

Original - NO charges from Family Court

South Carolina Department of Social Services

CHILD SUPPORT OBLIGATION: WORKSHEET A

Meretta E. Kinley

vs. Charlie G. Cook, Jr.

08/11/12

Name of Plaintiff

Name of Defendant

File Number

1. Monthly Gross Income: 4,719 Father 1,257 Mother
☐ Imputed ☒ Imputed
2. Monthly Alimony (This Action)
a. To Be Received: +
b. To Be Paid: -
3. a. Other Monthly Alimony or Child Support Paid: -
(If Having Priority Over This Action)
b. Adjustment For 0/0 Other Child(ren) In the Home: -
4. Adjusted Monthly Gross Income: 4(F) 4,719 + 4(M) 1,257 = 4(C) 5,976
 $4(F) + 4(M) = 4(C)$

Number of Children To Be Supported By Order In This Action: 1
5. Basic Combined Child Support Obligation: (Gross)
(From Schedule, Using Combined Monthly Adjusted Gross Income (Line 4C))
6. Adjustment to Basic Child Support Obligation
a. Health Insurance Premium: Medical + Dental +
(Portion Covering Children Only)
b. Child(ren)'s Extraordinary Medical Expenses: + 158.00 +
c. Work-Related Child Care Costs Adjusted For Federal Tax Credit: (Choose one method)
Actual _____ x 0.75 = +
(Subject to income restraints) OR
Actual Expenses _____ - Actual Credit _____
Total Adjustment to Basic Combined Child Support Obligation: 6(F) 158.00 + 6(M) _____ = 6(C) 158.00
7. Total Combined Monthly Child Support Obligation: (Net) = 7(C) 977
 $5(C) + 6(C) = 7(C)$

8. Proportional Share of Combined Monthly Adjusted Gross Income: 8(F) 79 % $\frac{4(F)}{4(F)+4(C)} = 8(F)$ 8(M) 21 % $\frac{4(M)}{4(M)+4(C)} = 8(M)$
9. Gross Child Support Obligation of Individual Parent: (Monthly) 9(F) 772.00 $7(C) \times 8(F) = 9(F)$ 9(M) 205 $7(C) \times 8(M) = 9(M)$

Complete Items 10-11 for Noncustodial Parent Only:
Noncustodial Parent is: (Check One) ☒ Father ☐ Mother
10. Credit for Adjustment to Basic Combined Child Support Obligation: (From Item 6(F) or Item 6(M)) 10(F) 158.00 (Same as Item 6(F)) 10(M) _____ (Same as Item 6(M))
11. Net Child Support To Be Paid To Custodial Parent: 11(F) 614 $9(F) - 10(F) = 11(F)$ 11(M) _____ $9(M) - 10(M) = 11(M)$

Date: 5/29/12 Worksheet Prepared By: [Signature] For: ☒ Father ☐ Mother
Note: If deviation from the Guidelines is necessary, please specify reasons (over).

614:4.333=\$141.69

STATE OF SOUTH CAROLINA
COUNTY OF Darke
South Carolina Department of Social Services
vs. Charlie B. Cook, Jr.
Conference Date: 5-29-2012
Attorney for Obligor: Deborah Kane

IN THE FAMILY COURT
1st JUDICIAL CIRCUIT
ADMINISTRATIVE PROCESS
ORDER OF FINANCIAL RESPONSIBILITY
Curbine & Retain 01-DK-18-71
Medication
CSED Case Number: 2012-DK-18-843
Docket Number: 081110

1. The Custodian and Obligor in this action are:

CUSTODIAN AFDC RECIPIENT: ☐ Yes ☐ No

Name: Meretha E Kimley

Residence and/or Mailing Address:

201 Dwyer Road
St George, SC 29477

Telephone: 803-707-2232

Sex: F DOB: 8/27/1963

Social Security Number: 250-15-2474

DLN: 008294785 Exp. Date: 8/23/2016

Employer: Greenville, N Carolina

OBLIGOR

Name: Charlie B. Cook, Jr.

