



**REQUIRED INFORMATION TO CALCULATE CHILD SUPPORT**

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

How many children between parents? (Circle) 1 2 3 4 5 Resides with?

Child's Name: \_\_\_\_\_ d/o/b: \_\_\_\_\_ M F Both

Child's Name: \_\_\_\_\_ d/o/b: \_\_\_\_\_ M F Both

Child's Name: \_\_\_\_\_ d/o/b: \_\_\_\_\_ M F Both

Child's Name: \_\_\_\_\_ d/o/b: \_\_\_\_\_ M F Both

Child's Name: \_\_\_\_\_ d/o/b: \_\_\_\_\_ M F Both

*If Mother or Father have children not in this case, HEK needs a copy of the prior court order ASAP.*

If either parent has other children, with whom do the children reside?: \_\_\_\_\_

-----  
What is the average monthly income from employment (W2, 1099, self employed?)

Father: \$ \_\_\_\_\_ Mother: \$ \_\_\_\_\_

Does either parent have additional income from inheritance, investments, rentals?

Father: \$ \_\_\_\_\_ Mother: \$ \_\_\_\_\_

If either parent is unemployed, what was the historical monthly earning ability?

Father: \$ \_\_\_\_\_ Mother: \$ \_\_\_\_\_

-----  
Does Mother or Father carry health insurance for the children? (Circle Mother/Father)

What is the monthly premium? \$ \_\_\_\_\_ How many people are on the plan? \_\_\_\_\_

Does Mother or Father carry dental or vision insurance for the children? (Circle)

(OVER)

What is the monthly premium? \$\_\_\_\_\_ How many people are on the plan? \_\_\_\_\_

Do you have extraordinary medical expenses NOT covered by insurance for the children such as weekly counseling or inpatient drug treatment? If yes, explain what it is and the YEARLY price: \_\_\_\_\_

---

If you have childcare expenses related solely to employment, please identify the total amount during the school calendar year PER CHILD (ASP or full-time daycare):

---

---

If you have childcare expenses related solely to employment during Fall, Thanksgiving, Christmas, Winter and Spring Breaks, please identify the total amount of the expenses PER CHILD:

---

---

If you have childcare expenses related solely to employment, please identify the total amount of the expense during summer PER CHILD:

---

---

---

If your children are involved in extracurricular activities such as swim, football, band, music lessons and the like, identify the activity and what the total yearly cost is PER CHILD:

---

---

---

Identify any other expenses not mentioned for your children (does not include basic food, clothing and shelter):

---

---

(OVER)