

_____ County District/Juvenile Court Court Address:	▲ Court Use Only ▲
Petitioner: _____ and Co-Petitioner/ Respondent: _____	
Attorney or Party Without Attorney (My name and address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: Division: _____ Courtroom: _____
Worksheet B – Child Support Obligation: Shared Physical Care	

Children	Date of Birth	Children	Date of Birth	
		Mother	Father	Combined
1. Monthly Gross Income		\$	\$	
a. Plus maintenance (spousal/partner support) received (See Spousal Maintenance Calculation on page 2)		+	+	
Minus maintenance paid (See Spousal Maintenance Calculation on page 2)		-	-	
b. Minus ordered child support payments for other children pursuant to §14-10-115(6)(a), C.R.S.		-	-	
c. Minus legal responsibility for children not of this marriage/civil union/relationship pursuant to §14-10-115(6)(a)(II) and (III), C.R.S.		-	-	
d. Minus ordered post-secondary education contributions*		-	-	
2. Monthly Adjusted Gross Income		\$	\$	\$
3. Percentage Share of Income (Each parent's income from line 2 divided by combined income)		%	%	
4. Basic Combined Obligation (Apply line 2 combined column to Child Support Schedule)				\$
5. Shared Physical Care Support Obligation (Line 4 times 1.5)				\$
6. Each Parent's Portion of Shared Physical Care Support Obligation (Line 3 times line 5 for each parent)		\$	\$	
7. Overnights with Each Parent (Must total 365)				= 365
STOP HERE IF LINE 7 IS LESS THAN 93 FOR EITHER PARENT. IF SO, USE WORKSHEET A				

8. Percentage Time with Each Parent (Line 7 ÷ 365)		%	%	
9. Support Obligation for Time with Other Parent (Line 6 times other parent's line 8)	\$		\$	
10. Adjustments (Expenses paid directly by each parent)	\$		\$	
a. Work-related Child Care Costs - Actual costs minus Federal Tax Credit pursuant to §14-10-115(9), C.R.S.	\$		\$	
b. Education-related Child Care Costs pursuant to §14-10-115(9), C.R.S.	\$		\$	
c. Health Insurance premium costs - Children's portion only pursuant to §14-10-115(10), C.R.S. (See page 3 for calculation worksheet)	\$		\$	
d. Extraordinary Medical Expenses - Uninsured only pursuant to §14-10-115(10), C.R.S.	\$		\$	
e. Extraordinary Expenses - Agreed to by parents or by order of the court pursuant to §14-10-115(11)(a), C.R.S.	\$		\$	
f. Minus Extraordinary Adjustments pursuant to §14-10-115(11)(b), C.R.S.	\$		\$	
11. Total Adjustments (For each column, add 10a, 10b, 10c, 10d and 10e. Subtract line 10f. Add two totals for combined column amount)	\$		\$	\$
12. Each Parent's Share of Adjustments (Line 11 combined column times line 3 for each parent)	\$		\$	
13. Adjustments Paid in Excess of Fair Share (Line 11 minus line 12. If negative number, enter zero)	\$		\$	
14. Each Parent's Adjusted Support Obligation (Line 9 minus line 13)	\$		\$	
15. Recommended Child Support Order** (Subtract lesser amount from greater amount in line 14 and enter result under greater amount)	\$		\$	
Comments: *This adjustment applies only to modification of child support orders entered between 7/1/91 and 7/1/97 that provide for post-secondary education expenses pursuant to §14-10-115(15)(c), C.R.S. **If either the paying parent's monthly adjusted gross income or the combined monthly adjusted gross income is less than \$1,500.00, see §14-10-115(7)(a)(II)(B) and (C), C.R.S.				
Prepared by: Signature: _____ Print Name: _____ Signature: _____ Print Name: _____				Date:

The amount of child support ordered for shared physical care should not be more than an order for sole physical care. Complete a Worksheet A for comparison.

Spousal Maintenance Calculation

<p>1. Maintenance received and paid by same parties as child support order</p> <p>a. If the maintenance is tax deductible to the recipient and taxable to the payor, put the actual amount received in Line 1a and the actual amount paid in Line 1b.</p> <p>b. If the maintenance is non-tax-deductible to the recipient and non-taxable to the payor, complete Line 1, 1c, 1d, 1e and 2 to determine combined monthly adjusted gross income. If the combined adjusted monthly gross income is \$10,000 or less, multiply the maintenance amount by 1.25 and then complete Line 1a and 1b and recalculate Line 2 for each party (the combined box in Line 2 will not be impacted). If the combined adjusted monthly gross income is more than \$10,000, multiply the maintenance amount by 1.33 and then complete Line 1a and 1b and recalculate Line 2 for each party (the combined box in Line 2 will not be impacted).</p> <p>2. Maintenance is received or paid by either party to or from another individual:</p> <p>a. If the maintenance is tax deductible to the recipient and taxable to the payor, put the actual amount received in Line 1a or the actual amount paid in Line 1b.</p> <p>b. If the maintenance is non-tax-deductible to the recipient and non-taxable to the payor, put the actual amount received multiplied by 1.25 in Line 1a or actual amount paid multiplied by 1.25 in Line 1b.</p>

Health Insurance Premium Calculation

If the actual amount of the health insurance premium that is attributable to the child(ren) who are the subject of this order is not available or cannot be verified, the total cost of the premium should be divided by the number of persons covered by the policy to determine a per person cost. This amount is then multiplied by the number of children who are the subject of this order and are covered by the policy. This amount is then entered on line 10c on page 1 of this form.

$$\begin{array}{ccccccccc} \$ & \underline{\hspace{2cm}} & \div & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\ & \text{Total} & & \text{Number of} & & \text{Per Person Cost} & & & \text{Number of} & & \text{Children's Portion of} \\ & \text{Premium} & & \text{Persons Covered} & & & & & \text{Children Who} & & \text{Cost of Health} \\ & & & \text{by the Policy} & & & & & \text{Are the Subject} & & \text{Insurance Premium} \\ & & & & & & & & \text{of this Order} & & \text{(Enter on line 10c)} \end{array}$$