Residence and/or Mailing Address:

159 Indian Field Circle
St George, SC 29477

Telephone: 843-701-2878

Sex: M DOB: 4-01-1970

Social Security Number: 250-57-3039

DLN: 008692278 Exp. Date: _____

Employer: ITT Kaliburn

Telephone: 803-274-8875

Telephone: Laden, SC

2. The Obligor acknowledges proper service of the Notice of Financial Responsibility or waives any defects; the Obligor waives a court hearing;

☒ The Obligor is the natural parent of and owes a duty of support to the following dependent child(ren):

☐ The Obligor admits to being the natural father of the dependent child(ren) listed below. By this Order, the Obligor is found to be the father of and owes a duty of support to the dependent child(ren) listed below.

Name	DOB	Social Security Number
<u>Amber Alyssa Cook</u>	<u>11-04-98</u>	<u>055-058449</u>

3. ☐ Paternity tests were conducted for the child(ren) _____

_____. The paternity tests indicate a _____ percent probability of paternity for the above-named child(ren). The Obligor owes a child support arrearage of \$ _____, for child support set retroactive to _____.

4. The Obligor agrees to pay \$ _____ for genetic testing to the Child Support Enforcement Division, P.O. Box 1520, Columbia, S.C. 29202-1520, no later than _____.

5. ☐ Obligor was served on 5/29/12.

☒ Obligor waives thirty (30) days notice.

6. The Obligor's gross monthly income is \$ 4719. The custodian's gross monthly income is

\$ 1257 n/w. Day care expenses for the child(ren) are \$ 0 per _____.

The cost of insurance is \$ 158.00 per month which is paid by the Obligor.

Initials: CC MB DBK

STATE OF SOUTH CAROLINA

COUNTY OF

Donchester

IN THE FAMILY COURT
JUDICIAL CIRCUIT

Meretta E. Kinley

Plaintiff,

vs.

Charlie Cook, Jr

Defendant.

**DESIGNATION FORM
FOR COURT COSTS**

Docket No.

2012-DN-18

I acknowledge that South Carolina Code Ann. § 63-3-370 requires that I pay and the Family Court has ordered that I pay court costs in an amount equal to five percent of any support payment made through the Clerk of Court or the centralized wage withholding system. I owe and will pay these costs in addition to my support obligation.

To meet my duty to pay court costs, I designate an amount equal to five percent of the support payment I make to be applied and distributed in payment of court costs, not support.

I authorize the Clerk of Court or, if payments are withheld from my income, the centralized wage withholding system to deduct the fee from every payment made by me or on my behalf.

I acknowledge that should I not pay the full amount due, that an arrearage will accrue and that the Clerk of Court may take enforcement action against me for failure to pay all amounts ordered by the Court.

If an amendment to the law changes the amount of court costs, this designation authorizes deduction of court costs in the amount established by law.

Signed this 29th day of May, 2012 at

Lummerville, SC (City, State).

X [Signature]
Signature of Obligor

X Charlie G. Cook Jr.
Printed Name of Obligor

Custodial Parent (if applicable):

X [Signature]

Serving Children and Families

NIKKI HALEY
GOVERNOR

Charlie G. Cook, _Jr
Indiand Field Cir
St. George, SC 29477

Re: Case ID: 0811110
Custodial Parent: Meretha E. Kimley

The Child Support Enforcement Division will be reviewing your case to determine if the amount of child support that you are ordered to pay should be adjusted and if health insurance coverage is available for the child(ren) who live with the above-named custodian. We are requesting that you answer the following questions and return them to the below address, so that we have as much information available to us as possible.

If you have any questions concerning this matter, please call 843-953-9700.

