

# CHILD SUPPORT DATA FORM

<b>MAILING INFO:</b>	<b>CONTACT INFO (for questions)</b>
Name: _____	Phone or email: _____
Address: _____	_____
_____	_____

Has the Courthouse Facilitator recently calculated child support for you?  Yes  No

Father's Name \_\_\_\_\_ Case # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Child 1 \_\_\_\_\_ Age \_\_\_\_\_

Who is the paying parent?  Mother  Father Child 2 \_\_\_\_\_ Age \_\_\_\_\_

Who claims child(ren) Child 3 \_\_\_\_\_ Age \_\_\_\_\_

for tax purposes?  Mother  Father Child 4 \_\_\_\_\_ Age \_\_\_\_\_

## **FATHER'S INCOME INFORMATION\***

**Gross Income** (before any deductions are taken out):

(CHOOSE ONE:)

Annually: \$ \_\_\_\_\_

Monthly: \$ \_\_\_\_\_

Semi-Monthly: \$ \_\_\_\_\_

Bi-Weekly: \$ \_\_\_\_\_

Hourly: At a rate of \$ \_\_\_\_\_ per hour, for an average of \_\_\_\_\_ hours per week.

Public Assistance:

TANF

SSI

GAU

### **Deductions:**

Federal Income Tax: \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_

Social Security/Medicare: \$ \_\_\_\_\_

Mandatory Retirement/Pension Plan: \$ \_\_\_\_\_

Labor & Industries: \$ \_\_\_\_\_

Medical insurance for child(ren): \$ \_\_\_\_\_

State Income Tax  
(from other state, if any): \$ \_\_\_\_\_

Work-related day care: \$ \_\_\_\_\_

\* If father's income is unknown, use last known income information above  
or list father's age here for imputed net income: \_\_\_\_\_

**Other child(ren) for whom this parent is financially responsible:**

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

CONTINUE ON REVERSE

**MOTHER'S INCOME INFORMATION\***

**Gross Income** (before any deductions are taken out):

(CHOOSE ONE)

Annually: \$ \_\_\_\_\_

Monthly: \$ \_\_\_\_\_

Semi-Monthly: \$ \_\_\_\_\_

Bi-Weekly: \$ \_\_\_\_\_

Hourly: At a rate of \$ \_\_\_\_\_ per hour, for an average of \_\_\_\_\_ hours per week.

Public Assistance:

TANF

SSI

GAU

**Deductions:**

Federal Income Tax: \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_

Social Security/Medicare: \$ \_\_\_\_\_

Mandatory Retirement/Pension Plan: \$ \_\_\_\_\_

Labor & Industries: \$ \_\_\_\_\_

Medical insurance for child(ren): \$ \_\_\_\_\_

State Income Tax  
(from other state, if any): \$ \_\_\_\_\_

Work-related day care: \$ \_\_\_\_\_

\* If mother's income is unknown, use last known income information above or list mother's age here for imputed net income: \_\_\_\_\_

**Other child(ren) for whom this parent is financially responsible:**

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Child/children spend significant time with both parents?

If so, approximately how many **overnights** are spent with each parent per year?

Father: \_\_\_\_\_ out of 365 days per year.

Mother: \_\_\_\_\_ out of 365 days per year.

**RETURN COMPLETED FORM TO:**

**By Mail:** Kitsap County Clerk  
Attn: Courthouse Facilitator  
614 Division Street MS-34  
Port Orchard, WA 98366

**In Person:** Kitsap County Clerk  
Attn: Courthouse Facilitator  
614 Division Street Room 202  
Port Orchard, WA 98366