

DVJ

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Self-Represented

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

\_\_\_\_\_

First Joint Petitioner (*Spouse Name*),

And

\_\_\_\_\_

Second Joint Petitioner (*Spouse Name*).

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**JOINT PETITION FOR DIVORCE AND UCCJEA DECLARATION  
(With Children)**

Petitioners, in proper person, hereby petition this Court pursuant to the terms of Chapter 125 of the Nevada Revised Statutes, to grant them a divorce. Petitioners respectfully show, under oath, and state to the Court that every condition of NRS 125.181 has been met and further state as follows:

1. (*Name of Nevada resident*) \_\_\_\_\_ has been a resident of the State of Nevada for at least six weeks prior to filing this Joint Petition for Divorce and intends to make Nevada his/her home for an indefinite period of time.
2. The petitioners were married on (*date of marriage*) \_\_\_\_\_ in (*city*) \_\_\_\_\_, (*state*) \_\_\_\_\_. The parties are incompatible.

3. The mailing addresses of the petitioners are:

First Petitioner: Name: _____ Address: _____ City, State, Zip: _____	Second Petitioner: Name: _____ Address: _____ City, State, Zip: _____
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4. **Children.** There are (*number*) \_\_\_\_\_ minor children in common born to or adopted by the petitioners. ( *check one*)

- Neither spouse is pregnant.
- The following spouse is pregnant: (*name of pregnant spouse*) \_\_\_\_\_.  
The other spouse  is /  is not the parent of the unborn child. The child is due to be born on (*date*): \_\_\_\_\_.
- It is unknown whether either spouse is currently pregnant.

Child's Name:	Date of Birth	State of Residence:	Length of time child has lived in the state:	Disability

5. **UCCJEA Declaration.** ( *check one*)

- The child(ren) have lived in Nevada for the past six months, or since birth.
- The child(ren) have NOT lived in Nevada for the past six months.

a. **Living Arrangements Last 5 Years.** The children have lived with the following persons in the following places within the last five years:

Time Period (mo/yr – mo/yr)	Name of Person the Child(ren) Lived With:	City and State	Child's Name (if not all children)
_____ - present			
_____ - _____			
_____ - _____			
_____ - _____			
_____ - _____			

The names and current addresses of each non-parent the children lived with during the last five years are: \_\_\_\_\_

\_\_\_\_\_

**b. Participation in Other Cases:** ( check one)

I  have /  have not participated as a party or witness or in some other capacity in any other case involving the child(ren): *(if you have, provide all specifics including the state, the court, children involved, the case number and the date of the child custody order, if any)*: \_\_\_\_\_

\_\_\_\_\_

**c. Knowledge of Other Cases:** ( check one)

I  do /  do not know of a different case that could affect the current case: *(if you do, provide all specifics including the state, the court, parties involved, the case number and the nature of the proceeding)*: \_\_\_\_\_

\_\_\_\_\_

**d. Person(s) Who Claim Custody / Visitation:** ( check one)

I  do /  do not know of anyone other than the parents who has physical custody of the child(ren) or who claims custody/visitation rights to the child(ren). *(if so, list names and addresses of anyone who claims custody/visitation rights)* \_\_\_\_\_

\_\_\_\_\_

**If Nevada is not the home state of the children, skip sections 6-8. Go to section 9.**

**6. Legal Custody.** *Legal custody refers to the ability to make major decisions about the child, such as medical care, education, and religious upbringing.* ( check one)

- The petitioners should share joint legal custody of the child(ren).
- The petitioners agree that sole legal custody of the children should be granted to (name of parent) \_\_\_\_\_.

7. **Physical Custody.** *Physical custody refers to the amount of time the child spends with each parent. (☒ check one)*

- The petitioners should share joint physical custody of the child(ren) (*each parent must have the child(ren) at least 40% of the time, or 146 days per year*). A copy of the proposed timeshare is attached as Exhibit 1.
- The petitioners agree that primary physical custody of the minor children should be granted to (*name of parent*) \_\_\_\_\_ with the other parent having visitation as proposed in Exhibit 1.
- The petitioners agree that sole physical custody of the minor children should be granted to (*name of parent*) \_\_\_\_\_.

