State of Alabama Unified Judicial System Form CS-42 Rev. 1/09	**CHILD SUPPORT GUIDELINES**	**Case Number**

IN THE _____ **COURT OF** _____ **COUNTY, ALABAMA**
(Circuit or District) (Name of County)

_____ **v.** _____
Plaintiff Defendant

Children	Date of Birth	Children	Date of Birth

	Plaintiff	Defendant	Combined
1. MONTHLY GROSS INCOME	$	$	
a. Minus Preexisting Child Support Payment	_	_	
b. Minus Preexisting Periodic Alimony Payment	_	_	
2. MONTHLY ADJUSTED GROSS INCOME	$	$	$
3. PERCENTAGE SHARE OF INCOME (Each parent's income on Line 2 divided by the Combined Income)	%	%	
4. BASIC CHILD SUPPORT OBLIGATION [Apply Line 2 Combined to "Schedule of Basic Child Support Obligations" (Appendix to Rule 32)]			$
5. WORK- RELATED CHILD CARE COSTS			+
6. HEALTH INSURANCE COSTS			+
7. TOTAL CHILD SUPPORT OBLIGATION (Add lines 4, 5, and 6)			$
8. EACH PARENT'S CHILD SUPPORT OBLIGATION (Multiply Line 7 by Line 3)	$	$	
9. ADJUSTMENT FOR PAYMENT OF HEALTH INSURANCE (If obligor pays health insurance, enter amount in Line 6 in obligor's column)	_	_	
10. RECOMMENDED CHILD SUPPORT ORDER (Subtract Line 9 from the amount on Line 8. Leave custodial parent's column blank.)	$	$	

Comments. Calculations, or Rebuttals to Guidelines:

PREPARED BY:	DATE: