

GUIDELINES WORKSHEET ADDENDUM: For CSED information and for use with Child Support calculations

Rev. 3/01

Name of Parties: _____ Case No. _____
Date of Marriage _____ Names & Dates of Birth of children: (1) _____ (2) _____
(3) _____ (4) _____
Obligor _____ Obligee _____ Amount/MONTH/Child _____ Eff. Date _____

HUSBAND/FATHER

Full Name: _____ Employed by: _____
Date of Birth: _____ SSN: _____ Address: _____
Driver's License No. _____
Address: _____
Residence Telephone No. _____

WIFE/MOTHER

Full Name: _____ Employed by: _____
Date of Birth: _____ SSN: _____ Address: _____
Driver's License No. _____
Address: _____
Residence Telephone No. _____

FATHER: _____ MOTHER: _____

Sworn to before me and subscribed in my presence, Sworn to before me and subscribed in my presence,
this ____ day of _____, 20____. this ____ day of _____, 20____.

Notary Public

Notary Public

Attorney for Father

Attorney for Mother