**STATE OF INDIANA ) IN THE DEKALB CIRCUIT/SUPERIOR COURT II**

 **) SS:**

**COUNTY OF DEKALB ) CAUSE NO:**

**IN RE: THE MARRIAGE OF**

**)**

**PETITIONER )**

 **)**

**AND ) PROVISIONAL HEARING DISCLOSURE**

 **)**

**)**

**RESPONDENT )**

**HUSBAND: WIFE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |  | Name: |       |
| Address: |       |  | Address: |       |
|  |       |  |  |       |
| Soc.Sec.No.: |       |  | Soc.Sec.No.: |       |
| Date of Birth: |       |  | Date of Birth: |       |
| Employer: |       |  | Employer: |       |
| Attorney: |       |  | Attorney: |       |
| Address: |       |  | Address: |       |
|  |       |  |  |       |
| Telephone No.: |       |  | Telephone No.: |       |

 **AMOUNT**

|  |  |
| --- | --- |
| **GROSS WEEKLY INCOME:** | **Income** |
| 1. Salary and Wages (Attach last 3 pay stubs) |       |
| 2. Soc. Security/Disability/Unempl./Workers Comp/Pension/Retirement |       |
| 3. Dividends and Interest |       |
| 4. Rents/Royalties/Less Ordinary/Necessary Expenses |       |
| 5. Business/Self-Employment Income-Less Ordinary Business Expenses |       |
| 6. Commissions/Bonuses/Tips |       |
| 7. All Other Sources |       |
| 8. TOTAL GROSS WEEKLY INCOME (Total of Lines 1-7) |       |
|  |  |
| **WEEKLY DEDUCTIONS** | **Deductions** |
| 9. Weekly Court Ordered Child Support for Prior Children |       |
| 10. Weekly Legal Duty Child Support for Prior Children-attach CSOW |       |
| 11. Weekly Health Insurance Premiums (Children of Marriage Only) |       |
| 12. Weekly Alimony/Support Maintenance-Amount Actually Paid to Prior Spouses- |       |
|  Attach Copy of Order |       |
| 13. Self-Employment Tax (1/2 of Weekly Self-Employment Taxes) |       |
| 14. Work-Related Child Care Costs (Annual Amount Divided by 52) |       |
| 15. Union Dues (Required for Employment)  |       |

**The parties have the following marital debts/obligations:**

|  |  |  |
| --- | --- | --- |
| **Debt/Obligation** | **Name of Creditor** | **Month/week or other amount** |
| 1. 1ST Mortgage |       |       |
| 2. 2nd Mortgage |       |       |
| 3. Land Contract |       |       |
| 4. Rent |       |       |
| 5. Vehicle Payments: |  |  |
|  a. Make & Year:       |       |       |
|  b. Make & Year:       |       |       |
|  c. Make & Year:       |       |       |
|  d. Make & Year:       |       |       |
| 6. Vehicle Insurance – List for Each Vehicle |  |  |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
| 7. Credit Cards: |  |  |
|  a)       |       |       |
|  b)       |       |       |
|  c)       |       |       |
|  d)        |       |       |
|  e)       |       |       |
|  f)       |       |       |
| 8. Other Loan Payments |  |  |
|  a)       |       |       |
|  b)        |       |       |
|  c)       |       |       |
| 9. Other Marital Debts |       |       |
| 10. **Utilities at Marital Residence** |  |
|  a) Electricity |       |
|  b) Gas |       |
|  c) Fuel Oil |       |
|  d) Water |       |
|  e) Sewer |       |
|  f) Water Softener |       |
|  g) Local Telephone |       |
|  h) Cellular Telephone |       |
|  i) Cable Television/Internet |       |
|  j) Garbage & Trash |       |

 **I affirm, under penalties of perjury, that the foregoing representations are true.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner/Respondent

**Wife wants the following assets temporarily set aside to her:**

**Husband wants the following assets temporarily set aside to him:**

**CUSTODY & PARENTING TIME PROPOSAL**

Custody proposal by Wife:

Custody proposal by Husband:

Parenting time proposal by Wife:

Parenting time proposal by Husband:

