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