Social Security Number: 250-57-3039 Date of Birth: 4/1/1970
 Are you employed? Yes
 If yes, give name of employer and address: ITT Kaliburn - Ladson, SC

If employed, what are your gross earnings at work? 23.60 per hour
3,776 per month. YES

Are your child(ren) who live with the above-custodian covered by a health insurance plan? YES

If yes, answer the following: Company Empire BCBS
Group # _____

Policy number: 245930 300 #TTEPO Plan ID# ~~100~~ 16R 85905512

Cost of child(ren)'s portion of the health insurance premium? \$158.00 Health & Dental includes vision

Do you have any biological children at home? NO

If yes, state name(s) and age(s): N/A

Are you under order to provide support for any other children? NO

If yes, how much are you ordered to pay? N/A

Who is the custodian of these children? N/A

Date _____

Amber's part of Health Insurance \$150.00 per month
(includes vision)

Amber's part of Dental Insurance \$ 8.00 per month

(Per Kathy Pace @ ITT Ph #843-695-4025) \$158.00 per month

Employee		Reference		Copy	
W-2 Wage and Tax Statement 2012					
Copy C for employee's records. OMB No. 1545-0008					
Control number	Dept.	Corp.	Employer use only		
000000142 VVP		NQV0	G	24	
Employer's name, address, and ZIP code					
KALIBURN INC 1919 W. COOK ROAD FORT WAYNE, IN 46818 884COOK,CHARLIE G					
If Employee's name, address, and ZIP code					
CHARLIE G COOK 159 INDIAN FIELD CIRCLE ST GEORGE, SC 29477					
Employer's FED ID number	a Employee's SSA number				
57-0796761	250-57-3039				
Wages, tips, other comp.	2 Federal income tax withheld				
44198.97	6715.52				
Social security wages	4 Social security tax withheld				
44198.97	1856.36				
Medicare wages and tips	6 Medicare tax withheld				
44198.97	640.89				
Social security tips	8 Allocated tips				
	10 Dependent care benefits				
1 Nonqualified plans	12a See instructions for box 12				
	DD 15709.00				
4 Other	12b				
	12c				
	12d				
	13 Stat emp Ret. plan 3rd party sick pay				
15 State	Employer's state ID no.	16 State wages, tips, etc.			
SC	25200816 1	44198.97			
17 State income tax	18 Local wages, tips, etc.				
2805.43					
19 Local income tax	20 Locality name				

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

CHARLIE G COOK
159 INDIAN FIELD CIRCLE
ST GEORGE, SC 29477

Social Security Number: 250-57-3039

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PAGE 01 OF 01

Wages, tips, other comp.	2 Federal income tax withheld
44198.97	6715.52
Social security wages	4 Social security tax withheld
44198.97	1856.36
Medicare wages and tips	6 Medicare tax withheld
44198.97	640.89
Control number	Dept.
000000142 VVP	
Corp.	Employer use only
NQV0	G 24
Employer's name, address, and ZIP code	
KALIBURN INC 1919 W. COOK ROAD FORT WAYNE, IN 46818 884COOK,CHARLIE G	
Employer's FED ID number	a Employee's SSA number
57-0796761	250-57-3039
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
	DD 15709.00
4 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
If Employee's name, address and ZIP code	
CHARLIE G COOK 159 INDIAN FIELD CIRCLE ST GEORGE, SC 29477	
15 State	Employer's state ID no.
SC	25200816 1
16 State wages, tips, etc.	44198.97
17 State income tax	18 Local wages, tips, etc.
2805.43	
19 Local income tax	20 Locality name
Federal Filing Copy	
W-2 Wage and Tax Statement 2012	
OMB No. 1545-0008	