8. **Holiday Visitation.** (☒ check one)

- The holiday visitation schedule is attached as Exhibit 2, and shall control when in conflict with the regular visitation schedule.
- No holiday visitation schedule is requested.

9. **Child Support Amount.** *Complete the attached Child Support Worksheet that applies to your custody arrangement before you complete this section. (☒ check one)*

- Based upon the agreed physical custody arrangement, (*Name of parent who will pay child support*) \_\_\_\_\_ should pay (*amount*) \$\_\_\_\_\_ per month in child support.
- Neither petitioner will pay child support. (*Explain why not*): \_\_\_\_\_  
\_\_\_\_\_

10. **Child Support Calculation.** The amount of child support requested was calculated based on the following: (☒ check one)

- The calculation for a primary physical custody arrangement as shown in Worksheet A.
- The calculation for a joint physical custody arrangement as shown in Worksheet B.
- The statutory minimum of \$100/month per child.
- The amount of child support and/or arrears currently ordered in the District Attorney, Family Support Division, case (*insert case number*) R\_\_\_\_\_.

**11. Child Support Arrears.** ( *check one*)

- The petitioners verify that no child support arrears are owed to either party.
- The petitioners waive their rights to child support arrears and certify that the children are not currently receiving and have not received welfare benefits at any time during the past four years.
- The children are currently receiving or have received welfare benefits during the past four years and the Petitioners cannot waive child support arrears.
- The petitioners agree that (*name of parent who will pay back child support*) \_\_\_\_\_ will pay child support arrears in the total amount of \$ \_\_\_\_\_ to the other parent.

**12. Wage Withholding.** ( *check one*)

- Good cause exists to postpone the withholding of income from the obligor parent.
- A wage withholding order should be entered to secure payment of child support and spousal support, if any.
- Child support and/or arrears are being collected by the District Attorney, Family Support Division and should continue to be handled through that office.

**13. Current Health Insurance.** ( *check one*)

- The children are currently covered by insurance.
- The children are not currently covered by insurance.
- The children are currently on state assistance or welfare.

**14. Future Health Insurance.** ( *check one*)

- (*Name*) \_\_\_\_\_ should provide future medical insurance and (*name*) \_\_\_\_\_ should provide future dental insurance.
- Both petitioners should provide medical / dental insurance for the minor children if available.

**15. Unreimbursed Medical Expenses.** ( *check all that apply*)

- The Court should order the 30/30 Rule for all unreimbursed medical/dental expenses.<sup>1</sup>
- Any expenses not covered by insurance should be paid equally by both parties.
- Any expenses not covered by insurance should be paid by *(name)* \_\_\_\_\_  
due to the following extraordinary circumstances: *(explain)* \_\_\_\_\_  
\_\_\_\_\_

**16. Child Tax Deduction.** ( *check one*)

- The tax deduction for the child(ren) should be allocated per federal law.
- Petitioners have agreed to claim the children as follows for tax purposes:

Child(ren)'s Name:		Parent's Name:	Frequency:
	will be claimed by		<input type="checkbox"/> every year <input type="checkbox"/> even years <input type="checkbox"/> odd years
	will be claimed by		<input type="checkbox"/> every year <input type="checkbox"/> even years <input type="checkbox"/> odd years
	will be claimed by		<input type="checkbox"/> every year <input type="checkbox"/> even years <input type="checkbox"/> odd years
	will be claimed by		<input type="checkbox"/> every year <input type="checkbox"/> even years <input type="checkbox"/> odd years

**17. Division of Community Property.** ( *check one*)

- There is no community property to divide.
- Any community property has already been divided.
- The community property should be divided as follows:

*(Name of spouse)* \_\_\_\_\_ **shall receive:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

<sup>1</sup> The "30/30 Rule:" If a parent pays a medical or dental expense for a child that is not paid by insurance, that parent must send proof of the expense to the other parent within 30 days of incurring the expense. The other parent then has 30 days to reimburse the paying parent 1/2 the cost.