# Worksheet – Child Support Obligation

|  |
| --- |
| Each party shall complete that portion of the worksheet that applies to him or her, sign the form and file it with the court. This worksheet is required in all proceedings establishing or modifying child support.**IN RE:** **CASE NO:** FATHER:  MOTHER:  |
| CHILD SUPPORT OBLIGATION WORKSHEET (CSOW) |
| **Children** | DOB | Children | **DOB** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  1. **WEEKLY GROSS INCOME**  | **FATHER** | **MOTHER** |  |
|  |  |
|  A. Subsequent Children Multiplier Credit (.065 .097 .122 .137 .146 .155 .164 .173)  |  |  |
| B. Child Support (Court Order for Prior Born) |  |  |
| C. Child Support (Legal Duty for Prior Born)  |  |  |
|   D. Maintenance Paid |  |  |
| E. WEEKLY ADJUSTED INCOME (WAI) Line 1 minus 1A, 1B, 1C and 1D |  |  |
|  2. **PERCENTAGE SHARE OF TOTAL WAI** |  |  |
|  3. **COMBINED WEEKLY ADJUSTED INCOME** (Line 1E) |  |  |  |
| 1. **BASIC CHILD SUPPORT OBLIGATION**

Apply CWAI to Guideline Schedules |  |  |  |
|  A. Weekly Work-Related Child Care Expense of each parent |  |  |  |
|  B. Weekly Health Insurance Premium – (Children’s portion)  |  |  |  |
| 5. **TOTAL CHILD SUPPORT OBLIGATION** (Line 4 plus 4A and 4B) |  |  |  |
| 6. **PARENT’S CHILD SUPPORT OBLIGATION** (Line 2 times Line 5) |  |  |  |
| 1. **ADJUSTMENTS**

 ( ) Obligation from Post-Secondary Education Worksheet Line J. ( ) Payment of work-related child care by each parent. (Same amount as Line 4A ) ( ) Weekly Health Insurance Premium (Children’s portion) ( ) Parenting Time Credit  | **+****-****-****-** | **+****-****-****-** |  |
|   8. **RECOMMENDED CHILD SUPPORT OBLIGATION** |  |  |
|  |
| **I affirm under penalties for perjury that the foregoing representations are true.** Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:  Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   UNINSURED HEALTH CARE EXPENSE CALCULATIONA. Custodial Parent Annual Obligation: (CSOW Line 4 Total) $ + (PSEW § Two, Line I) $ = $ x 52 weeks x .06 = $ .B. Balance of Annual Expenses to be Paid: (Line 2)  % by Father;  % by Mother. |

**Worksheet – Child Support Obligation**

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| --- |
| **IN RE:       CASE NO:** FATHER:   MOTHER:   |
| **HEALTH INSURANCE PREMIUM WORKSHEET (HIPW)** |
| **SECTION ONE: CALCULATION OF REASONABLECOST THRESHOLD** | **FATHER** | **MOTHER** |
| 1. Parent’s Weekly Gross Income (from Line 1 of Child Support Worksheet)
 | $  | $ |
| 1. Weekly Reasonable Cost Threshold (Line A x .05)
 | $ | $ |
| **SECTION TWO: DETERMINATION OF PRIVATE HEALTH INSURANCE AVAILABLE TO THE PARENTS** |  |  |
| 1. Does the parent have private health insurance, for example, employer sponsored, available for the children? If the answer is **No** for a parent, **STOP** for that parent.
 | **[ ]  YES** **[ ]  NO**  | **[ ]  YES** **[ ]  NO** |
| **SECTION THREE: DETERMINATION OF WHETHER PREMIUM IS REASONABLE IN COST** |  |  |
| 1. What is the weekly premium for the children’s portion only?
 | $  | $  |
| 1. TEST ONE:

