SPLIT CUSTODY CALCULATION

Chi	ld's Name	Custody (F or M)	Show combined monthly share from line 7, worksheet 1, divided by total number of children	Show exparent's (apply prom linworkshor) Father	s share percent ne 6,	her
						
						
						
2.	Total amount ow (mother's share to in father's custod	from above for				
3.	Total amount owed to mother by father (father's share from above for children in mother's custody)					
4.	Support to be paid by mother/father					
	(difference between			(mother/father)		
Ado	litional Adjustmer	nt for Child(ren)'s health insurance premi	um		
				Father	Combined	Mother
5.	Child(ren) health (from line 8, wor		nium*			
6.	Combined health	n insurance prei	nium(s)			

7.	Each parent's share of premium (line 6 from worksheet 1 times line 6 above)		
8.	Amount of premium paid (line 5)		
9.	Amount owed to other parent for premium (line 7 minus line 8, if negative amount enter \$0)		
10.a	Which parent owes basic support on line 4?	(mother/father)	
10.b	Which parent owes support for health insurance on line 9?	(mother/father)	
10.c	Does the same parent owe support on lines 10a and 10b?	(Yes/No)	
11.	Total support to be paid by parent on line 10a (if YES on line 10c, line 4 plus line 9; if NO on line 10c, line 4 minus line 9)		

Worksheet 2 amended effective July 1, 2007; amended October 24, 2007.

^{*} The parent requesting an adjustment for health insurance premiums must submit proof of the cost of the premium for the child(ren).