CCSG-1   Rev. 8-05
C.G.S. §46b-215a
§46b-215a-5b, Regulations of
Connecticut State Agencies

STATE OF CONNECTICUT

COMMISSION FOR CHILD SUPPORT GUIDELINES

WORKSHEET for the *Connecticut Child Support and Arrearage Guidelines*

MOTHER	FATHER	CUSTODIAN ☐ MOTHER ☐ FATHER OTHER:

COURT	D.N./CASE NO.	NUMBER OF CHILDREN

CHILD'S NAME	DATE OF BIRTH	CHILD'S NAME	DATE OF BIRTH	CHILD'S NAME	DATE OF BIRTH

All money amounts in this worksheet may be rounded to the nearest dollar

	I. NET INCOME (Weekly amounts)	MOTHER	FATHER
1.	Gross income (attach verification)	$	$
1a.	Number of hours used in calculation		
2.	Federal income tax (based on all allowable exemptions, deductions and credits)	$	$
3.	Social security tax or mandatory retirement	$	$
4.	Medicare tax	$	$
5.	State and local income tax (based on all allowable exemptions, deductions and credits)	$	$
6.	Medical/hospital/dental insurance premiums (including Husky) for parent and all legal dependents	$	$
7.	Court-ordered life insurance for benefit of child	$	$
8.	Court-ordered disability insurance	$	$
9.	Mandatory union dues or fees (if deducted by employer)	$	$
10.	Mandatory uniforms and tools (if deducted by employer)	$	$
11.	Non-arrearage payments on court-ordered alimony and child support awards (for other than child)	$	$
12.	Imputed support obligation for qualified child (line 12d below times the number of qualified children)	$	$

		MOTHER	FATHER	
	Number of qualified children			
12a.	Sum of lines 2-11	$	$	
12b.	Line 1 minus line 12a	$	$	
12c.	Current support amount for the parent's qualified children plus all children for whom support is being determined (based on line 12b for claiming parent only)	$	$	
12d.	Line 12c divided by number of children used in line 12c	$	$	

		MOTHER	FATHER
13.	Sum of lines 2-12	$	$
14.	Net income (line 1 minus line 13)	$	$

	II. CURRENT SUPPORT		
15.	Combined net weekly income (rounded to the nearest $10)	$	
16.	Basic child support obligation (from *Schedule of Basic Child Support Obligations*)	$	
17.	Each parent's percentage share of line 15 (line 14 for each parent divided by line 15, times 100%)	%	%
	(If noncustodial parent is a low-income obligor, skip this line and enter line 16 amount in noncustodial parent's column on line 18.)		
18.	Each parent's share of the basic child support obligation (line 17 times line 16 for each parent)	$	$
19.	Social security dependency benefits adjustment	$	$
20.	Presumptive current support amounts (line 18 minus line 19) *(Rounded to the nearest dollar)* *(Enter noncustodial parent's amount on line 34, unless deviation criteria apply – see section VII.)*	$	$

III. NET DISPOSABLE INCOME		MOTHER	FATHER
21.	Line 14 plus line 34 *(for custodial parent)*; line 14 minus line 34 *(for noncustodial parent)*	$	$
22.	Amount of weekly alimony (if any)　*(paid by:* ☐ noncustodial parent ☐ custodial parent)	$	
23.	Line 22 times 80%	$	
24.	Line 21 plus line 23 *(for recipient of alimony)*; line 21 minus line 23 *(for payer of alimony)*	$	$
25.	Noncustodial parent's line 19 amount (social security dependency benefits for child)	$	
26.	Line 24 plus line 25 *(for custodial parent)*; line 24 minus line 25 *(for noncustodial parent)*	$	$

IV. UNREIMBURSED MEDICAL EXPENSE

27.	Sum of line 26 amounts (combined net disposable income)	$	
28.	Each parent's percentage share of combined net disposable income (line 26 for each parent divided by line 27, times 100% - rounded to the nearest whole percentage) *If the noncustodial parent is a low-income obligor, proceed to line 29.* *If the noncustodial parent is not a low-income obligor, enter these percentages on line 35, unless deviation criteria apply.*	%	%
29.	Unless deviation criteria apply, enter on line 35 for the noncustodial parent the lesser of the noncustodial parent's line 28 percentage or 50%; and enter on line 35 for the custodial parent 100% minus the percentage entered for the noncustodial parent.		