(Name of spouse) \_\_\_\_\_ shall receive:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

18. **Division of Community Debt.** ( *check one*)

- There is no community debt to divide.
- Any community debt has already been divided.
- The community debt should be divided as follows:

(Name of spouse) \_\_\_\_\_ shall be liable for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

(Name of spouse) \_\_\_\_\_ shall be liable for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

19. Petitioners certify that they have disclosed all community assets and debts and that there are no other community assets or debts for this Court to divide.

20. **Alimony.** ( *check one*)

- Neither petitioner should be awarded alimony.
- (Name of spouse who will pay alimony) \_\_\_\_\_ should pay (amount) \$\_\_\_\_\_ per month in alimony for the next (number) \_\_\_\_\_ years. Spousal support should begin on (date) \_\_\_\_\_ and end on (date) \_\_\_\_\_.

21. **Name Change.** ( *check one*)

- No name change is requested for the Wife.
- Wife would like her former name of (*insert name*) \_\_\_\_\_ restored.

22. Petitioners hereby request that this Court enter a Decree of Divorce, incorporating into that Decree the provisions made in this Joint Petition.

23. It is understood by the Petitioners that entry of a Decree of Divorce constitutes a final adjudication of the rights and obligations of the parties with respect to the status of the marriage. Petitioners each expressly give up their respective rights to receive written notice of entry of any judgment or decree of divorce, and Petitioners give up their right to request formal findings of fact and conclusions of law. Petitioners waive their right to appeal the Decree of Divorce, and the right to move for a new trial.

24. It is further understood by the Petitioners that a final Decree of Divorce entered by this summary procedure does not prejudice or prevent the rights of either Petitioner to bring an action to set aside the final decree for fraud, duress, accident, mistake, or the grounds recognized at law or in equity.

**Petitioners request:**

1. That they be granted a Decree of Divorce and that each of the Petitioners be restored to the status of a single, unmarried person;
2. That the terms agreed upon in this Joint Petition be included in the Decree.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

▶ \_\_\_\_\_  
(First Petitioner's signature)

▶ \_\_\_\_\_  
(Second Petitioner's signature)

\_\_\_\_\_  
(First Petitioner's printed name)

\_\_\_\_\_  
(Second Petitioner's printed name)



**FIRST PETITIONER'S VERIFICATION**

STATE OF NEVADA        )  
  ) SS:  
COUNTY OF CLARK     )

(Spouse's name) \_\_\_\_\_ being first duly sworn under penalties of perjury, deposes and says:

I am the Petitioner herein, and I have read the foregoing Joint Petition for Divorce and know the contents thereof; that the pleading is true to the best of my own knowledge, except as to those matters therein stated upon information and belief, and as to those matters, I believe them to be true.

▶ \_\_\_\_\_  
(Spouse's signature)

Signed and sworn to (or affirmed) before me on  
(date) \_\_\_\_\_ by (name) \_\_\_\_\_

\_\_\_\_\_  
Signature of notarial officer

STATE OF NEVADA        )  
  ) SS:  
COUNTY OF CLARK     )

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me, a Notary Public, (Spouse's name) \_\_\_\_\_, known or proved to me to be the person who executed the foregoing Joint Petition for Divorce, and who acknowledged to me that he/she did so freely and voluntarily and for the uses and purposes herein stated.

\_\_\_\_\_  
Signature of notarial officer

**SECOND PETITIONER'S VERIFICATION**

STATE OF NEVADA        )  
  ) SS:  
COUNTY OF CLARK     )

(Spouse's name) \_\_\_\_\_ being first duly sworn under penalties of perjury, deposes and says:

I am the Petitioner herein, and I have read the foregoing Joint Petition for Divorce and know the contents thereof; that the pleading is true to the best of my own knowledge, except as to those matters therein stated upon information and belief, and as to those matters, I believe them to be true.

▶ \_\_\_\_\_  
(Spouse's signature)

Signed and sworn to (or affirmed) before me on  
(date) \_\_\_\_\_ by (name) \_\_\_\_\_

\_\_\_\_\_  
Signature of notarial officer

STATE OF NEVADA        )  
  ) SS:  
COUNTY OF CLARK     )

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared before me, a Notary Public, (Spouse's name) \_\_\_\_\_, known or proved to me to be the person who executed the foregoing Joint Petition for Divorce, and who acknowledged to me that he/she did so freely and voluntarily and for the uses and purposes herein stated.

