

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.902(e), CHILD SUPPORT GUIDELINES WORKSHEET (10/08)

When should this form be used?

You should complete this worksheet if child support is being requested in your case. If you know the income of the other party, this worksheet should accompany your financial affidavit. If you do not know the other party's income, this form must be completed after the other party files his or her financial affidavit, and serves a copy on you.

This form should be typed or printed in black ink. You should file the original with the clerk of the circuit court in the county where your case is filed and keep a copy for your records.

What should I do next?

A copy of this form must be mailed or hand delivered to the other party in your case, if it is not served on him or her with your initial papers.

Where can I look for more information?

Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms. The words that are in "bold underline" in these instructions are defined there. For further information, see section 61.30, Florida Statutes.

Special notes...

If this is a domestic violence case and you want to keep your address confidential for safety reasons, do not enter the address, telephone, and fax information at the bottom of this form. Instead, file **Petitioner's Request for Confidential Filing of Address**, Florida Supreme Court Approved Family Law Form 12.980(h).

The chart below contains the guideline amounts that you should use when calculating child support. This amount is based on the number of children and the combined income of the parents, and it is divided between the parents in direct proportion to their income or earning capacity. From time to time, some of the amounts in the child support guidelines chart will change. Be sure you have the most recent version of the chart before using it.

Instructions for Florida Family Law Rules of Procedure Form 12.902(e), Child Support Guidelines Worksheet (10/08)

Because the guidelines are based on monthly amounts, it may be necessary to convert some income and expense figures from other frequencies to monthly. You should do this as follows:

If payment is twice per month	Payment amount	x	2	=	Monthly amount
If payment is every two weeks	Payment amount	x	26	=	Yearly amount due
	Yearly amount	÷	12	=	Monthly amount
If payment is weekly	Weekly amount	x	52	=	Yearly amount due
	Yearly amount	÷	12	=	Monthly amount

If you or the other parent request that the court award an amount that is different than the guideline amount, you must also complete and attach a **Motion to Deviate from Child Support Guidelines**, Florida Supreme Court Approved Family Law Form 12.943.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

CHILD SUPPORT GUIDELINES CHART

Combined Monthly Net Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
650.00	74	75	75	76	77	78
700.00	119	120	121	123	124	
	125					
750.00	164	166	167	169	171	
	173					
800.00	190	211	213	216	218	
	220					
850.00	202	257	259	262	265	
	268					
900.00	213	302	305	309	312	
	315					
950.00	224	347	351	355	359	
	363					
1000.00	235	365	397	402	406	
	410					
1050.00	246	382	443	448	453	
	458					
1100.00	258	400	489	495	500	
	505					
1150.00	269	417	522	541	547	
	553					
1200.00	280	435	544	588	594	
	600					
1250.00	290	451	565	634	641	
	648					
1300.00	300	467	584	659	688	
	695					
1350.00	310	482	603	681	735	
	743					
1400.00	320	498	623	702	765	
	790					
1450.00	330	513	642	724	789	
	838					
1500.00	340	529	662	746	813	
	869					
1550.00	350	544	681	768	836	
	895					
1600.00	360	560	701	790	860	
	920					
1650.00	370	575	720	812	884	
	945					
1700.00	380	591	740	833	907	
	971					

1750.00	390	606	759	855	931
996					
1800.00	400	622	779	877	955
1022					
1850.00	410	638	798	900	979
1048					
1900.00	421	654	818	923	1004
1074					
1950.00	431	670	839	946	1029
1101					
2000.00	442	686	859	968	1054
1128					
2050.00	452	702	879	991	1079
1154					
2100.00	463	718	899	1014	1104
1181					
2150.00	473	734	919	1037	1129
1207					
2200.00	484	751	940	1060	1154
1234					
2250.00	494	767	960	1082	1179
1261					
2300.00	505	783	980	1105	1204
1287					
2350.00	515	799	1000	1128	1229
1314					
2400.00	526	815	1020	1151	1254
1340					
2450.00	536	831	1041	1174	1279
1367					
2500.00	547	847	1061	1196	1304
1394					
2550.00	557	864	1081	1219	1329
1420					
2600.00	568	880	1101	1242	1354
1447					
2650.00	578	896	1121	1265	1379
1473					
2700.00	588	912	1141	1287	1403
1500					
2750.00	597	927	1160	1308	1426
1524					
2800.00	607	941	1178	1328	1448
1549					
Combined					
Monthly					
Net	One	Two	Three	Four	Five
Income	Child	Children	Children	Children	Children
2850.00	616	956	1197	1349	1471
1573					

