

Washington State Child Support Schedule

Worksheets (CSW)

Mother

Father

County

Superior Court Case Number

Children and Ages:			
Part I: Basic Child Support Obligation (See Instructions, Page 5)			
	Father	Mother	
1. Gross Monthly Income			
a. Wages and Salaries	\$		\$
b. Interest and Dividend Income	\$		\$
c. Business Income	\$		\$
d. Spousal Maintenance Received	\$		\$
e. Other Income	\$		\$
f. Total Gross Monthly Income (add lines 1a through 1e)	\$		\$
2. Monthly Deductions from Gross Income			
a. Income Taxes (Federal and State)	\$		\$
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$		\$
c. State Industrial Insurance Deductions	\$		\$
d. Mandatory Union/Professional Dues	\$		\$
e. Pension Plan Payments	\$		\$
f. Spousal Maintenance Paid	\$		\$
g. Normal Business Expenses	\$		\$
h. Total Deductions from Gross Income (add lines 2a through 2g)	\$		\$
3. Monthly Net Income (line 1f minus 2h)	\$		\$
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3) (If combined monthly net income is less than \$600, skip to line 7.)		\$	
5. Basic Child Support Obligation (enter total amount in box →)			
Child #1		\$	
Child #2			
Child #3			
Child #4			

	Father	Mother
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)		
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5) (If combined net monthly income on line 4 is less than \$600, enter each parent's support obligation of \$25 per child. Number of children: . Skip to line 15a and enter this amount.)	\$	\$
Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 7)		
8. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	\$	\$
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)		\$
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)		\$
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e., if "0" or negative, enter "0")		\$
9. Day Care and Special Child Rearing Expenses		
a. Day Care Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (Add lines 9a through 9d)	\$	\$
10. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 9e)		\$
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)		\$
12. Each Parent's Obligation for Extraordinary Health Care, Day Care and Special Expenses (multiply each number on line 6 by line 11)	\$	\$
Part III: Gross Child Support Obligation		
13. Gross Child Support Obligation (line 7 plus line 12)	\$	\$
Part IV: Child Support Credits (See Instructions, Page 7)		
14. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)		
	\$	\$
d. Total Support Credits (add lines 14a through 14c)	\$	\$

Other Household Income (continued)	Father's Household	Mother's Household
e. Income From Assistance Programs		
Program _____	\$	\$
Program _____	\$	\$
f. Other Income (describe) _____ _____	\$ \$	\$ \$
19. Non-Recurring Income (describe) _____ _____	\$ \$	\$ \$
20. Child Support Paid For Other Children		
Name/age: _____	\$	\$
Name/age: _____	\$	\$
Name/age: _____	\$	\$
21. Other Children Living In Each Household		
(First names and ages)		
22. Other Factors For Consideration		

Other factors for consideration (continued)

Signature and Dates

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.

Mother's Signature

Father's Signature

Date

City

Date

City

Judge/Reviewing Officer

Date

**This worksheet has been certified by the State of Washington Administrative Office of the Courts.
Photocopying of the worksheet is permitted.**