\_\_\_\_\_  
Signature of notarial officer

**EXHIBIT 1**  
**REGULAR TIMESHARE / VISITATION**

Week	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
<i>Sample</i>	Mom Pick up at 11 a.m.	Mom	Dad Pick up after school at 3 p.m.	Dad	Dad	Mom Pick up after school at 3 p.m.	Mom
<b>Week #1</b>							
<b>Week #2</b>							
<b>Week #3</b>							
<b>Week #4</b>							

## EXHIBIT 2 - HOLIDAY SCHEDULE

Parent 1's Name:

Parent 2's Name:

Check box if this holiday applies:	Holiday:	Time (circle a.m. or p.m.):	Even Years	Odd Years
<input type="checkbox"/>	New Year's Eve	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	New Year's Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Martin Luther King, Jr. Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Presidents' Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Passover	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Easter	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Memorial Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Mother's Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Father's Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	4 <sup>th</sup> of July	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Labor Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Rosh Hashanah	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Yom Kippur	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Nevada Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Halloween	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Veterans Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Thanksgiving Day	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2

**EXHIBIT 2 Continued**

<input type="checkbox"/>	Chanukkah (Days): _____	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Chanukkah (Days): _____	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Christmas Eve	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Christmas	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Parent 1's Birthday	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Parent 2's Birthday	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>	Child's Birthday	From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>		From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2
<input type="checkbox"/>		From: _____ □a.m./□p.m. To: _____ □a.m./□p.m.	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2

# Worksheet A - Primary Physical Custody Child Support Calculation Worksheet

If you are asking for primary physical custody, fill out this worksheet and attach it to the document you are filing. Primary physical custody exists when one parent has the child more than 60% (219 days) of the time calculated over a one year period.

## ① Determine Gross Monthly Income (GMI) of the non-custodial parent (estimate if unknown).

You can start at Step 2 if you already know the non-custodial parent's monthly income.

Hourly wage \$ _____	X	Hrs/Week _____	=	Weekly Income \$ _____	X	Pay Periods _____	=	Yearly income \$ _____	÷	Months _____	=	GMI \$ _____
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## ② Determine Child Support Obligation.

GMI \$ _____	X	<b>Formula Percentage</b> (0.18 for 1 child, 0.25 for 2 children, 0.29 for 3 children, add 0.02 for each additional child) _____	=	<b>Monthly child support:</b> \$ _____	<b>OR</b>	<b>Higher Amount Applies:</b> \$ _____
				\$100 per child \$ _____		

## ③ Apply the presumptive maximum if applicable.

Usually, this is the maximum amount a parent may be required to pay per month per child (and can *reduce* – not increase – the amount that would be owed under ②). This amount changes every year on July 1st. Make sure you are using the most current chart.

Presumptive Maximum 7/1/15 – 6/30/16		
Income Range		Presumptive Maximum Amount
<i>If the Parent's GMI is At Least</i>	<i>But Less Than</i>	<i>Then the Parent should pay no more than:</i>
\$0	- \$4,235	\$681 per child
\$4,235	- \$6,351	\$748 per child
\$6,351	- \$8,467	\$819 per child
\$8,467	- \$10,585	\$885 per child
\$10,585	- \$12,701	\$954 per child
\$12,701	- \$14,816	\$1,021 per child
\$14,816	- No Limit	\$1,091 per child

## ④ Deviations. If you are requesting an amount of child support that is lower or higher than the amount in ② or ③, if applicable, your reason(s) for requesting a different amount must be based upon one of the following factors. (☑ check all that apply)

<input type="checkbox"/> The cost of health insurance	<input type="checkbox"/> The cost of childcare	<input type="checkbox"/> The relative income of both parents
<input type="checkbox"/> Special educational needs of the child	<input type="checkbox"/> The amount of time the child spends with each parent	<input type="checkbox"/> Any other necessary expenses for the benefit of the child
<input type="checkbox"/> The age of the child	<input type="checkbox"/> Legal responsibility of the parent for the support of others	<input type="checkbox"/> The value of services contributed by either parent
<input type="checkbox"/> Any expenses reasonably related to the mother's pregnancy and confinement	<input type="checkbox"/> The cost of transportation of the child to and from visitation if the custodial parent moved with the child from the jurisdiction that ordered the support and the non-custodial parent remained	<input type="checkbox"/> Any public assistance paid to support the child

➤ Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Worksheet B - Joint Physical Custody Child Support Calculation Worksheet

If you are asking for joint physical custody, fill out this worksheet and attach it to the document you are filing. A joint physical custody arrangement exists when each parent has the child at least 40% (146 days) of the time calculated over a one year period.

