599	2485	3115	3503	3824	4089
15700	1601	2488	3119	3507	3829	4094
15750	1603	2491	3123	3512	3834	4100
15800	1605	2494	3127	3517	3839	4105
15850	1607	2498	3131	3521	3844	4110
15900	1609	2501	3136	3526	3849	4116
15950	1611	2504	3140	3531	3854	4121
16000	1613	2507	3144	3535	3859	4126
16050	1616	2511	3148	3540	3864	4131
16100	1618	2514	3152	3545	3869	4137
16150	1620	2517	3156	3549	3874	4142
16200	1622	2520	3160	3554	3879	4147
16250	1624	2523	3164	3559	3884	4153
16300	1626	2527	3168	3563	3889	4158
16350	1628	2530	3173	3568	3894	4163
16400	1630	2533	3177	3573	3899	4169
16450	1633	2536	3181	3577	3904	4174
16500	1635	2540	3185	3582	3909	4179
16550	1637	2543	3189	3587	3914	4185
16600	1639	2546	3193	3591	3919	4190
16650	1641	2549	3197	3596	3924	4195
16700	1643	2553	3201	3601	3930	4201
16750	1645	2556	3206	3605	3935	4206
16800	1647	2559	3210	3610	3940	4211
16850	1650	2562	3214	3615	3945	4217
16900	1652	2566	3218	3619	3950	4222
16950	1654	2569	3222	3624	3955	4227
17000	1656	2572	3226	3629	3960	4233
17050	1658	2575	3230	3633	3965	4238
17100	1660	2579	3234	3638	3970	4243
17150	1662	2582	3238	3642	3975	4248
17200	1665	2585	3243	3647	3980	4254
17250	1667	2588	3247	3652	3985	4259
17300	1669	2592	3251	3656	3990	4264
17350	1671	2595	3255	3661	3995	4270
17400	1673	2598	3259	3666	4000	4275
17450	1675	2601	3263	3670	4005	4280
17500	1677	2605	3267	3675	4010	4286
17550	1679	2608	3271	3680	4015	4291

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17600	1682	2611	3276	3684	4020	4296
17650	1684	2614	3280	3689	4025	4302
17700	1686	2618	3284	3694	4030	4307
17750	1688	2621	3288	3698	4036	4312
17800	1690	2624	3292	3703	4041	4318
17850	1692	2627	3296	3708	4046	4323
17900	1694	2631	3300	3712	4051	4328
17950	1696	2634	3304	3717	4056	4334
18000	1699	2637	3308	3722	4061	4339
18050	1701	2640	3313	3726	4066	4344
18100	1703	2644	3317	3731	4071	4350
18150	1705	2647	3321	3736	4076	4355
18200	1707	2650	3325	3740	4081	4360
18250	1709	2653	3329	3745	4086	4365
18300	1711	2657	3333	3750	4091	4371
18350	1713	2660	3337	3754	4096	4376
18400	1716	2663	3341	3759	4101	4381
18450	1718	2666	3346	3764	4106	4387
18500	1720	2670	3350	3768	4111	4392
18550	1722	2673	3354	3773	4116	4397
18600	1724	2676	3358	3778	4121	4403
18650	1726	2679	3362	3782	4126	4408
18700	1728	2683	3366	3787	4131	4413
18750	1730	2686	3370	3792	4136	4419
18800	1733	2689	3374	3796	4141	4424
18850	1735	2692	3378	3801	4147	4429
18900	1737	2696	3383	3806	4152	4435
18950	1739	2699	3387	3810	4157	4440
19000	1741	2702	3391	3815	4162	4445
19050	1743	2705	3395	3820	4167	4451
19100	1745	2709	3399	3824	4172	4456
19150	1747	2712	3403	3829	4177	4461
19200	1750	2715	3407	3834	4182	4467
19250	1752	2718	3411	3838	4187	4472
19300	1754	2721	3416	3843	4192	4477
19350	1756	2725	3420	3848	4197	4483
19400	1758	2728	3424	3852	4202	4488
19450	1760	2731	3428	3857	4207	4493
19500	1762	2734	3432	3862	4212	4498
19550	1764	2738	3436	3866	4217	4504
19600	1767	2741	3440	3871	4222	4509
19650	1769	2744	3444	3876	4227	4514

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19700	1771	2747	3449	3880	4232	4520
19750	1773	2751	3453	3885	4237	4525
19800	1775	2754	3457	3890	4242	4530
19850	1777	2757	3461	3894	4247	4536
19900	1779	2760	3465	3899	4252	4541
19950	1782	2764	3469	3904	4258	4546
20000	1784	2767	3473	3908	4263	4552