

**IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, OHIO**  
**DOMESTIC RELATIONS DIVISION**  
**CHILD SUPPORT CALCULATION WORKSHEET – HB 119**  
**SOLE CUSTODY AND SHARED PARENTING**  
**O.R.C. SECTION 3119.022**  
**[ DR 3 ]**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Number of Minor Children: \_\_\_\_\_

The following parent was designated as the residential parent and legal custodian (disregard if shared parenting order):

\_\_\_\_\_ mother          \_\_\_\_\_ father          \_\_\_\_\_ shared parenting

Father has \_\_\_\_\_ pay periods annually

Mother has \_\_\_\_\_ pay periods annually.

	<b>COLUMN I FATHER</b>	<b>COLUMN II MOTHER</b>	<b>COLUMN III COMBINED</b>
1a. Annual gross income from employment or, when determined appropriate by the court of agency, average annual gross income from employment over a reasonable period of years (Exclude overtime and bonuses, self-employment income or commissions)	\$ _____	\$ _____	
1b. Amount of overtime, bonuses, and commissions. (Year 1 represents the most recent year)			
	<b>FATHER</b>	<b>MOTHER</b>	
Year 3 (three years ago)	\$ _____	\$ _____	
Year 2 (two years ago)	\$ _____	\$ _____	
Year 1 (last calendar year)	\$ _____	\$ _____	
<b>AVERAGE:</b> (Include in Column I and/or Column II the average of the three years or the year 1 amount, whichever is less, if there exists a reasonable expectation that the total earnings from overtime and/or bonuses during the current calendar year will meet or exceed the amount that is the lower of the average of the three years or the year 1 amount. If, however, there exists a reasonable expectation that the total earnings from overtime/bonuses during the current calendar year will be less than the lower of the average of the three years or the year 1 amount, include only the amount reasonably expected to be earned this year.)	\$ _____	\$ _____	
2. For self-employment income:			
a. Gross receipts from business	\$ _____	\$ _____	
b. Ordinary and necessary business expenses.	\$ _____	\$ _____	
c. 5.6% of adjusted gross income or the actual marginal difference between the actual rate paid by the self-employed individual and the F.I.C.A. rate	\$ _____	\$ _____	
d. Adjusted gross income from self-employment (subtract the sum of 2b and 2c from 2a)	\$ _____	\$ _____	
3. Annual income from interest and dividends (whether or not taxable)	\$ _____	\$ _____	
4. Annual income from unemployment compensation	\$ _____	\$ _____	
5. Annual income from workers' compensation, disability insurance benefits, or social security disability/retirement benefits	\$ _____	\$ _____	
6. Other annual income (identify)	\$ _____	\$ _____	
7a. Total annual gross income (add lines 1a, 1b, 2d, and 3-6)	\$ _____	\$ _____	
7b. Health Insurance Maximum (Multiply Line 7a by 5%)	\$ _____	\$ _____	

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
<b>ADJUSTMENTS TO INCOME:</b>			
8.	Adjustment for minor children born to or adopted by either parent and another parent who are living with this parent; adjustment does not apply to stepchildren. (Number of children times federal income tax exemption less child support received, not to exceed the federal tax exemption)	\$ _____	\$ _____
9.	Annual court-ordered support paid for other children	\$ _____	\$ _____
10.	Annual court-ordered spousal support paid to any spouse or former spouse	\$ _____	\$ _____
11.	Amount of local income taxes actually paid or estimated to be paid	\$ _____	\$ _____
12.	Mandatory work-related deductions such as union dues, uniform fees, etc. (Not including taxes, social security, or retirement)	\$ _____	\$ _____
13.	<b>Total gross income adjustments: (add Lines 8-12)</b>	\$ _____	\$ _____
14a.	<b>Adjusted gross income (subtract Line 13 from Line 7a)</b>	\$ _____	\$ _____
14b.	<b>Cash Medical Support Maximum (OBLIGOR ONLY)</b>		
	<b><u>Father:</u></b>		
	If the amount on Line 7a, Column I is under 150% of the federal poverty level for an individual, enter \$0 on Line 14b, Column I. If the amount on Line 7a, Column I is 150% or higher of the federal poverty level for an individual, multiply the amount on Line 14a, Column I by 5% and enter this amount on Line 14b, Column I.	\$ _____	
	<b><u>Mother:</u></b>		
	If the amount on Line 7a, Column I is under 150% of the federal poverty level for an individual, enter \$0 on Line 14b, Column I. If the amount on Line 7a, Column I is 150% or higher of the federal poverty level for an individual, multiply the amount on Line 14a, Column II by 5% and enter this amount on Line 14b, Column I.	\$ _____	
15.	Combined annual income that is basis for child support order (add Line 14a Column I and Column II)		\$ _____
16.	Percentage parent's income to total income		
	a. <b>FATHER</b> (divide line 14a, Col. I by Line 15, Col. III)	_____ %	
	b. <b>MOTHER</b> (divide line 14a, Col. II by line 15, Col. III)		_____ %
17.	<b>Basic combined child support obligation</b> (Refer to schedule, first column, locate the amount nearest to the amount on Line 15, Column III, then refer to column for number of children in this family. If the income of the parents is more than one sum but less than another, you may calculate the difference).		\$ _____
18.	<b>Annual support obligation per parent:</b>		
	a. <b>FATHER:</b> (multiply Line 17, Column III, by Line 16a)	\$ _____	
	b. <b>MOTHER:</b> (multiply Line 17, Column III by Line 16b)		\$ _____
19.	Annual childcare expenses for children who are the subject of this order that are work-, employment training-, or education-related, as approved by court or agency (deduct tax credit from annual cost, whether or not claimed)	\$ _____	\$ _____
20a.	Marginal, out-of-pocket costs, necessary to provide for health insurance for the children who are the subject of this order (contributing cost of private family health insurance, minus the contributing cost of private single health insurance, divided by the total number of dependents covered by the plan, including the children subject of the support order, times the number of children subject of the support order)	\$ _____	\$ _____

<b>COLUMN I</b>	<b>COLUMN II</b>	<b>COLUMN III</b>
<b>FATHER</b>	<b>MOTHER</b>	<b>COMBINED</b>

20b. **Cash Medical Support Obligation** Enter the amount on Line 14b or the amount of annual health care expenditures estimated by the United States Department of Agriculture and described in Section 3119.30 of the Revised Code, whichever amount is lower

\$ \_\_\_\_\_      \$ \_\_\_\_\_

21. **ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:**

**FATHER:** (Only if obligor or shared parenting)

**MOTHER:** (Only if obligor or shared parenting)

a. **ADDITIONS:** Line 16a times sum of amounts shown on Line 19, Column II and Line 20a, Column II.

b. **ADDITIONS:** Line 16b times sum of amounts shown on Line 19, Column I and Line 20a, Column I.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

c. **SUBTRACTIONS:** Line 16b times sum of amounts shown on Line 9, Column I and Line 20a, Column I.

d. **SUBTRACTIONS:** Line 16a times sum of amounts shown on Line 19, Column II and Line 20a, Column II.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

22. **OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:**

a. **FATHER:** Line 18a plus Line 21a minus Line 21c. (If the amount on Line 21c is greater than or equal to the amount on Line 21a, or if Lines 21a and 21c are not applicable, enter the number on Line 18a in Column I)

\$ \_\_\_\_\_

b. **MOTHER:** Line 18b plus Line 21b minus Line 21d. (If the amount on Line 21d is greater than or equal to the amount on Line 21b, or if Lines 21b and 21d are not applicable, enter the number on Line 18b in Column II)

\$ \_\_\_\_\_

23. **ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS PROVIDED:**

a. Whichever Line on 22 [a or b] corresponds to the parent who is the obligor

\$ \_\_\_\_\_

\$ \_\_\_\_\_

b. Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent

\$ \_\_\_\_\_

\$ \_\_\_\_\_

c. **Actual annual obligations:**  
(Subtract Line 23b from Line 23a obligor)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

24. **ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:**

**FATHER:** (Only if obligor or shared parenting)

**MOTHER:** (Only if obligor or shared parenting)

a. **ADDITIONS:** Line 16a times sum of amounts shown on Line 19, Column II and Line 20b, Column II

b. **ADDITIONS:** Line 16b times sum of amounts shown on Line 19, Column I and Line 20b, Column I

\$ \_\_\_\_\_

\$ \_\_\_\_\_

c. **SUBTRACTIONS:** Line 16b times sum of amounts shown on Line 19, Column I and Line 20b, Column I

d. **SUBTRACTIONS:** Line 16a times sum of amounts shown on Line 19, Column II and Line 20b, Column II

\$ \_\_\_\_\_

\$ \_\_\_\_\_

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
25.	<b>OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:</b>		
	a. <b>FATHER:</b> Line 18a plus or minus the difference between Line 24a minus Line 24c	\$ _____	
	b. <b>MOTHER:</b> Line 18b plus or minus the difference between Line 24b minus Line 24d		\$ _____
26.	<b>ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS NOT PROVIDED:</b>		
	a. Line 25a or 25b, whichever line corresponds to the parent who is the obligor	\$ _____	\$ _____
	b. Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent	\$ _____	\$ _____
	c. <b>Actual Annual Obligations:</b> (Subtract Line 26b from Line 26a)	\$ _____	\$ _____
27a.	Deviation from sole residential parent support amount shown on Line 23c if amount would be unjust or inappropriate: (ORC 3119.23). <b>(Specific facts and monetary value must be stated.)</b> \$ _____		
	_____		
	_____		
	_____		
27b.	Deviation from shared parenting order: (ORC 3119.23 and 3119.24). <b>(Specific facts including amounts of time children spend with each parent, ability of each parent to maintain adequate housing for children, and each parent's expenses for children must be stated to justify deviation.)</b> \$ _____		
	_____		
	_____		
	_____		

		<b>WHEN HEALTH INSURANCE IS PROVIDED</b>	<b>WHEN HEALTH INSURANCE IS NOT PROVIDED</b>
28.	<b>FINAL CHILD SUPPORT FIGURE:</b> This amount reflects final annual child support obligation; in Column I enter Line 23c plus or minus any amounts indicated in Line 27a or Line 27b; in column II, enter Line 26c plus or minus any amounts indicated in Line 27a or 27b	\$ _____	\$ _____
29.	<b>FOR DECREE: CHILD SUPPORT PER MONTH</b> (Divide obligor's annual share, Line 28, by 12 months)	\$ _____	\$ _____
	Plus 2% processing charge	\$ _____	\$ _____
30.	<b>FINAL CASH MEDICAL SUPPORT FIGURE:</b> (This amount reflects the final annual cash medical support to be paid by the child support obligor when neither parent provides health insurance coverage for the child pursuant to the order: Enter obligor's cash medical support amount from Line 20b)	\$ _____	
31.	<b>FOR DECREE: CASH MEDICAL SUPPORT PER MONTH</b> (Divide Line 30, by 12 months)	\$ _____	
	Plus 2% processing charge	\$ _____	

Calculations have been reviewed and approved:

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father's Attorney

\_\_\_\_\_  
Mother's Attorney

\_\_\_\_\_  
Prepared by

\_\_\_\_\_  
Date of Calculation