

**The 18th Judicial District, Iberville, Pointe Coupee, West Baton Rouge Parishes
State of Louisiana**

Form C

CHILD SUPPORT WORKSHEET A – R.S. 9:315.15

(PETITIONER)

NO: _____ DIV. _____

VERSUS

THE 18TH JUDICIAL DISTRICT COURT

(DEFENDANT)

PARISH OF _____

STATE OF LOUISIANA

Names of Children	Date of Birth	Names of Children	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

		PETITIONER	DEFENDANT	COMBINED
1.	MONTHLY GROSS INCOME	\$	\$	
	a. Preexisting child support payment	-	-	
	b. Preexisting spousal support payment	-	-	
2.	MONTHLY ADJUSTED GROSS INCOME (line 1 minus 1a and 1b)	\$	\$	\$
3.	Combined Monthly Adjusted Gross Income (line 2 Column A plus line 2 Column B). (La. R.S. § 9:315.2(C))			
4.	PERCENTAGE SHARE OF INCOME (line 2 divided by line 3) (La. R.S. § 9:315.2(D))	%	%	
5.	BASIC CHILD SUPPORT OBLIGATION (compare line 3 to Child Support Schedule) (La. R.S. §9:315.2 (D))			\$
	a. child care costs (Costs minus Federal Tax Credit) (La. R.S. § 9:315.3			+
	b. Child's Health Insurance Premium Cost			+
	c. Extraordinary Medical Expenses (uninsured only; agreed to by parties or by court order)			+
	d. Extraordinary Expenses (agreed to by parties or by court order)			+
	e. Optional, minus extraordinary adjustments (child's income if applicable)			-
6.	TOTAL CHILD SUPPORT OBLIGATION (add lines 5, 5a, 5b, 5c, and 5d; subtract line 5e)			\$
7.	EACH PARTY'S CHILD SUPPORT OBLIGATION (multiply line 4 times line 6)	\$	\$	
8.	DIRECT PAYMENTS made by the noncustodial parent on behalf of the child for child care costs, health insurance premiums, extraordinary medical expenses, or extraordinary expenses.		\$	
9.	RECOMMENDED CHILD SUPPORT ORDER (subtract line 8 from line 7)		\$	

Comments:

PREPARER'S SIGNATURE

Date