Is Amount on Line D equal to or less than the Amount on Line B? If the answer is **No** for a parent, **STOP** for that parent.If the answer is **Yes** for at least one parent, proceed to Line F for that parent(s). | **[ ]  YES** \*The premium may be reasonable in cost.**[ ]  NO** \*The premium on Line D *is not* reasonable in cost. | **[ ]  YES** \*The premium may be reasonable in cost. **[ ]  NO**\*The premium on Line D *is not* reasonable in cost. |
|  F. TEST TWO:Is the parent’s child support obligation from Line 4 of the Basic CSOW plus the weekly premium from Line D of the HIPW equal to or less than 50% of the Parent’s Weekly Gross Income on Line A of the HIPW?Formula:Father: Line 4, CSOW ($\_\_\_\_\_) + Line D, HIPW, ($\_\_\_\_\_\_) = $ \_\_\_\_\_\_ is equal to or less than Line A, HIPW $\_\_\_\_\_ X .5 = $ \_\_\_\_\_\_ Mother: Line 4, CSOW ($\_\_\_\_\_) + Line D, HIPW, ($\_\_\_\_\_\_) = $ \_\_\_\_\_\_ is equal to or less than Line A, HIPW $\_\_\_\_\_ X .5 = $ \_\_\_\_\_\_ | **[ ]  YES** \*The premium *is* reasonable in cost. Father may be ordered to provide health insurance**[ ]  NO** \*The premium on Line D *is not* reasonable in cost. | **[ ]  YES** \*The premium *is* reasonable in cost. Mother may be ordered to provide health insurance**[ ]  NO** \*The premium on Line D *is not* reasonable in cost. |
| **SECTION FOUR: ACCESSIBILITY OF THE INSURANCE** |  |  |
|  G. Is the insurance coverage accessible to the children? (See Guideline 7 for definition of accessible) | **[ ]  YES** **[ ]  NO** | **[ ]  YES** **[ ]  NO** |
| **SECTION FIVE: PARENT(S) ORDERED TO PROVIDE HEALTH INSURANCE** |  |  |
| 1. Parent(s) ordered to provide health insurance for children.
 | **[ ]  FATHER [ ]  MOTHER** |
| 1. Parent(s) ordered to provide health insurance for children.
 |  **[ ]  FATHER**  **[ ]  MOTHER** **TOTAL ORDERED** | $  |
| $  |
| $  |

Worksheet – Child Support Obligation

|  |
| --- |
| **IN RE:       CASE NO:** FATHER:  MOTHER:  |
| POST-SECONDARY EDUCATION WORKSHEET (PSEW) |
| **Child:** | DOB |
| **SECTION ONE: DETERMINATION OF EDUCATION EXPENSE**  | FATHER | **MOTHER** |  |
|  A. Parents’ Percentage Share of Total Weekly Adjusted Income From Line 2 of Child Support Worksheet |   % |    % |  |
|   B. Educational Costs: |  |  |  |
|  (1) Tuition |  |  |  |
|  (2) Room & Board |  |  |  |
|   (3) Books |  |  |  |
|  (4) Fees |  |  |  |
|  (5) Other |  |  |  |
| **TOTAL EDUCATIONAL COSTS (Part B – Lines 1-5)** |  |  |  |
|  C. Child’s Share of Costs |  |  |  |
|  (1) Scholarships |  |  |  |
|  (2) Grants in Aid |  |  |  |
|   (3) Student Loans |  |  |  |
|  (4) Child’s Cash Share |  |  |  |
|  (5) Other |  |  |  |
| **TOTAL CREDITS (Part C – Line 1-5)**) |  |  |  |
|  D. Parents Total Obligations: Subtract Total Credits From Total Costs |  |  |  |
| Parents’ Share: Line A x Line D | $ | $ |  |
|  |
|  **SECTION TWO: DETERMINATION OF SUPPORT WHILE STUDENT AT HOME** |  |  |  |
|  E. Weeks Student Lives at Home \_\_\_\_\_\_\_ Divided by 52 = |  |  | % |
|  F. Basic Child Support Obligation For All Children,. Including Student (Apply CWAI  from Line 3 of Child Support Worksheet to Guideline Schedule) |  |  |  |
|  G. Basic Child Support Obligation for Children Living with Custodial Parent from Line 4 of Child Support Worksheet.; If student is only child, this amount is $0 |  |  |  |
|  H. Weekly Child Support Obligation Attributable to Student Living Away From Home (Subtract Line G From Line F) |  |  |  |
|  I. Calculation of Support Obligation For Student (Multiply Line H \_\_\_\_ x Line E \_\_\_\_ )  |  |  |  |
|  J. Parent’s Weekly Child Support Obligation: (Line A x Line I) | $  | $  |  |

Line J of section Two will be reflected in Section 7 of the Child Support Worksheet resulting in the Recommended Support Obligation.