Form 509
Rev 02/2019

2019 Delaware Child Support Formula

Case Name: _____ Date of Calculation _____

File #: _____ Petition #: _____ Period: _____ to _____

NET INCOME AVAILABLE

1	Gross Income	Wages	2d Job	Other	Self			Father	Mother
	Father					1			
	Mother								
2	Self-Employment Adjustment (7% of Documented Self-Employment Income to the extent wages and self-employment income do not exceed **$11,075**)					2			
3	Deductions	Pension	Union Dues	Disability	other				
	Father					3			
	Mother								
4	Health Insurance	HI on child	x 50 or 75% =	Net deduction	+ HI not on child				
	If Line 7A = No, 50% *If Yes, then 75%* Father		**50 / 75%**			4			
	Mother		**50 / 75%**						
5	Self Support Allowance					5		**$1,140**	**$1,140**
6	Net Income after Self Support (Line 1 minus Lines 2, 3, 4 and 5)					6			
7	A - Does the parent support other dependent children? (Yes or No)					7A		**Yes / No**	**Yes / No**
	B - Adjustment for Other Dependents (If Line 7A is 'Yes', then 70%; otherwise 100%)					B		**70 / 100%**	**70 / 100%**
8	Net Income Available for Primary Support (Line 6 x Line 7B)					8			**Total**

PRIMARY NEED

9	Share of Net Available (Line 8 / Line 8 Total; if recipient is not a parent, then 50%)					**9**			**Total**
10	Number of children of this union in each home					**10**			
11	Primary Support Allowance (Line 10 x **$310** + **210**)					**11**			
12	Itemized Primary Need	Childcare	Tuition	Health Ins*					
	**Health Insurance premium not deducted on Line 4* Father					**12**			
	Mother								**Total**
13	Total Primary Need (Line 11 + Line 12, then total)					**13**			
14	Primary Support Obligation (Line 9 x Line 13 Total)					**14**			

STANDARD OF LIVING ADJUSTMENT

# children	SOLA %
1	12%
2	17%
3	21%
each add'l	2%

15	Net Income Available for SOLA (Line 8 – Line 14)	**15**			**Total**
16	A - Line 15 - $15,000 but not less than "0"	**16A**			
	B - High Income Offset (20% of Line 16A Total)	**B**			
17	Standard of Living Percentage (Table)	**17**			**Total**
18	A - SOLA (Line 15 - Line 16B x Line 17 but not less than "0")	**18A**			
	B - Per child SOLA (Line 18A Total / Line 10 Total)	**B**			

CREDITS

19	Gross Obligation (Line 14 + Line18A)	**19**			
20	Primary and SOLA retained (Line 10 x Line 18B + Line 11)	**20**			
21	Itemized Primary (Line 12A + Line 12B + Line 12C)	**21**			
22	A - Parenting Time Percentage (80 - 124 Overnights, 10%; 125-163, 30%)	**22A**			
	B - Parenting Time Adjustment (Line 22A x other parent's Line 20)	**B**			
23	A - Does the parent support children in 3 or more households? (Yes or No)	**23A**		**Yes / No**	**Yes / No**
	B - If Line 23A = Yes, then 30%; if No, then 45%	**B**		**30% / 45%**	**30% / 45%**
	C - Self Support Protection (Line 8 x Line 23B)	**C**			
	24 - Net Obligation (Line 19 minus Lines 20, 21, and 22B, but not more than Line 23C)				