

CHILD SUPPORT INFORMATION WORKSHEET

WIFE

HUSBAND

Total gross monthly income _____

Healthcare insurance paid monthly
(Children's coverage only) _____

*If coverage is through TennCare, check **HERE*** _____

Child Care/Day Care amount paid monthly _____

Child's monthly recurring uninsured medical expenses _____

Self-employment tax paid _____

Federal benefit for child (SSI) _____

****Are there any minor children living in your home who are included in a Child Support Order at this time?**

Yes____ No____ **IF YES, PRINT CHILD(S) NAME, DATE OF BIRTH and WHICH PARTY IS PARENT:**

Amount rec'd monthly _____ Paid by (**circle one**) WIFE HUSBAND

Case Number: _____ Date of Judgment: _____ (**COPY OF COURT ORDER IS REQUIRED**)

****Are there any minor children living outside of this home who are being supported by either party under a**

Court Order? Yes____ No____ IF YES, PRINT CHILD/CHILDREN'S NAMES AND DATES OF BIRTH:

Amount paid monthly _____ Paid by (**circle one**) WIFE HUSBAND

****Are there any minor children living outside of this home who are being supported by either party on a voluntary (no Court Order) basis? Yes____ No____ IF YES, PRINT CHILD/CHILDREN'S NAMES AND DATES OF BIRTH:**

Amount paid monthly _____ Paid by (**circle one**) WIFE HUSBAND

The above information is true and correct to the best of my knowledge.

Signed: _____
PLAINTIFF