

**SHARED CUSTODY CHILD SUPPORT CALCULATION**

Case Number: \_\_\_\_\_

Parent A (Plaintiff/Co-Petitioner): \_\_\_\_\_

Parent B (Defendant/Co-Petitioner): \_\_\_\_\_

**Instructions:** Attach this form to [DR-305](#), *Child Support Guidelines Affidavit* or to [DR-105](#), *Petition for Dissolution of Marriage*, to explain the child support calculation if the parents will have "shared physical custody" per Civil Rule 90.3(f). "Shared physical custody" means that all of the children will stay with each parent at least 30% (110) of the overnights during the year.

	<b>PARENT A</b>	<b>PARENT B</b>
1. Adjusted annual income (from line C.6 on form DR-305 <b>or</b> from page 4, line C.6 on form DR-105):	\$ _____	\$ _____
2. Multiply line 1 by:		
.20 for one child		
.27 for two children		
.33 for three children and	x _____	x _____
add .03 for each additional child		
Annual Child Support (if less than \$600, write "\$600" here):	\$ _____	\$ _____
3. Percentage of time each parent will have physical custody:	_____ %	_____ %
4. Percentage of time the <b>other</b> parent will have physical custody:	_____ %	_____ %
5. Multiply line 2 and line 4:	\$ _____	\$ _____
6. Compare amounts in line 5. <b>The higher amount is the parent who will pay support.</b> Subtract the smaller amount from the larger and write the difference in the column of the parent who will pay support (the other parent's line will be blank):	\$ _____	\$ _____
7. Multiply line 6 by 1.5 (one line will be blank):	\$ _____	\$ _____
8. <b>Annual Child Support.</b> For the parent who will pay support, fill in the smaller of line 2 or line 7:	\$ _____	\$ _____
9. Number of payments per year: _____ [This number is almost always 12, once for every month. See Civil Rule 90.3(b)(1)(D) ( <a href="https://ak-courts.info/civrules">https://ak-courts.info/civrules</a> ) for exceptions.] Months when child support will <b>not</b> be paid: _____		
10. Divide line 8 by line 9 to get Monthly Child Support Payment: \$ _____ to be paid by <input type="checkbox"/> Parent A. <input type="checkbox"/> Parent B. <b>Write this amount on either:</b>		
• form <a href="#">DR-305</a> , page 2, line E.2. <b>or</b>		
• form <a href="#">DR-105</a> , page 11, line A.3.b		

\_\_\_\_\_  
Parent A's Signature\_\_\_\_\_  
Parent B's Signature\_\_\_\_\_  
Type or Print Parent A's Name\_\_\_\_\_  
Type or Print Parent B's Name