1 Wages, tips, other comp.	2 Federal income tax withheld
44198.97	6715.52
3 Social security wages	4 Social security tax withheld
44198.97	1856.36
5 Medicare wages and tips	6 Medicare tax withheld
44198.97	640.89
d Control number	Dept.
0000000142 VVP	
Corp.	Employer use only
NQV0	G 24
c Employer's name, address, and ZIP code	
KALIBURN INC 1919 W. COOK ROAD FORT WAYNE, IN 46818 884COOK,CHARLIE G	
b Employer's FED ID number	a Employee's SSA number
57-0796761	250-57-3039
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a
	DD 15709.00
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code	
CHARLIE G COOK 159 INDIAN FIELD CIRCLE ST GEORGE, SC 29477	
15 State	Employer's state ID no.
SC	25200816 1
16 State wages, tips, etc.	44198.97
17 State income tax	18 Local wages, tips, etc.
2805.43	
19 Local income tax	20 Locality name
SC. State Filing Copy	
W-2 Wage and Tax Statement 2012	
OMB No. 1545-0008	

1 Wages, tips, other comp.	2 Federal income tax withheld
44198.97	6715.52
3 Social security wages	4 Social security tax withheld
44198.97	1856.36
5 Medicare wages and tips	6 Medicare tax withheld
44198.97	640.89
d Control number	Dept.
0000000142 VVP	
Corp.	Employer use only
NQV0	G 2
c Employer's name, address, and ZIP code	
KALIBURN INC 1919 W. COOK ROAD FORT WAYNE, IN 46818 884COOK,CHARLIE G	
b Employer's FED ID number	a Employee's SSA number
57-0796761	250-57-3039
7 Social security tips	8 Allocated tips
	10 Dependent care benefits
11 Nonqualified plans	12a
	DD 15709.00
14 Other	12b
	12c
	12d
	13 Stat emp Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code	
CHARLIE G COOK 159 INDIAN FIELD CIRCLE ST GEORGE, SC 29477	
15 State	Employer's state ID no.
SC	25200816 1
16 State wages, tips, etc.	44198.97
17 State income tax	18 Local wages, tips, etc.
2805.43	
19 Local income tax	20 Locality name
City or Local Filing Copy	
W-2 Wage and Tax Statement 2012	
OMB No. 1545-0008	

Employee Reference Copy
W-2 Wage and Tax Statement **2012**
 OMB No. 1545-0008

Copy C for employee's records.

Control number 03968 CHIC/AEP	Dept. 711450	Corp.	Employer use only A 15
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Employer's name, address, and ZIP code
KALIBURN INC
1133 WESTCHESTER AVE
WHITE PLAINS NY 10604

Batch #04331

Employee's name, address, and ZIP code
CHARLIE G COOK
159 INDIAN FIELD CIRCLE
ST GEORGE SC 29477

Employer's FED ID number 57-0796761	a Employee's SSA number 250-57-3039
Wages, tips, other comp. 2068.66	2 Federal income tax withheld 297.12
Social security wages 2068.66	4 Social security tax withheld 86.88
Medicare wages and tips 2068.66	6 Medicare tax withheld 30.00
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
13 Stat emp	Ret. plan 3rd party sick pay
15 State SC Employer's state ID no. 25200816-1	16 State wages, tips, etc. 2068.66
17 State income tax 125.20	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2012 pay stub plus any adjustments submitted by your employer.

Gross Pay	2068.66	Social Security Tax Withheld Box 4 of W-2	86.88	SC. State Income Tax Box 17 of W-2 SU/SDI Box 14 of W-2	125.20
Fed. Income Tax Withheld Box 2 of W-2	297.12	Medicare Tax Withheld Box 6 of W-2	30.00		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	SC. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	2,068.66	2,068.66	2,068.66	2,068.66
Reported W-2 Wages	2,068.66	2,068.66	2,068.66	2,068.66

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

CHARLIE G COOK
159 INDIAN FIELD CIRCLE
ST GEORGE SC 29477

Social Security Number: **250-57-3039**
 Taxable Marital Status: **SINGLE**
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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Wages, tips, other comp. 2068.66	2 Federal income tax withheld 297.12
Social security wages 2068.66	4 Social security tax withheld 86.88
Medicare wages and tips 2068.66	6 Medicare tax withheld 30.00
Control number 03968 CHIC/AEP	Dept. 711450
Corp.	Employer use only A 15
Employer's name, address, and ZIP code KALIBURN INC 1133 WESTCHESTER AVE WHITE PLAINS NY 10604	
Employer's FED ID number 57-0796761	a Employee's SSA number 250-57-3039
Social security tips	8 Allocated tips
	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other	12b
	12c
	12d
13 Stat emp	Ret. plan 3rd party sick pay
5 State SC Employer's state ID no. 25200816-1	16 State wages, tips, etc. 2068.66
7 State income tax 125.20	18 Local wages, tips, etc.
9 Local income tax	20 Locality name

