

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

**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. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should then 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(i).

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.

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:

<b>If payment is twice per month</b>	Payment amount	×	2	=	<b>Monthly amount</b>
<b>If payment is every two weeks</b>	Payment amount	×	26	=	Yearly amount due
	Yearly amount	÷	12	=	<b>Monthly amount</b>
<b>If payment is weekly</b>	Weekly amount	×	52	=	Yearly amount due
	Yearly amount	÷	12	=	<b>Monthly amount</b>

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 Available 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

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
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
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

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
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
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

Combined Monthly Available Income	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
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
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

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

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
and


\_\_\_\_\_,  
Respondent.

### CHILD SUPPORT GUIDELINES WORKSHEET

I, {full legal name} \_\_\_\_\_, certify that the following statements are true:

**FATHER**                      **MOTHER**

#### 1. PRESENT NET MONTHLY INCOME

Enter the amount from line number 27, Section I of  Florida Family Law Rules of Procedure Form 12.902(b) or (c), Financial Affidavit.

1a. \$ \_\_\_\_\_      1b. \$ \_\_\_\_\_

#### 2. COMBINED PRESENT NET MONTHLY INCOME

Add 1a and 1b.

2. \$ \_\_\_\_\_

#### 3. BASIC MONTHLY OBLIGATION

There is (are) {number} \_\_\_\_\_ minor child(ren) common to the parties.

Using the amount on line 2, enter the appropriate amount from the child support guidelines chart.

3. \$ \_\_\_\_\_

#### 4. PERCENT OF FINANCIAL RESPONSIBILITY

Divide the amount on line 1a by the amount on line 2 to get Father's percentage financial responsibility. Enter answer on line 4a.

4a. \_\_\_\_\_%

Divide the amount on line 1b. by the amount on line 2 to get Mother's percentage financial responsibility. Enter answer on line 4b.

4b. \_\_\_\_\_%

#### 5. SHARE OF BASIC MONTHLY OBLIGATION

Multiply the number on line 3 by the percent on line 4a to get Father's share of basic obligation. Enter answer on line 5a.

5a. \$ \_\_\_\_\_

Multiply the number on line 3 by the percent on line 4b to get Mother's share of basic obligation. Enter answer on line 5b.

5b. \$ \_\_\_\_\_

**If the noncustodial parent does not exercise visitation at least 40 percent of the overnights in the year (146 overnights in the year) you should complete Nos. 6 through 9 and No. 17 below. If the noncustodial parent does exercise visitation at least 40 percent of the overnights in the year (146 overnights in the year), skip to No. 10 and complete Nos. 10 through 17 below.**

**6. 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 information.

6. \$ \_\_\_\_\_

**7. PERCENTAGE OF CHILD CARE COSTS**

Multiply the amount on line 6 by .75 (to determine 75% of the total child care costs). Enter answer on line 7.

7. \$ \_\_\_\_\_

Multiply the number on line 4a by the amount on line 7 to get Father's share of the child care obligation. Enter answer on line 7a.

7a. \$ \_\_\_\_\_

Multiply the number on line 4b by the amount on line 7 to get Mother's share of the child care obligation. Enter answer on line 7b.

7b. \$ \_\_\_\_\_

**8. TOTAL MONTHLY CHILD(REN)'S HEALTH INSURANCE COSTS**

This is only amounts paid for insurance on the child(ren). Enter answer on line 8.

8. \$ \_\_\_\_\_

Multiply the number on 4a by the amount on line 8 to get Father's share of the child(ren)'s health insurance obligation. Enter answer on line 8a.

8a. \$ \_\_\_\_\_

Multiply the number on 4b by the amount on line 8 to get Mother's share of the child(ren)'s health insurance obligation. Enter answer on line 8b.

8b. \$ \_\_\_\_\_

**9. TOTAL MONTHLY OBLIGATION**

Add lines 5a, 7a, and 8a to determine Father's total obligation. Enter answer on line 9a.

9a. \$ \_\_\_\_\_

Add lines 5b, 7b, and 8b to determine Mother's total obligation. Enter answer on line 9b. **Stop and continue to No. 17.**

9b. \$ \_\_\_\_\_

**10. SHARED PARENTING ADJUSTMENT**

Multiply each line 5a and 5b by 1.5. Enter each answer on line 10a and 10b.

5a \$ \_\_\_\_\_ 5b \$ \_\_\_\_\_  
X 1.5 X 1.5  
10a. \$ \_\_\_\_\_ 10b. \$ \_\_\_\_\_

**11. PERCENTAGE OF OVERNIGHT STAYS**

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 11a.

11a. \_\_\_\_\_%

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. Enter this number on line 11b.

11b. \_\_\_\_\_%

**12. ADJUSTED FINANCIAL RESPONSIBILITY**

Multiply the number on line 10a by the percent on line 11b to get father's financial responsibility. Enter answer on line 12a.

12a. \_\_\_\_\_

Multiply the number on line 10b by the percent on line 11a to get mother's financial responsibility. Enter answer on line 12b.

12b. \_\_\_\_\_

**13. TOTAL MONTHLY CHILD CARE COSTS**

Calculate the net amount owed for the expenses incurred for day care. 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. Enter this amount on line 13. For purposes of calculating child support under this shared parenting arrangement, day care shall be calculated without regard to the 25% reduction.

13. \$ \_\_\_\_\_

Multiply the number on line 4a by the amount on line 13 to get the father's share of the child care obligation. Enter the answer on line 13a.

13a. \$ \_\_\_\_\_

Multiply the number on line 4b by the amount on line 13 to get the mother's share of the child care obligation. Enter the answer on line 13b.

13b. \$ \_\_\_\_\_

**14. TOTAL MONTHLY CHILD(REN)'S HEALTH INSURANCE COSTS**

This is only amounts paid for insurance on the child(ren). Enter answer on line 14.

14. \$ \_\_\_\_\_

Multiply the number on line 4a by the amount on line 14 to get father's share of the child(ren)'s health insurance obligation. Enter answer on line 14a.

14a. \$ \_\_\_\_\_

Multiply the number on line 4b by the amount on line 14 to get mother's share of the child(ren)'s health insurance obligation. Enter answer on line 14b.

14b. \$ \_\_\_\_\_

**15. TOTAL MONTHLY OBLIGATION**

Add lines 12a, 13a, and 14a to determine father's total obligation. Enter answer on line 15a.

15a. \$ \_\_\_\_\_

Add lines 12b, 13b, and 14b to determine mother's total obligation. Enter answer on line 15b.

15b. \$ \_\_\_\_\_

**16. MONETARY TRANSFER**

Using the amounts on lines 15a and 15b, subtract the lesser number from the greater number. Enter the answer on line 16. If the number on line 15a is the lesser number, the amount on line 16 shall be paid to the father, subject to any direct payments for child care or health insurance expense. If the number on line 15b is the lesser number, the amount on line 16 shall be paid to the mother, subject to any direct payments for child or health insurance expense.

16. \$ \_\_\_\_\_

**17. ADJUSTMENTS TO GUIDELINES AMOUNT.** If you or the other parent are 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.

I certify that a copy of this document 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: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of  
notary or deputy clerk .]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

**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.