

BASIC CHILD SUPPORT DATA SHEET

Action No. _____

Date: _____

		Province of Residence	Annual Guideline Income
Payor			
Recipient			

CHILD/CHILDREN		Child/Children Resident With	
Name	Age	Payor	Recipient

Child Support Guideline Amount – Monthly			
1.	Guideline Chart Amount	\$ _____	
2.	Additional Expenses (Net of Tax Credits and Contribution from the Child, etc.)		
		Yearly	Monthly
	7(1)(A) Child Care Expenses	\$ _____	\$ _____
	7(1)(B) Portion of Medical and Dental Premiums Attributable to the Child	\$ _____	\$ _____
	7(1)(C) Health Related Expenses in Excess of \$100 Annually (Per Illness Net of Reimbursement)	\$ _____	\$ _____
	7(1)(D) Extra-ordinary Primary or Secondary School Expenses	\$ _____	\$ _____
	7(1)(E) Post-secondary Expenses	\$ _____	\$ _____
	7(1)(F) Extra-ordinary Extra-curricular Activities Expense	\$ _____	\$ _____
	TOTAL ADDITIONAL MONTHLY EXPENSES	\$ _____	\$ _____
	Payor's Proportional Share _____ % =		\$ _____
	TOTAL MONTHLY CHILD SUPPORT		\$ _____
3.	Section 6 - Medical and Dental Insurance Coverage	YES <input type="checkbox"/>	NO <input type="checkbox"/>