

**CHILD SUPPORT GUIDELINES INFORMATION SHEET**  
(For Data Collection)

Action No. \_\_\_\_\_ Date: \_\_\_\_\_

		Gross Income	Guideline Income
Name of Applicant:			
Name of Respondent:			

Number of Children:	
Ages of Children:	
Who has custody of children?	
With whom are the children residing?	

Why has this application been brought?		
A.	Adjustment for income tax (from a gross figure to a net figure)	
B.	Adjustment of actual amount of child support	
C.	Both of the above	
D.	New application	

What was being paid previous to this application?	
In total	
Per Child	

Was it being paid pursuant to an Order? YES  NO

Date of previous Order and which court made it: \_\_\_\_\_

**DO NOT COMPLETE BELOW THIS LINE**

**RESULT OF APPLICATION:**

Final or Interim Order		
Total amount		
For how many children?		
Specify and add-on's allowed and amount		Amount?
Was there an adjustment for undue hardship?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Amount?
Was there a deviation from the guidelines?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason given?