

**MAINE JUDICIAL BRANCH**

\_\_\_\_\_ Plaintiff  
 V. \_\_\_\_\_ Defendant

DISTRICT COURT  
 Location (Town): \_\_\_\_\_  
 Docket No.: \_\_\_\_\_

**SUPPLEMENTAL CHILD SUPPORT WORKSHEET**

**PLEASE NOTE:** This form must be used when parents provide substantially equal care. A Child Support Worksheet (FM-040) must be prepared first.

Higher income parent is the  Plaintiff  Defendant (higher of line 7a and 7b).

15. Higher income parent's share of basic weekly support  
 \_\_\_\_\_ (higher of line 8a and 8b) x \_\_\_\_\_ (line 9c) = 15. \_\_\_\_\_

16. Enhanced weekly support entitlement  
 \_\_\_\_\_ (line 9c) x 1.5 = 16. \_\_\_\_\_

17. Lower income parent's share of enhanced weekly support entitlement  
 \_\_\_\_\_ (lower of line 8a and 8b) x \_\_\_\_\_ (line 16) = 17. \_\_\_\_\_

18. Higher income parent's share of enhanced weekly support entitlement  
 \_\_\_\_\_ (higher of line 8a and 8b) x \_\_\_\_\_ (line 16) = 18. \_\_\_\_\_

19. Enhanced Support Obligation  
 \_\_\_\_\_ (line 18) - \_\_\_\_\_ (line 17) = 19. \_\_\_\_\_

20. Presumptive Parental Support Obligation  
 Enter the amount from line 15 or line 19, whichever is less = 20. \_\_\_\_\_

21. Additional expenses to be shared by parents in proportion to their incomes:

Expense	Weekly Amount	Parent Paying	HIP Share*	LIP Share*
Health Insurance (enter amount from line 10)			\$	\$
Child Care (enter amount from line 11)			\$	\$
Extraordinary Medical Expenses (enter amount from line 12)			\$	\$
*HIP = higher income parent	*LIP = lower income parent	<b>TOTAL:</b>	\$	\$

Adjudgment for additional expenses = 21. \_\_\_\_\_  
 (If HIP pays the expense(s), subtract LIP share.  
 If LIP pays the expense(s), add HIP share.)

22. Total weekly support obligation of HIP to be paid to LIP = 22. \_\_\_\_\_

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