

## SUBCOMMITTEE PROPOSAL- JOINT CUSTODY PROVISION FOR RULE 32

### (OPTION #2)

(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.

When both parties pay for work-related child care expenses, the amount to be used for work-related child care expense in the calculations set out in (a) and (b) above is the difference, if any, between the amounts paid by each.

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 # 2

**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	\$ _____
<b>Total</b>	<b>\$ 6,000.00</b>

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 # 2

CHILD-SUPPORT-OBLIGATION  
INCOME STATEMENT/AFFIDAVIT

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

