

COMMONWEALTH OF KENTUCKY

WORKSHEET FOR MONTHLY CHILD SUPPORT OBLIGATION EXCEPTION



INSTRUCTIONS FOR USE

The CS-71.1 is used only when a parent has 100 percent of the combined monthly adjusted parental gross income. It provides a reduction in gross income for the entire amount of health insurance premiums incurred and paid for the child(ren). **KRS 403.211(7)(b)**.

1. Enter the noncustodial parent's monthly gross income. **KRS 403.212(2)(a)** through **(d)**.
2. Enter the amount actually paid by the noncustodial parent for the child(ren)'s health insurance or cash medical support.
3. Enter the amount actually paid for court ordered maintenance for prior spouse(s) plus the amount of maintenance ordered in the current proceeding. **KRS 403.212(2)(g)(1)**.
4. Enter the amount of child support that is:
 - a. paid pursuant to a court/administrative order for prior-born children. **KRS 403.212(2)(g)(2)**;
 - b. paid, but not pursuant to a court/administrative order, for prior-born children for whom the parent is legally responsible. **KRS 403.212(2)(g)(3)**; and
 - c. imputed for prior-born children residing with the parent. **KRS 403.212(2)(g)(3)**.
5. In column B, subtract any amounts on lines 2, 3, and 4 from the amounts on line 1. If the result is less than 0, enter 0.
6. In column C, enter the amount on line 5B as the combined monthly adjusted parental gross income.
7. Percentage of combined monthly adjusted parental gross income (already entered).
8. Determine the base support obligation by referring to the Guidelines Table at the end of the form, using the combined monthly adjusted parental gross income as entered on line 6C and the number of children for whom the parents share a joint legal responsibility. **KRS 403.212(7)**.
9. In column C, enter the monthly payment for child care costs. **KRS 403.211(6)**.
10. Add lines 8C and 9C. This is the total monthly child support obligation.
11. Enter the amount from line 10C in column B.
12. Enter the amount from line 11B. To calculate a weekly amount, multiply line 12B by 12 and divide by 52.

CASE NAME: _____ FILE NUMBER: _____
 COUNTY: _____

COMMONWEALTH OF KENTUCKY WORKSHEET FOR MONTHLY CHILD SUPPORT EXCEPTION			
	A. Custodial Parent (CP)	B. Noncustodial Parent (NCP)	C. Both Parents
1. Monthly gross income	\$ -0-	\$	
2. Deduction for payment of child(ren)'s health insurance premium or cash medical support	\$	\$	
3. Deduction for maintenance payments	\$	\$	
4. Deduction for other child support for prior-born children	\$	\$	
5. Adjusted monthly income	\$ -0-	\$	
6. Combined monthly adjusted parental gross income	\$	\$	
7. Percentage of combined monthly adjusted parental gross income	-0- %	100 %	
8. Base monthly support	\$	\$	\$
9. Additional child care costs	\$	\$	\$
10. Total child support obligation	\$	\$	\$
11. Each parent's monthly child support obligation	\$ -0-	\$	
12. Presumed monthly child support obligation	\$	\$	