## WEST VIRGINIA CODE: §48-13-502

## Part 5. Support in extended shared parenting or split physical custody cases.

## §48-13-502. Extended shared parenting worksheet.

Child support for extended shared parenting cases shall be calculated using the following worksheet:

## Worksheet B: extended shared parenting

IN THE FAMIL	Y COURT OF	GCCC	OUNTY, WEST VIRGINIA		
CASE NO					
Mother:		SS No.:			
Father:		SS No.:	(2)		
Children	SSN	Date of Birth	Children	SSN	Date of
PART I. BASIC OBLIGAT 1. MONTHLY GROSS IN a. Minus preexisting chi b. Minus maintenance p c. Plus overtime compet pursuant to W. Va. Code d. Additional dependent	COME (Exclusive of ld support payment aid asation, if not exclude §48-1-228(b)(6)	overtime compensation) ed, and not to exceed 50%,	Mother \$ -	Father \$ - -	Birtl Combined
e. Minus student loan pa 2. MONTHLY ADJUSTE	yment pursuant to W D GROSS INCOME	7. Va. Code §48-13-202(3) parent's income from line 2	<b>\$</b> %	<b>\$</b> %	\$ 100%
4. BASIC OBLIGATION Support Schedule.) PART II. SHARED PARE 5. Shared Parenting Bas 6. Each Parent's Share	NTING ADJUSTMEN sic Obligation (line 4 (Line 5 x each parent	x 1.6) 's line 3)	\$	\$	\$
7. Overnights with Each Parent (must total 365) 8. Percentage with Each Parent (Line 7 divided by 365) 9. Amount Retained (Line 6 x line 8 for each parent) 10. Each Parent's Obligation (Line 6 - line 9) 11. AMOUNT TRANSFERRED FOR BASIC OBLIGATION (Subtract smaller			% \$ \$	% \$ \$	365 100%
amount on line 10 from l on line 10 owes the othe PART III. ADJUSTMENT	arger amount on line r parent the differen S FOR ADDITIONAL	e 10. Parent with larger amounce. Enter \$0 for other parent. EXPENSES (Expenses paid di	nt rectly by each parent.)		
actual work-related child 12b. Extraordinary Med	l care costs.) ical Expenses (Unins	d for Federal Tax Credit (0.75 ured only) and Children's Por		\$ \$	
the court.)	tional Expenses (Agr	eed to by parents or by order		\$	
the court.) 12e. Total Adjustments	(For each column, ac	eed to by parents or by order of d 12a, 12b, and 12c. Subtract		\$ \$	\$
	of Additional Expen hare of Additional Di	ses (Line 3 x line 12e Combine rect Expenses (Each parent's		\$ \$	

\$ \$	
\$ \$	
\$ \$	
Da	ate:
\$ \$ \$	\$ \$ \$ \$