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THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children is is not available through my employer.

a. Monthly cost paid by me or on my behalf for the children *only* is: \$ _____
Do not include the amount paid or payable by your employer.

b. Name of carrier:

c. Address of carrier:

d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:

Mother % Father %

3. The court is requested to order the following as additional child support:

a. Child care costs related to employment or to reasonably necessary education or training for employment skills

(1) Monthly amount currently paid by mother: \$

(2) Monthly amount currently paid by father: \$

b. Uninsured health care costs for the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

c. Educational or other special needs of the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

d. Travel expense for visitation

(1) Monthly amount currently paid by mother: \$

(2) Monthly amount currently paid by father: \$

4. The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

	Amount paid per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expenses (<i>specify and attach any supporting documents</i>):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses (<i>specify and attach supporting documents</i>):	\$ _____	_____
c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (<i>specify names and ages of these children</i>):	\$ _____	_____

d. Total hardship deductions requested (*add lines a-c*): \$ _____