Parent 1's Name:  Parent 2's Name:

## ① Determine Each Parent's Gross Monthly Income (GMI) (estimate other parent's income if unknown).

*You can start at Step 2 if you already know both parents' monthly incomes.*

Parent 1 Hourly Wage \$ _____	X	Hrs/Week _____	=	Weekly Income \$ _____	X	Pay Periods _____	=	Yearly income \$ _____	÷	Months _____	=	Parent 1 GMI \$ _____
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Parent 2 Hourly Wage \$ _____	X	Hrs/Week _____	=	Weekly Income \$ _____	X	Pay Periods _____	=	Yearly income \$ _____	÷	Months _____	=	Parent 2 GMI \$ _____
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## ② Determine Each Parent's Child Support Obligation.

Parent 1 GMI \$ _____	X	Formula Percentage (0.18 for 1 child, 0.25 for 2 children, 0.29 for 3 children, add 0.02 for each additional child) _____	=	Parent 1's Monthly child support: \$ _____ <b>OR</b> \$100 per child \$ _____ (write the higher amount and use in step 3) Higher Amount: \$ _____
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Parent 2 GMI \$ _____	X	Formula Percentage (0.18 for 1 child, 0.25 for 2 children, 0.29 for 3 children, add 0.02 for each additional child) _____	=	Parent 2's Monthly child support: \$ _____ <b>OR</b> \$100 per child \$ _____ (write the higher amount and use in step 3) Higher Amount: \$ _____
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## ③ Subtract the lower earning parent's amount of child support in ② from the higher earning parent's amount.

Higher \$ _____	-	Lower \$ _____	=	Child Support Obligation \$ _____	paid by	Name of higher income parent: _____
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## ④ Apply the presumptive maximum if applicable.

Usually, this is the maximum amount a parent may be required to pay per month per child (and can *reduce* – not increase – the amount that would be owed under ③). This amount changes every year on July 1st. Make sure you are using the most current chart.

Presumptive Maximum 7/1/15 – 6/30/16		
If the Parent's GMI is At Least	Income Range But Less Than	Presumptive Maximum Amount Then the Parent should pay no more than:
\$0	- \$4,235	\$681 per child
\$4,235	- \$6,351	\$748 per child
\$6,351	- \$8,467	\$819 per child
\$8,467	- \$10,585	\$885 per child
\$10,585	- \$12,701	\$954 per child
\$12,701	- \$14,816	\$1,021 per child
\$14,816	- No Limit	\$1,091 per child

## ⑤ Deviations. If you are requesting an amount of child support that is lower or higher than the amount in ③ or ④, if applicable, your reason(s) for requesting a different amount must be based upon one of the following factors. (☑ check all that apply)

<input type="checkbox"/> The cost of health insurance	<input type="checkbox"/> The cost of childcare	<input type="checkbox"/> The relative income of both parents
<input type="checkbox"/> Special educational needs of the child	<input type="checkbox"/> The amount of time the child spends with each parent	<input type="checkbox"/> Any other necessary expenses for the benefit of the child
<input type="checkbox"/> The age of the child	<input type="checkbox"/> Legal responsibility of the parent for the support of others	<input type="checkbox"/> The value of services contributed by either parent
<input type="checkbox"/> Any expenses reasonably related to the mother's pregnancy and confinement	<input type="checkbox"/> The cost of transportation of the child to and from visitation if the custodial parent moved with the child from the jurisdiction that ordered the support and the non-custodial parent remained	<input type="checkbox"/> Any public assistance paid to support the child

◆ Explain: \_\_\_\_\_