2900.00	626	971	1215	1370	1494
1598					
2950.00	635	986	1234	1391	1517
1622					
3000.00	644	1001	1252	1412	1540
1647					
3050.00	654	1016	1271	1433	1563
1671					
3100.00	663	1031	1289	1453	1586
1695					
3150.00	673	1045	1308	1474	1608
1720					
3200.00	682	1060	1327	1495	1631
1744					
3250.00	691	1075	1345	1516	1654
1769					
3300.00	701	1090	1364	1537	1677
1793					
3350.00	710	1105	1382	1558	1700
1818					
3400.00	720	1120	1401	1579	1723
1842					
3450.00	729	1135	1419	1599	1745
1867					
3500.00	738	1149	1438	1620	1768
1891					
3550.00	748	1164	1456	1641	1791
1915					
3600.00	757	1179	1475	1662	1814
1940					
3650.00	767	1194	1493	1683	1837
1964					
3700.00	776	1208	1503	1702	1857
1987					
3750.00	784	1221	1520	1721	1878
2009					
3800.00	793	1234	1536	1740	1899
2031					
3850.00	802	1248	1553	1759	1920
2053					
3900.00	811	1261	1570	1778	1940
2075					
3950.00	819	1275	1587	1797	1961
2097					
4000.00	828	1288	1603	1816	1982
2119					
4050.00	837	1302	1620	1835	2002
2141					

4100.00	846	1315	1637	1854	2023
2163					
4150.00	854	1329	1654	1873	2044
2185					
4200.00	863	1342	1670	1892	2064
2207					
4250.00	872	1355	1687	1911	2085
2229					
4300.00	881	1369	1704	1930	2106
2251					
4350.00	889	1382	1721	1949	2127
2273					
4400.00	898	1396	1737	1968	2147
2295					
4450.00	907	1409	1754	1987	2168
2317					
4500.00	916	1423	1771	2006	2189
2339					
4550.00	924	1436	1788	2024	2209
2361					
4600.00	933	1450	1804	2043	2230
2384					
4650.00	942	1463	1821	2062	2251
2406					
4700.00	951	1477	1838	2081	2271
2428					
4750.00	959	1490	1855	2100	2292
2450					
4800.00	968	1503	1871	2119	2313
2472					
4850.00	977	1517	1888	2138	2334
2494					
4900.00	986	1530	1905	2157	2354
2516					
4950.00	993	1542	1927	2174	2372
2535					

Combined Monthly Net Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
5000.00	1000	1551	1939	2188	2387	
2551						
5050.00	1006	1561	1952	2202	2402	
2567						
5100.00	1013	1571	1964	2215	2417	
2583						
5150.00	1019	1580	1976	2229	2432	
2599						
5200.00	1025	1590	1988	2243	2447	
2615						
5250.00	1032	1599	2000	2256	2462	
2631						
5300.00	1038	1609	2012	2270	2477	
2647						
5350.00	1045	1619	2024	2283	2492	
2663						
5400.00	1051	1628	2037	2297	2507	
2679						
5450.00	1057	1638	2049	2311	2522	
2695						
5500.00	1064	1647	2061	2324	2537	
2711						
5550.00	1070	1657	2073	2338	2552	
2727						
5600.00	1077	1667	2085	2352	2567	
2743						
5650.00	1083	1676	2097	2365	2582	
2759						
5700.00	1089	1686	2109	2379	2597	
2775						
5750.00	1096	1695	2122	2393	2612	
2791						
5800.00	1102	1705	2134	2406	2627	
2807						
5850.00	1107	1713	2144	2418	2639	
2820						
5900.00	1111	1721	2155	2429	2651	
2833						
5950.00	1116	1729	2165	2440	2663	
2847						
6000.00	1121	1737	2175	2451	2676	
2860						
6050.00	1126	1746	2185	2462	2688	
2874						

6100.00	1131	1754	2196	2473	2700
2887					
6150.00	1136	1762	2206	2484	2712
2900					
6200.00	1141	1770	2216	2495	2724
2914					
6250.00	1145	1778	2227	2506	2737
2927					
6300.00	1150	1786	2237	2517	2749
2941					
6350.00	1155	1795	2247	2529	2761
2954					
6400.00	1160	1803	2258	2540	2773
2967					
6450.00	1165	1811	2268	2551	2785
2981					
6500.00	1170	1819	2278	2562	2798
2994					
6550.00	1175	1827	2288	2573	2810
3008					
6600.00	1179	1835	2299	2584	2822
3021					
6650.00	1184	1843	2309	2595	2834
3034					
6700.00	1189	1850	2317	2604	2845
3045					
6750.00	1193	1856	2325	2613	2854
3055					
6800.00	1196	1862	2332	2621	2863
3064					
6850.00	1200	1868	2340	2630	2872
3074					
6900.00	1204	1873	2347	2639	2882
3084					
6950.00	1208	1879	2355	2647	2891
3094					
7000.00	1212	1885	2362	2656	2900
3103					
7050.00	1216	1891	2370	2664	2909
3113					
7100.00	1220	1897	2378	2673	2919
3123					
7150.00	1224	1903	2385	2681	2928
3133					

