Form 509
(Rev. 1/09)

The Family Court of the State of Delaware
CHILD SUPPORT CALCULATION

Case Name:_____ Calculation Date:_____
Petition #:_____ Period Covered:_____

								Father	Mother	
NET INCOME AVAILABLE	**1**	Gross Income	wages	+	self emp.	+	unearned	+	nontax	
		Father								
		Mother								
	2	Taxes	Federal	+	FICA	+	State	+	other	
		Father								
		Mother								
	3	Deductions	Medical	+	Pension	+	Union	+	other	
		Father								
		Mother								
	4	Self Support Allowance*						**4**	$ 1070	$ 1070	
	5	Net Income after Self-Support (Line 1 – Lines 2, 3 & 4)						**5**			
	6	Number of Children not of this union supported by each party						**6**			
	7	Adjustment for Support of Dependent children (Table A)						**7**	%	%	**Total**
	8	Net Available for Primary Support (Line 5 x Line 7)						**8**			
PRIMARY	**9**	Share of Total Net Available (Line 8 ÷ Line 8 Total)						**9**	%	%	**100%**
	10	Number of Children of this union in each household						**10**			
	11	Primary Support Allowance (Table B)						**11**			
	12	A – Child Care expenses necessary for parent to work						**12A**			
		B – Private School Tuition | other primary expenses						**12B**			
	13	Primary Need (Line 11 Total + Lines 12A & B Totals)						**13**			
	14	Primary Support Obligation (Line 9 x Line 13)						**14**			
SOLA	**15**	Net Available for SOLA (Line 8 minus Line 14)						**15**			
	16	Standard of Living Adjustment Percentage (Table B)						**16**	%	%	
	17	A – SOLA Obligation (Line 15 x Line 16)						**17A**			
		B – SOLA per child (Line 17A Total ÷ Line 10 Total)						**17B**			
	18	Gross Monthly Obligation (Line 14 + Line 17A)						**18**			
CREDITS	**19**	Primary/SOLA retained(Line 10 x per child SOLA + Line 11)						**19**			
	20	Child Care/Tuition paid by each parent (Line 12A + Line 12B)						**20**			
	21	Parenting Time Adjustment - Table C % x other party's Line						**21A**	%	%	
		19 but not more than Line 18						**21B**			
	22	A - Maximum % of Net Income after Self Support (Table D)						**22A**	%	%	
		B - Maximum Available for this household (Line 22A x Line 5)						**22B**			
	23 Net Monthly Obligation	(Line 18 minus Lines 19, 20 & 21B but not more than Line 22B)						**23**			

Table A*		Table B*				Table C		Table D					
children	%	children	primary	SOLA	minimum	overnights	%	# other children	# Children w/other parent				
									1	2	3	4+	
0	100	1	480	16	96	Up to 109	0	0	100	100	100	100	
1	82	2	790	24	158	110 – 132	10	1	50	60	70	75	
2	73	3	1070	30	214	133 – 150	20	2	40	50	60	65	
3	67	4	1340	35	268	151 – 164	30	3	30	40	50	55	
4	61	5	1580	38	294	165 – 174	40	4+	25	35	45	50	
EA	- 3	EA	+240	+3	+48								

*For use January 1, 2009 through December 31, 2010.