

# WEST VIRGINIA CODE: §48-13-403

## Part 4. Support in sole custody cases.

### §48-13-403. Worksheet for calculating basic child support obligation in basic shared parenting cases.

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

#### Worksheet A: BASIC SHARED PARENTING

IN THE FAMILY COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

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

Mother: \_\_\_\_\_ SS No.: \_\_\_\_\_ Primary Custodial parent? [ ] Yes [ ] No

Father: \_\_\_\_\_ SS No.: \_\_\_\_\_ Primary Custodial parent? [ ] Yes [ ] No

Children	SSN	Date of Birth	Children	SSN	Date of Birth
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#### PART I. CHILD SUPPORT ORDER

1. MONTHLY GROSS INCOME (Exclusive of overtime compensation)

Mother	Father	Combined
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\$	\$	
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a. Minus preexisting child support payment

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b. Minus maintenance paid

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c. Plus overtime compensation, if not excluded, and not to exceed 50%, pursuant to W. Va. Code §48-1-228(b)(6)

d. Additional dependents deduction

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e. Minus student loan payment pursuant to W. Va. Code §48-13-202(3)

2. MONTHLY ADJUSTED GROSS INCOME

\$	\$	\$
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3. PERCENTAGE SHARE OF INCOME (Each parent's income from line 2 divided by Combined Income)

%	%	100%
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4. BASIC OBLIGATION (Use Line 2 combined to find amount from schedule.)

		\$
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5. ADJUSTMENTS (Expenses paid directly by each parent)

a. Work-Related Child Care Costs Adjusted for Federal Tax Credit (0.75 x actual work-related child care costs.)

\$	\$	
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b. Extraordinary Medical Expenses (Uninsured only) and Children's Portion of Health Insurance Premium Costs.

\$	\$	
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c. Extraordinary Expenses (Agreed to by parents or by order of the court.)	\$	\$	
d. Minus Extraordinary Adjustments (Agreed to by parents or by order of court.)	-	-	
e. Total Adjustments (For each column, add 5a, 5b, and 5c. Subtract Line 5d. Add the parent's totals together for Combined amount.)	\$	\$	\$
6. TOTAL SUPPORT OBLIGATION(Add line 4 and line 5e Combined.)			\$
7. EACH PARENT'S SHARE OF THE TOTAL CHILD SUPPORT OBLIGATION (Line 3 x line 6 for each parent.)	\$	\$	
8. PAYOR PARENT ADJUSTMENT(Enter payor parent's line 5e.)	\$	\$	
9. RECOMMENDED CHILD SUPPORT ORDER(Subtract line 8 from line 7 for the payor parent only. Leave payee parent column blank.)	\$	\$	

**PART II. ABILITY TO PAY CALCULATION**(Complete if the payor parent's adjusted monthly gross income is below \$2,600.)

10. Spendable Income(0.80 x line 2 for payor parent only.)			
11. Self Support Reserve	\$997	\$997	
12. Income Available for Support(Line 10 - line 11. If less than \$50, then \$50)			
13. Adjusted Child Support Order(Lesser of Line 9 and Line 12.)			

Comments, calculations, or rebuttals to schedule or adjustments if payor parent directly pays extraordinary expenses.

PREPARED BY:

Date: