



Office of the
KITSAP COUNTY CLERK

David W. Peterson, Clerk

614 Division Street, MS 34 – Port Orchard, WA 98366-4692
360-337-7164 SCAN 262-7164 FAX 360-337-4927
www.kitsapgov.com/clerk

CHILD SUPPORT CALCULATION SERVICE

Fee: \$10.00*, money order only

A new child support calculation service is now offered by the Courthouse Facilitators, through which you can have your child support calculated without having to pay for a full appointment or come to the courthouse. Simply complete **both pages** of the attached Child Support Data form and return it with the fee to the County Clerk's Office — a facilitator will calculate child support using the information you provide and mail child support worksheets back to you to use in your family law case.

Please note that the facilitators will only use the income information that you provide to them and therefore cannot be responsible if you are providing them with inaccurate or incomplete information.

Be sure your contact information (mailing address and phone number/e-mail) is written clearly so your worksheets get returned promptly or in case a Facilitator needs to contact you with questions or a request for additional information.

*The child support calculation service is included at no extra charge as part of a one-on-one appointment (\$20.00 fee, cash or money order only) with a Courthouse Facilitator, or as part of attending either the Family Law Orientation or Dissolution/Legal Separation Workshop classes (\$10.00 fee, cash or money order only). Complete both pages of the attached Child Support Data Form and bring it with you to your appointment or class. To schedule an appointment or register for a class, call the Kitsap County Clerk's Office at 360-337-7164 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

CHILD SUPPORT DATA FORM

MAILING INFO:	CONTACT INFO (for questions)
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: \$ _____

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 NEXT PAGE

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: \$ _____

Social Security/Medicare: \$ _____

Labor & Industries: \$ _____

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

Union Dues: \$ _____

Mandatory Retirement/Pension: \$ _____

Medical insurance for child(ren): \$ _____

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, Washington