



**FORT MOJAVE INDIAN TRIBE OF ARIZONA, CALIFORNIA & NEVADA
TRIBAL COURT**

8492 South Highway 95, Mohave Valley, Arizona 86440
Telephone: (928) 346-5200 • Fax: (928) 346-5287

CHILD SUPPORT DETERMINATION WORKSHEET			
Case Number:			
Name of Person Completing Worksheet:			
I am the <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent in this case.			
This determination of child support involves the following children:			
	Name	Date of Birth	
1.			
2.			
3.			
4.			
Monthly Income and Expenses			
Monthly Household Income		Monthly Household Expenses	
I am <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		Rent/Mortgage	\$
Employer Name:		Food/Household Supplies	\$
Income (hourly or yearly)*	\$	Utilities	\$
Gross Monthly Income*	\$	Transportation	\$
Other Sources of Monthly Household Income*		Court-Ordered Spousal Support*	\$
Source	\$	Court-Ordered Child Support*	\$
Source	\$	Clothing	\$
Source	\$	Child Care	\$
Source	\$	Education	\$
Subtotal		Health Insurance	\$
<input type="checkbox"/> I receive \$ _____ in SNAP Benefits per Month*		Car Insurance	\$
<input type="checkbox"/> I receive \$ _____ in TANF Benefits per Month*		Other	\$
Total Monthly Income		Total Monthly Expenses	\$
Additional Information			
<input type="checkbox"/> I am the custodial parent of _____ other children not involved in this case.		<input type="checkbox"/> I provide support to _____ people who live with me; their ages are _____.	
<input type="checkbox"/> I pay \$ _____ in Court-Ordered Child Support for _____ other children not involved in this case.		<input type="checkbox"/> I pay for health insurance for the child(ren) addressed in this case.	
I swear or affirm all information provided on this worksheet is true under penalty of perjury.			
Signature:		Date:	

*Attach supporting documentation.