

2024 Delaware Child Support Formula

Petitioner _____ Respondent _____ Date: _____

File No: _____ Petition No.: _____ DCSS No.: _____

		Gross Income					Parent 1	Parent 2	
		Wages	2d Job	Other	Self	Nontax			
NET INCOME AVAILABLE	1						1		
		Parent 1							
		Parent 2							
	2	Nontaxable Income Adj. (25% of income exempted by law from Federal income tax)					2		
	3	Self-Employment Adjustment (7% of documented SE income up to \$14,050)					3		
	4	Deductions					4		
			Pension	Union Dues	Disability	other			HI not on child
		Parent 1							
	Parent 2								
5	Self Support Allowance					5	\$1,510	\$1,510	
6	Net Income after Self Support (Line 1 plus Line 2 minus Lines 3, 4, and 5)					6			
7	A – Does the parent support other dependent children? (Yes or No)					7	Yes / No	Yes / No	
	B – Adjustment for Other Dependents (If Line 7 = Yes, then 70%, otherwise \$100%)						70% / 100%	70% / 100%	
8	Net Income Available for Primary Support (Line 6 x Line 7B)					8			
PRIMARY	9	Share of Net Available (Line 8 / Line 8 Total; 50% nonparent override: \$ _____)					9		100%
	10	Number of children of this union in each home					10		
	11	Primary Support Allowance (Line 10 x \$400 + \$350)					11		
	12A	A – Childcare for children of this union necessary for parent to maintain employment					12A		
		B – Private School Tuition and Costs / other primary expenses							
	12B	C – Health Insurance					12B		
			Medical	+ Dental	+ Vision	x 75% or 50%			
		If Line 7A=No, 75%	Parent 1				C		
		If Yes, then 50%	Parent 2						
	13	Total Primary Need (Line 11 + Lines 12A, B and C)					13		
14	Primary Support Obligation (Line 9 x Line 13 Total)					14			
SOLA	Standard of Living Adjustment		15 – Net Income Available for SOLA			15		Total	
	# Children	SOLA %	16A - Line 15 - \$15,100 (but not less than 0)			16A			
	1	12%	B – High Income Offset (30% of Line 16A Total)			B			
	2	17%	17 – Standard of Living Percentage (Table)			17		Total	
	3	21%	18A – SOLA (Line 15 - Line 16B x Line 17)			18A			
	Each add'l	2%	B – Per child SOLA (Line 18A Total / Line 10 Total)			B			
CREDITS	19	Gross Obligation (Line 14 plus Line 18A)					19		
	20	Primary and SOLA retained (Line 10 multiplied by Line 18B plus Line 11)					20		
	21	Itemized Primary (Line 12A plus Line 12B plus Line 12C)					21		
	22A	A – Parenting Time Percentage (80 - 124 Overnights, 10%; 125-163, 30%)					22A		
		B – Parenting Time Adjustment (Line 22A x other parent's Line 20)							
	23	A – Does the parent support children in 3 or more households? (Yes or No)					23A	Yes / No	Yes / No
		B – Self Support Protection % (If Line 23A = No, then 50%; if Yes, then 35%)							
C – Self Support Protection (Line 8 x Line 23B)									
24	Net Obligation (Line 19 minus Lines 20, 21 and 22B, but not more than 23C)					24			
		<input type="checkbox"/> Minimum Order (1 child = \$150 ; 2 or more = \$230)							
	25 - Cash Medical Support (Line 9 rounded towards 50% to the next multiple of 10)					25			