

SHARED RESPONSIBILITY
INSTRUCTIONS FOR WORKSHEET B

Part 1 - Basic Support:

Line 1. Gross Monthly Income:

Includes all income, except TANF, food stamps and supplemental security income. See text for allowed deductions from income. Use current income if steady. If income varies a lot from month to month, use an average of the last twelve months, if available, or last year's income tax return. Add both parents' gross incomes and put total under the combined column.

Line 2. Percentage of Combined Income:

Divide each parent's income by combined income to get that parent's percentage of combined income.

Lines 3 and 4. Basic Support:

Fill in the number of children on the worksheet (Line 3). Round combined income to nearest fifty dollars (\$50.00). Look at the basic child support schedule. In the far left-hand column of that schedule, find the rounded combined income figure. Read across to the column with the correct number of children. Enter that amount on Line 4.

Line 5. Shared Responsibility Basic Obligation:

Multiply the basic obligation on Line 4 by 1.5.

Line 6. Each Parent's Share:

Multiply the support amount on Line 5 by each parent's percentage share on Line 2, and enter each parent's dollar share under that parent's column on Line 6.

Line 7. Each Parent's Time of Care for Children:

Enter the number of twenty-four-hour days of responsibility that each parent has each child in a year according to the parenting plan.

Line 8. Percentage of Twenty-Four-Hour Days With Each Parent:

Divide each parent's number of twenty-four-hour days (Line 7) by three hundred sixty-five to obtain a percentage.

Line 9. Amount Retained:

Under shared responsibility arrangements, each parent retains the percentage of the basic support obligation equal to the number of twenty-four-hour days of responsibility spent by each child with each respective parent divided by three hundred sixty-five. Multiply each parent's share of basic support (Line 6) by the percentage in that parent's Line 8 and enter the result on that parent's Line 9. This is the amount that each parent retains to pay the children's expenses during that parent's periods of responsibility.

Line 10. Each Parent's Basic Obligation:

Subtract the amount retained by each parent for direct expenses (Line 9) from that parent's share (Line 6) and enter the difference on that parent's Line 10.

Line 11. Amount Transferred for Basic Support:

In shared responsibility situations, both parents are entitled not only to retain money for direct expenses but also to receive contributions from the other parent toward those expenses. Therefore, subtract the smaller amount on Line 10 from the larger amount on Line 10 to arrive at a net amount transferred for basic support.

Part 2 - Additional Payments:

Line 12. Children's Health and Dental Insurance Premium:

Enter the cost paid by a parent for covering these children with medical and dental insurance under that parent's column on Line 12. Add costs paid by each parent and enter under the combined column on Line 12.

Line 13. Work-Related Child Care:

Enter the cost paid by each parent for work-related child care. If the cost varies (for example, between school year and summer), take the total yearly cost and divide by twelve. Enter each parent's figure in that parent's column on Line 13. Add the cost for both parents and enter in combined column on Line 13.

Line 14. Additional Expenses:

Enter the cost paid by each parent for additional expenses provided by Subsection I of this section on Line 14.

Line 15. Total Additional Payments:

For each parent, total the amount paid by that parent for insurance, child care and additional expenses (Lines 12, 13 and 14). Enter the total in that parent's column on Line 15 and the total of both parents' expenses under the combined column on Line 15.

Line 16. Each Parent's Obligation:

Multiply the total additional payments (combined column on Line 15) by each parent's percentage share of income on Line 2, and enter each parent's dollar share of the additional payments on that parent's Line 16.

Line 17. Amount Transferred:

Subtract each parent's obligation for additional expenses (that parent's Line 16) from the total additional payments made by that parent (that parent's Line 15). The parent with a "minus" figure pays the other parent the amount on Line 17.

Part 3 - Net Amount Transferred:

Line 18. Combine Lines 11 and 17:

Combine the amount owed by one parent to the other for basic support (Line 11) and the amount owed by one parent to the other for additional payments (Line 17). If the same parent owes for both obligations, add Lines 11 and 17, and enter the total on Line 18. If one parent owes for basic support and the other owes for additional payments, subtract the smaller amount from the larger and enter on Line 18. Fill in the blanks by stating which parent pays and which parent receives the net amount transferred.

History: 1978 Comp., § 40-4-11.1, enacted by Laws 1988, ch. 87, § 2; 1991, ch. 206, § 1; 1995, ch. 142, § 1; 2008, ch. 48, § 1.

WORKSHEET B - SHARED RESPONSIBILITY

 JUDICIAL DISTRICT COURT
 COUNTY OF _____
 STATE OF NEW MEXICO
 NO. _____

,
 Petitioner,

vs.

,
 Respondent.

MONTHLY CHILD SUPPORT OBLIGATION

Part 1 - Basic Support:	Mother	+	Father	=	Combined
1. Gross Monthly Income	\$_____	+	\$_____	=	\$_____
2. Percentage of Combined Income (Each parent's income divided by combined income)	_____ %	+	_____ %	=	100%
3. Number of Children _____					
4. Basic Support from Schedule (Use combined income from Line 1)				=	_____
5. Shared Responsibility Basic Obligation (Line 4 x 1.5)				=	_____
6. Each Parent's Share (Line 5 x each parent's Line 2)	_____		_____		
7. Number of 24-Hour Days with Each Parent (must total 365)	_____	+	_____	=	<u>365</u>
8. Percentage with Each Parent (Line 7 divided by 365)	_____ %	+	_____ %	=	100%
9. Amount Retained (Line 6 x Line 8 for Each Parent)	_____		_____		
10. Each Parent's Basic Obligation (subtract Line 9 from Line 6)	_____		_____		

11. Amount Transferred
 (subtract smaller amount
 on Line 10 from larger
 amount on Line 10). Parent
 with larger amount on Line
 10 pays other parent the
 difference.

Part 2 - Additional Payments:

12. Children's Health and
 Dental Insurance

Premium _____ + _____ = _____

13. Work-Related Child
 Care

_____ + _____ = _____

14. Additional
 Expenses

_____ + _____ = _____

15. Total Additional
 Payments (Add Lines
 12, 13 and 14 for each
 parent and for combined
 column)

_____ + _____ = _____

16. Each Parent's Obligation
 (Combined Column Line 15
 x each parent's Line 2)

_____ _____

17. Amount Transferred
 (Subtract each parent's
 Line 16 from that parent's Line 15).
 Parent with "minus"
 figure pays that amount
 to other parent.

_____ _____

Part 3 - Net Amount Transferred:

18. Combine Lines 11 and 17 by
 addition if same parent pays

on both lines, otherwise by
subtraction.

_____ PAYS _____ EACH MONTH \$ _____

Petitioner's Signature Respondent's Signature

Date: _____