V. CHILD CARE CONTRIBUTION

30.	Determine if the noncustodial parent's line 26 amount falls within the darker shaded area of the schedule. If it does, proceed to line 31. If it does not, skip line 31 and enter the noncustodial parent's line 28 percentage on line 36, unless deviation criteria apply.
31.	Determine if the custodial parent's line 26 amount falls within the darker shaded area of the schedule. If it does not, enter 20% on line 36 as the noncustodial parent's child care contribution, unless deviation criteria apply. If it does, enter on line 36 the lesser of the noncustodial parent's line 28 percentage or 50%, unless deviation criteria apply.

VI. ARREARAGE PAYMENT *(Enter line 32 amount on line 38 unless deviation criteria apply.)*

32.	20% of line 34: $ _____　　*OR* amount determined in A, B, C or D, below *(check box that applies and enter amount here)*:　$ _____
	☐ A. If noncustodial parent is a low-income obligor, enter the greater of 10% of line 34 or $1 per week, unless paragraph B below applies.
	☐ B. If the child is living with the obligor, enter: (1) $1 per week if the obligor's gross income is less than or equal to 250% of poverty level, OR (2) 20% of an imputed support obligation for the child if the obligor's gross income is greater than 250% of poverty level.
	☐ C. If there is no current support order and paragraph B above does not apply, enter: (1) 20% of an imputed support obligation if the child is an unemancipated minor, OR (2) 50% of an imputed support obligation if the child is deceased, emancipated, or over age 18.
	☐ D. If paragraphs A, B and C, above, do not apply and the sum of the current support and arrearage payments would exceed 55% of the noncustodial parent's line 14 amount, enter 55% of the noncustodial parent's line 14 amount, minus the line 34 amount.

VII. DEVIATION CRITERIA *(Attach additional sheet if necessary.)*

33.	Reason(s) for deviation from presumptive support amounts: *(Check all boxes that apply.)*　☐ Check here if deviating by agreement.

Parent's other financial resources	*Extraordinary parental expenses*	*Coordination of total family support*
☐ substantial assets	☐ significant visitation expenses	☐ division of assets and liabilities
☐ parent's earning capacity	☐ unreimbursed employment expenses	☐ provision of alimony
☐ parental support provided to a minor obligor	☐ unreimbursed medical/disability expenses	☐ tax planning considerations
☐ recurring gifts of spouse or domestic partner	*Needs of parent's other dependents*	*Special circumstances*
☐ employment over 45 hours per week	☐ resources available to qualified child	☐ shared physical custody
Extraordinary expenses for child	☐ child care expenses for qualified child	☐ extraordinary disparity in parental income
☐ education expenses	☐ verified support for non-resident child	☐ best interests of the child
☐ unreimbursable medical expenses	☐ significant and essential needs of a spouse	☐ other equitable factors *(explain below)*:
☐ special needs		

VIII. RECOMMENDED ORDERS *(Explain any amounts that are different from presumptive amounts in Section VII.)*

34.	Current support: $ _____　　　　　　　(presumptive current support from line 20: $ _____)
35.	Unreimbursed medical expenses:　*Mother* ____ %　*Father* ____ %
36.	Child care contribution: ____ %　　(OR in conjunction with a finding of noncompliance: $ _____)
37.	Total arrearage: $ _____　to state ____　to family ____	38. Arrearage payment: $ _____
39.	Total child support award (exclusive of percentage amounts): $ _____
40.	Additional orders (if any):

PREPARED BY	TITLE	DATE

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