

## BASIC CHILD SUPPORT DATA SHEET

Action No. \_\_\_\_\_

Date: \_\_\_\_\_

		Annual Guideline Income	Province of Residence
Payor			
Recipient			

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

Child Support Guideline Amount - Monthly (using Child Support Guidelines under the <i>Children's Law Act</i> )			
1.	Guideline Chart Amount	\$	
2.	Additional Expenses (Net of Tax Credits and Contribution from the Child, etc.)		
		<b>Yearly</b>	<b>Monthly</b>
	9(1)(A) Child Care Expenses	\$	\$
	9(1)(B) Portion of Medical and Dental Premiums Attributable to the Child	\$	\$
	9(1)(C) Health Related Expenses in Excess of \$100 Annually (Per Illness Net of Reimbursement)	\$	\$
	9(1)(D) Extra-ordinary Primary or Secondary School Expenses	\$	\$
	9(1)(E) Post-secondary Expenses	\$	\$
	9(1)(F) Extra-ordinary Extra-curricular Activities Expense	\$	\$
	<b>TOTAL ADDITIONAL MONTHLY EXPENSES</b>	\$	\$
	Payor's Proportional Share	%	=
	<b>TOTAL MONTHLY CHILD SUPPORT</b>		\$
3.	Section 8 - Medical and Dental Insurance Coverage	YES <input type="checkbox"/>	NO <input type="checkbox"/>