

CASE NAME: _____ FILE NUMBER: _____

COUNTY: _____

COMMONWEALTH OF KENTUCKY WORKSHEET FOR MONTHLY CHILD SUPPORT OBLIGATION			
	A. Custodial Parent (CP)	B. Noncustodial Parent (NCP)	C. Both Parents
1. Monthly gross income	\$	\$	
2. Deduction for maintenance payments		\$	
3. Deduction for other child support for prior-born children		\$	
4. Adjusted monthly income		\$	
5. Combined monthly adjusted parental gross income			\$
6. Percentage of combined monthly adjusted parental gross income	%	%	
7. Base monthly support			\$
8. Child care costs			\$
9. Child(ren)'s health insurance premium			\$
10. Total child support obligation			\$
11. Each parents monthly child support obligation.	\$	\$	
12. Subtract child care costs or health insurance premiums paid by NCP to the provider		\$	
13. Amount the NCP pays to the CP		\$	