

Mother Father Combined

Part 2 - Additional Payments

12. Children's Health and Dental Insurance Premiums	\$ _____	+	\$ _____	=	\$ _____
13. Work-Related Child Care	\$ _____	+	\$ _____	=	\$ _____
14. Additional Expenses	\$ _____	+	\$ _____	=	\$ _____
15. Total Additional Payments (Add Lines 12, 13 and 14 for each parent and combined column)	\$ _____	+	\$ _____	=	\$ _____
16. Each Parent's Obligation (combined Column Line 15 multiplied by each parent's Line 2)	\$ _____	+	\$ _____	=	\$ _____
17. Amount transferred (Subtract each parent's Line 6 from his/her Line 15. Parent with "minus" figure pays that amount to the other parent.)	\$ _____	+	\$ _____		

Part 3 - Net Amount Transferred

18. Combine Lines 11 and 17 (by addition if same parent pays on both lines; otherwise, by subtraction) \$ _____

_____ pays _____ EACH MONTH \$ _____

Petitioner's Signature

Respondent's Signature

Date: _____