SUBCOMMITTEE PROPOSAL- JOINT CUSTODY PROVISION FOR RULE 32

(OPTION #1)

(11) JOINT PHYSICAL CUSTODY. In those situations when the parents have been awarded joint physical custody of a child(ren), as defined below, child support shall be computed in the following manner:

(a) Compute the child support the plaintiff would owe to the defendant for the child(ren) pursuant to Rule 32, as if the child(ren) were placed in the defendant's sole physical custody; then,

(b) Compute the child support the defendant would owe to the plaintiff for the child(ren) pursuant to Rule 32, as if the child(ren) were placed in the plaintiff's sole physical custody; then,

(c) Subtract the lesser child-support obligation from the greater; then,

(d) Multiply the difference by a fraction, the numerator of which is the number of nights of the year that the child(ren) will spend with the parent who owes the lesser obligation, according to the joint physical custody parenting plan schedule as ordered, and the denominator of which is 365 days.

The parent who owes the greater obligation should be ordered to pay the resulting amount in child support to the other parent, unless the court determines, pursuant to other provisions of this rule, it should deviate from the guidelines.

This section is rebuttably presumed to be the appropriate method of calculating child support if each parent has been awarded at least 40% overnight physical custody of the child(ren) subject to the child support order.

*****ADD TO COMMENTS:**

Prior to the adoption of this provision, the Alabama child support guidelines did not specifically address the issue of establishing a support order when joint

physical custody was ordered. Instead, the guidelines provided that when joint custody was ordered by the court, the joint custody award could be considered by the court as a reason for deviating from the guidelines in appropriate situations. The adoption of this provision will provide trial courts with a specific and uniform manner of calculating child support when joint physical custody has been awarded.

***** AN EXAMPLE CALCULATION IS ATTACHED.**

OPTION # 1

State of Alabama
Unified Judicial System

Form CS-41 Rev. 4/15

CHILD-SUPPORT-OBLIGATION INCOME STATEMENT/AFFIDAVIT

Case Number

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

Plaintiff _____ **v. Defendant** _____

AFFIDAVIT

I, _____, being duly sworn upon my oath, state as follows :
(Name of Affiant)

1. I am the ☑ Plaintiff ☐ Defendant ☐ Other (please specify):_____ in the above matter.
   My Social Security number is:_____

2. I am ☑ currently employed. My employer's name and address are:
   _____
   _____

   ☐ not currently employed.
   My last employer's name and address are: _____
   _____
   Last position title: _____
   Average monthly salary in the last year of employment: $ _____

3. My monthly gross income includes:
   (For example of income that must be included, see back of this form. If income varies by month, enter the estimated average monthly gross income.)

Employment income	$ 6,000.00
Self-employment income	$
Other employment-related income	$
Other non-employment-related income	$
Total	$ 6,000.00

4. I incur the following amount monthly for work-related child-care: $ 150.00
   (if none, write "None")

5. The child(ren) of the parties is/are

   ☐ not covered by health insurance from me and/or my employer.

   ☑ covered by health insurance, and (1) I pay $ 600.00 each month, or that amount is paid on my behalf each month by my_____, for the family policy coverage under which the child(ren) is/are covered; and (2) the total number of persons covered under that policy is 4.

   The pro rata portion of the medical insurance premium attributable to the child or children who are the subject of the support order (which shall be calculated by dividing the total medical insurance premium actually paid by, or on behalf of, the parent ordered to provide the coverage by the total number of persons (adult and/or children) covered and then multiplying the result by the number of children who are the subject of the support order) is the sum of $ 300.00 .

6. I pay the following total amount for ☐ child support ☐ alimony in [a] prior case(s) as follows:
   [List case number(s) and county(ies) and state(s) here]:
   _____ $ None
   (if none, write "None")
   _____

I understand that I will be required to maintain all income documentation used in preparing this Income Statement/Affidavit *(including my most recent income-tax return)* and that such documentation shall be made available as directed by the court. I also understand that any intentional falsification of the information presented in this Income Statement/Affidavit may subject me to the penalties of perjury.

_____
Affiant

Sworn to and subscribed before me this _____
day of _____, _____

_____
Notary/Clerk

OPTION #1

State of Alabama
Unified Judicial System

Form CS-41 Rev. 4/15

CHILD-SUPPORT-OBLIGATION INCOME STATEMENT/AFFIDAVIT

Case Number

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

Plaintiff _____ **v. Defendant** _____

AFFIDAVIT

I, _____, being duly sworn upon my oath, state as follows :
(Name of Affiant)

1. I am the ☐ Plaintiff ☑ Defendant ☐ Other (please specify): _____ in the above matter.
   My Social Security number is: _____

2. I am ☑ currently employed. My employer's name and address are:
   _____
   _____

   ☐ not currently employed.
   My last employer's name and address are: _____
   _____
   Last position title: _____
   Average monthly salary in the last year of employment: $ _____

3. My monthly gross income includes:
   (For example of income that must be included, see back of this form. If income varies by month, enter the estimated average monthly gross income.)

Employment income	$ 4,000.00
Self-employment income	$
Other employment-related income	$
Other non-employment-related income	$
Total	$ 4,000.00

4. I incur the following amount monthly for work-related child-care: $ 250.00
   (if none, write "None")

5. The child(ren) of the parties is/are

   ☑ not covered by health insurance from me and/or my employer.

   ☐ covered by health insurance, and (1) I pay $_____ each month, or that amount is paid on my behalf each month by my_____, for the family policy coverage under which the child(ren) is/are covered; and (2) the total number of persons covered under that policy is _____.
   The pro rata portion of the medical insurance premium attributable to the child or children who are the subject of the support order (which shall be calculated by dividing the total medical insurance premium actually paid by, or on behalf of, the parent ordered to provide the coverage by the total number of persons (adult and/or children) covered and then multiplying the result by the number of children who are the subject of the support order) is the sum of $_____ .

6. I pay the following total amount for ☐ child support ☐ alimony in [a] prior case(s) as follows:
   [List case number(s) and county(ies) and state(s) here]:
   _____ $ None
   (if none, write "None")
   _____

I understand that I will be required to maintain all income documentation used in preparing this Income Statement/Affidavit *(including my most recent income-tax return)* and that such documentation shall be made available as directed by the court. I also understand that any intentional falsification of the information presented in this Income Statement/Affidavit may subject me to the penalties of perjury.

_____
Affiant

Sworn to and subscribed before me this _____
day of _____, _____

_____
Notary/Clerk

OPTION #1 (EXAMPLE CALCULATION)

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
SON			
DAUGHTER			

	Plaintiff	Defendant	Combined
1. MONTHLY GROSS INCOME	$ 6,000.00	$ 4,000.00	
a. Minus Preexisting Child-Support Payment	-	-	
b. Minus Preexisting Periodic Alimony Payment	-	-	
2. MONTHLY ADJUSTED GROSS INCOME	$ 6,000.00	$ 4,000.00	$ 10,000.00
3. PERCENTAGE SHARE OF INCOME (Each parent's income on Line 2 divided by the Combined Income)	60 %	40 %	
4. BASIC CHILD-SUPPORT OBLIGATION (Apply Line 2 Combined to "Schedule of Basic Child-Support Obligations" (Appendix to Rule 32))			$ 1,532.00
5. WORK-RELATED CHILD-CARE COSTS			+ 400.00
6. HEALTH-INSURANCE COSTS			+ 300.00
7. TOTAL CHILD-SUPPORT OBLIGATION (Add lines 4, 5, and 6)			$ 2,232.00
8. EACH PARENT'S CHILD-SUPPORT OBLIGATION (Multiply Line 7 by Line 3)	$ 1,339.20 (60%)	$ 892.80 (40%)	
9. ADJUSTMENT FOR PAYMENT OF HEALTH INSURANCE (If obligor pays health insurance, enter amount in Line 6 in obligor's column)	- 300.00	-	
10. RECOMMENDED CHILD-SUPPORT ORDER (Subtract Line 9 from the amount on Line 8. Leave custodial parent's column blank.)	$ 1,039.20	$ 892.80	

Comments, Calculations, or Rebuttals to Guidelines:
Joint Custody Award - Plaintiff (170 nights of physical custody); Defendant (195 nights of physical custody)
Plaintiff's child support order under Option #1: $1,039.20 - $892.80 = $146.40 X 195/365 = $78.21 per month.

PREPARED BY:	DATE: