

**CHILD SUPPORT GUIDELINE QUESTIONNAIRE**

*Unless indicated, please answer all questions for any children whose support will be decided in this case. Answer all questions and return this form to me. We will discuss the issue of child support in the near future.*

	YES	NO
<b>INCOME:</b>		
DO YOU RECEIVE ANY OF THE FOLLOWING?		
1. Salary.	_____	_____
2. Hourly wages for regular, overtime, and additional employment.	_____	_____
3. Commission, bonuses, tips.	_____	_____
4. Profit sharing, deferred compensation, and severance pay.	_____	_____
5. Employment perquisites and in-kind compensation [any basic maintenance or special needs such as food, shelter, or transportation provided on a recurrent basis in lieu of or in addition to salary or wages].	_____	_____
6. Military personnel fringe benefit payments.	_____	_____
7. Benefits received in place of earned income, including but not limited to, workers' compensation benefits, unemployment insurance benefits, strike pay and disability insurance.	_____	_____
8. Veterans' pay.	_____	_____
9. Social security benefits [excluding Supplemental Security Income (SSI), including dependency benefits to you or another.	_____	_____
10. Net proceeds from contractual agreements.	_____	_____
11. Pension and retirement income.	_____	_____
12. Rental income.	_____	_____
13. Estate or trust income.	_____	_____
14. Royalties.	_____	_____

- |  | YES   | NO    |
|--|-------|-------|
| 15. Interest, dividends and annuities.   | _____ | _____ |
| 16. Self-employment earnings.  | _____ | _____ |
| 17. Alimony from an ex-spouse who is not the parent involved in this child support determination.        | _____ | _____ |
| 18. Regularly recurring gifts, prizes, lottery and gambling winnings.                                    | _____ | _____ |
| 19. Education grants [including fellowship or subsidies that are available for personal living expenses. | _____ | _____ |
| 20. Do you have other sources of income not mentioned above?   | _____ | _____ |

**DO YOU RECEIVE ANY OF THE FOLLOWING?**

- |   |       |       |
|---|-------|-------|
| 1. Child support for a child who is living in your home.                                  | _____ | _____ |
| 2. Federal, state and local public assistance grants.                                     | _____ | _____ |
| 3. Earned income tax credits.   | _____ | _____ |
| 4. Income and regularly recurring contributions or gifts of a spouse or domestic partner. | _____ | _____ |

DO YOU WORK MORE THAN 52 HOURS EACH WEEK? \_\_\_\_\_

DO YOU PAY UNION DUES? \_\_\_\_\_

DO YOU PAY FOR MEDICAL/DENTAL INSURANCE AS A PAYROLL DEDUCTION? \_\_\_\_\_

**TAXES:**

DO YOU FILE AS:

- |                               |       |       |
|-------------------------------|-------|-------|
| 1. Married.                   | _____ | _____ |
| 2. Married filing separately. | _____ | _____ |
| 3. Head of household.         | _____ | _____ |
| 4. Single.                    | _____ | _____ |

**CAN YOU CLAIM ANY OF THE FOLLOWING ON YOUR TAX RETURN:**

	YES	NO
1. Mortgage interest.	_____	_____
2. Real property taxes.	_____	_____
3. Charitable deductions.	_____	_____
4. State taxes paid.	_____	_____
5. Unreimbursed employee expenses.	_____	_____
6. Dependency exemptions other than yourself.	_____	_____

**CHILD CARE:**

1. Do you pay for child care.	_____	_____
2. Do you keep records of child care payments.	_____	_____

**MEDICAL INSURANCE:**

IS YOUR CHILD COVERED BY MEDICAL INSURANCE?	_____	_____
1. Are they covered under your insurance through work.	_____	_____
2. Are they covered under the other parents' insurance through work	_____	_____
3. Are they covered under some other person's insurance through work.	_____	_____
4. Are they covered under a private plan.	_____	_____
5. Are they covered under The Huskey Plan.	_____	_____

**OTHER DEPENDANTS:**

DO YOU HAVE OTHER CHILDREN WHO ARE DEPENDANT ON YOU?	_____	_____
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DO THESE CHILDREN LIVE WITH YOU?	_____	_____
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	YES	NO
DO YOU PAY CHILD SUPPORT FOR ANOTHER CHILDREN UNDER A COURT ORDER?	_____	_____

DO YOU PAY ALIMONY TO ANYONE?	_____	_____
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ARE YOU PAYING ALIMONY OR CHILD SUPPORT ARREARAGES TO ANOTHER PERSON?	_____	_____
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ARE YOU PAYING ALIMONY OR CHILD SUPPORT ARREAGES TO ANOTHER STATE?	_____	_____
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**CUSTODY:**

IS THERE A COURT ORDER WHICH DEFINES CUSTODY OR VISITATION?	_____	_____
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DO YOU HAVE PRIMARY CUSTODY OF ALL YOUR CHILD(REN)?	_____	_____
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DO YOU VISIT YOUR CHILD(REN) ON A REGULAR BASIS?	_____	_____
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DO YOU VISIT MORE OFTEN THAN ALTERNATE WEEKENDS [WITH TWO OVERNIGHTS], VACATION, ALTERNATE HOLIDAYS AND OTHER VISITS OF SHORT DURATION?	_____	_____
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DO ANY OF YOUR CHILD(REN) HAVE EXTRAORDINARY EXPENSES IN THE FOLLOWING CATEGORIES:	_____	_____
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- |                                   |       |       |
|-----------------------------------|-------|-------|
| 1. Educational expenses.          | _____ | _____ |
| 2. Unreimbursed medical expenses. | _____ | _____ |
| 3. Special needs expenses.        | _____ | _____ |

**YOUR EXPENSES:**

DO YOU HAVE ANY EXTRAORDINARY EXPENSES IN THE FOLLOWING CATEGORIES:		
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- |  |       |       |
|--|-------|-------|
| 1. Significant visitation expenses.  | _____ | _____ |
| 2. Job-related unreimbursable employment expenses [only if not self-employed]. | _____ | _____ |

	YES	NO
3. Unreimbursable medical or disability related expenses.	_____	_____
DO YOU LIVE WITH AN ADULT WHO IS NOT THE PARENT OF THIS CHILD(REN)?	_____	_____
DOES ANYONE PAY ANY OF YOUR LIVING EXPENSES?	_____	_____
DO YOU RECEIVE REGULAR GIFTS FROM ANYONE?	_____	_____
<b>OTHER:</b>		
IS THERE A REASON WHICH YOU KNOW OF WHY THE CHILD SUPPORT GUIDELINE AMOUNT SHOULD NOT BE STRICTLY APPLIED IN YOUR CASE?	_____	_____