Combined Monthly Net Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
7200.00	1228	1909	2393	2690	2937	
3142						
7250.00	1232	1915	2400	2698	2946	
3152						
7300.00	1235	1921	2408	2707	2956	
3162						
7350.00	1239	1927	2415	2716	2965	
3172						
7400.00	1243	1933	2423	2724	2974	
3181						
7450.00	1247	1939	2430	2733	2983	
3191						
7500.00	1251	1945	2438	2741	2993	
3201						
7550.00	1255	1951	2446	2750	3002	
3211						
7600.00	1259	1957	2453	2758	3011	
3220						
7650.00	1263	1963	2461	2767	3020	
3230						
7700.00	1267	1969	2468	2775	3030	
3240						
7750.00	1271	1975	2476	2784	3039	
3250						
7800.00	1274	1981	2483	2792	3048	
3259						
7850.00	1278	1987	2491	2801	3057	
3269						
7900.00	1282	1992	2498	2810	3067	
3279						
7950.00	1286	1998	2506	2818	3076	
3289						
8000.00	1290	2004	2513	2827	3085	
3298						
8050.00	1294	2010	2521	2835	3094	
3308						
8100.00	1298	2016	2529	2844	3104	
3318						
8150.00	1302	2022	2536	2852	3113	
3328						
8200.00	1306	2028	2544	2861	3122	
3337						
8250.00	1310	2034	2551	2869	3131	
3347						

8300.00	1313	2040	2559	2878	3141
3357					
8350.00	1317	2046	2566	2887	3150
3367					
8400.00	1321	2052	2574	2895	3159
3376					
8450.00	1325	2058	2581	2904	3168
3386					
8500.00	1329	2064	2589	2912	3178
3396					
8550.00	1333	2070	2597	2921	3187
3406					
8600.00	1337	2076	2604	2929	3196
3415					
8650.00	1341	2082	2612	2938	3205
3425					
8700.00	1345	2088	2619	2946	3215
3435					
8750.00	1349	2094	2627	2955	3224
3445					
8800.00	1352	2100	2634	2963	3233
3454					
8850.00	1356	2106	2642	2972	3242
3464					
8900.00	1360	2111	2649	2981	3252
3474					
8950.00	1364	2117	2657	2989	3261
3484					
9000.00	1368	2123	2664	2998	3270
3493					
9050.00	1372	2129	2672	3006	3279
3503					
9100.00	1376	2135	2680	3015	3289
3513					
9150.00	1380	2141	2687	3023	3298
3523					
9200.00	1384	2147	2695	3032	3307
3532					
9250.00	1388	2153	2702	3040	3316
3542					
9300.00	1391	2159	2710	3049	3326
3552					
9350.00	1395	2165	2717	3058	3335
3562					
9400.00	1399	2171	2725	3066	3344
3571					

Combined Monthly Net Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
9450.00 3581	1403	2177	2732	3075	3353	
9500.00 3591	1407	2183	2740	3083	3363	
9550.00 3601	1411	2189	2748	3092	3372	
9600.00 3610	1415	2195	2755	3100	3381	
9650.00 3620	1419	2201	2763	3109	3390	
9700.00 3628	1422	2206	2767	3115	3396	
9750.00 3634	1425	2210	2772	3121	3402	
9800.00 3641	1427	2213	2776	3126	3408	
9850.00 3647	1430	2217	2781	3132	3414	
9900.00 3653	1432	2221	2786	3137	3420	
9950.00 3659	1435	2225	2791	3143	3426	
10000.00 3666	1437	2228	2795	3148	3432	

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

_____,
Petitioner,

and

_____,
Respondent.

NOTICE OF FILING CHILD SUPPORT GUIDELINES WORKSHEET

PLEASE TAKE NOTICE, that *{name}* _____, is
filing his/her Child Support Guidelines Worksheet attached and labeled Exhibit 1.

CERTIFICATE OF SERVICE

I certify that a copy of this Notice of Filing with the Child Support Guidelines
Worksheet was [**one** only] () mailed () faxed and mailed () hand delivered to
the person(s) listed below on *{date}* _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Date: _____

Signature of Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

CHILD SUPPORT GUIDELINES WORKSHEET			
	A. FATHER	B. MOTHER	TOTAL
1. Present Net Monthly Income <small>Enter the amount from line number 27, Section 1 of O Florida Family Law Rules of Procedure Form 12.902(b) or [(c)], Financial Affidavit.</small>			
1 2. Basic Monthly Obligation <small>There is (are) {number} _____ minor child(ren) common to the parties. Using the total amount from line 1, enter the appropriate amount from the child support guidelines chart.</small>			
3. Percent of Financial Responsibility <small>Divide the amount on line 1A by the total amount on line 1 to get Father's percentage financial responsibility. Enter answer on line 3A. Divide the amount on line 1B by the total amount on line 1 to get Mother's percentage financial responsibility. Enter answer on line 3B.</small>	. %	. %	
4. Share of Basic Monthly Obligation <small>Multiply the number on line 2 by the percentage on line 3A to get Father's share of basic obligation. Enter answer on line 4A. Multiply the number on line 2 by the percentage on line 3B to get Mother's share of basic obligation. Enter answer on line 4B.</small>			
Additional Support — Health Insurance, Child Care & Other			
5a. 75% of Monthly Child Care Costs <small>[Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more information.]</small>			
5b. Total Monthly Child(ren)'s Health Insurance Cost			
5c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication			
5d. Total Monthly Child Care & Health Costs <small>[Add lines 5a+5b+5c]</small>			
6. Additional Support Payments <small>Multiply the number on line 5d by the percentage on line 3A to determine the Father's share. Enter answer on line 6A. Multiply the number on line 5d by the percentage on line 3B to determine the Mother's share. Enter answer on line 6B.</small>			
Statutory Adjustments/Credits			

CHILD SUPPORT GUIDELINES WORKSHEET

7a. Monthly child care payments actually made			
7b. Monthly health insurance payments actually			
7c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See § 61.30 (8), Florida Statutes]			
8. Total Support Payments actually made [Add 7a			
9. MINIMUM CHILD SUPPORT OBLIGATION FOR EACH PARENT [Line 4 plus line 6; minus line 8]			
Substantial Time-Sharing (GROSS UP METHOD) If each parent exercises time-sharing at least 40 percent of the overnights in the year (146 overnights in the year), complete Nos. 10 through 21			
	A. FATHER	B.	TOTAL
10. Basic Monthly Obligation x 150% [Multiply line 2 by			
11. Increased Basic Obligation for each parent Multiply the number on line 10 by the percentage on line 3A to determine the Father's share. Enter answer on line 11A. Multiply the number on line 10 by the percentage on line 3B to determine the Mother's share. Enter answer on line 11B.			
12. Percentage of overnight stays with each parent The child(ren) spend(s) _____ overnight stays with the father each year. Using the number on the above line, multiply it by 100 and divide by 365. Enter this number on line 12A. The child(ren) spend(s) _____ overnight stays with the mother each year. Using the number on the above line, multiply it by 100 and divide by 365.	%	%	
13. Parent's support multiplied by other Parent's percentage of overnights [Multiply line 11A by line 12B. Enter this number in 13A. Multiply line 11B by line 12A. Enter this number in 13B.]			
Additional Support – Health Insurance, Child Care & Other			
14a. Total Monthly Child Care Costs [Child care costs should not exceed the level required to provide quality care from a licensed source for the child(ren). See section 61.30(7), Fla. Stat. for more			
14b. Total Monthly Child(ren)'s Health Insurance Cost			
14c. Total Monthly Child(ren)'s Noncovered Medical, Dental and Prescription Medication			
14d. Total Monthly Child Care & Health Costs [Add lines 14a+14b+14c]			

CHILD SUPPORT GUIDELINES WORKSHEET

15. Additional Support Payments Multiply the number on line 14d by the percentage on line 3A to determine the Father's share. Enter answer on line 15A. Multiply the number on line 14d by the percentage on line 3B to determine the Mother's share. Enter answer on line 15B.			
Statutory Adjustments/Credits			
16a. Monthly child care payments actually made			
16b. Monthly health insurance payments actually			
16c. Other payments/credits actually made for any noncovered medical, dental and prescription medication expenses of the child(ren) not ordered to be separately paid on a percentage basis. [See § 61.30 (8), Florida Statutes]			
17. Total Support Payments actually made [Add 16a through 16c]			
18. Total Additional Support Transfer Amount [Line 15 minus line 17; Enter any negative number as zero]			
19. Total Child Support Owed from Father to Mother [Add line 13A+18A]			
20. Total Child Support Owed from Mother to Father [Add line 13B+18B]			
21. Actual Child Support to Be Paid. [Comparing lines 19 and 20, Subtract the smaller amount owed from the larger amount owed and enter the result in the column for the parent that owes the larger	\$ _____-or- \$ _____		

ADJUSTMENTS TO GUIDELINES AMOUNT. If you or the other parent is requesting the Court to award a child support amount that is more or less than the child support guidelines, you must complete and file Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943.
 [one only]

- a. **Deviation from the guidelines amount is requested.** The Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is attached.
- b. **Deviation from the guidelines amount is NOT requested.** The Motion to Deviate from Child Support Guidelines, Florida Supreme Court Approved Family Law Form 12.943, is not attached.

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
 a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____.

who is the [**one** only] ___ petitioner **or** ___ respondent, fill out this form.