

**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 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