Employee's name, address and ZIP code
CHARLIE G COOK
159 INDIAN FIELD CIRCLE
ST GEORGE SC 29477

15 State SC Employer's state ID no. 25200816-1	16 State wages, tips, etc. 2068.66
17 State income tax 125.20	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 2068.66	2 Federal income tax withheld 297.12
3 Social security wages 2068.66	4 Social security tax withheld 86.88
5 Medicare wages and tips 2068.66	6 Medicare tax withheld 30.00
d Control number 103968 CHIC/AEP	Dept. 711450
Corp.	Employer use only A 15
c Employer's name, address, and ZIP code KALIBURN INC 1133 WESTCHESTER AVE WHITE PLAINS NY 10604	
b Employer's FED ID number 57-0796761	a Employee's SSA number 250-57-3039
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
13 Stat emp	Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code CHARLIE G COOK 159 INDIAN FIELD CIRCLE ST GEORGE SC 29477	
15 State SC Employer's state ID no. 25200816-1	16 State wages, tips, etc. 2068.66
17 State income tax 125.20	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1 Wages, tips, other comp. 2068.66	2 Federal income tax withheld 297.12
3 Social security wages 2068.66	4 Social security tax withheld 86.88
5 Medicare wages and tips 2068.66	6 Medicare tax withheld 30.00
d Control number 103968 CHIC/AEP	Dept. 711450
Corp.	Employer use only A 15
c Employer's name, address, and ZIP code KALIBURN INC 1133 WESTCHESTER AVE WHITE PLAINS NY 10604	
b Employer's FED ID number 57-0796761	a Employee's SSA number 250-57-3039
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
13 Stat emp	Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code CHARLIE G COOK 159 INDIAN FIELD CIRCLE ST GEORGE SC 29477	
15 State SC Employer's state ID no. 25200816-1	16 State wages, tips, etc. 2068.66
17 State income tax 125.20	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

South Carolina Department of Social Services
CHILD SUPPORT OBLIGATION: WORKSHEET A

M. Ammer

vs.

C. Cook

0811110

Name of Plaintiff

Name of Defendant

File Number

1. Monthly Gross Income:	Father 4314	Mother 1830	
	<input type="checkbox"/> Imputed	<input type="checkbox"/> Imputed	
2. Monthly Alimony (This Action)			
a. To Be Received:	+	+	
b. To Be Paid:	-	-	
3. a. Other Monthly Alimony or Child Support Paid: (If Having Priority Over This Action)	-	-	
b. Adjustment For <u>0/0</u> Other Child(ren) In the Home:	-	-	
4. Adjusted Monthly Gross Income:	4(F) 4314	+ 4(M) 1830	= 4(C) 6144 4(F) + 4(M) = 4(C)

Number of Children To Be Supported By Order In This Action: 1

5. Basic Combined Child Support Obligation: (Gross)
(From Schedule, Using Combined Monthly Adjusted Gross Income (Line 4C)) 5(C) 858

6. Adjustment to Basic Child Support Obligation

a. Health Insurance Premium: (Portion Covering Children Only)	+		+	
b. Child(ren)'s Extraordinary Medical Expenses:	+		+	
c. Work-Related Child Care Costs Adjusted For Federal Tax Credit: (Choose one method)				
Actual _____ - Adjustment* _____ =	+		+	
(Subject to income restraints) ADJUSTMENT is lesser of (1) Actual Credit from state and federal tax return OR (2) .27 of Actual Expenses OR (3) \$68 for 1 child or \$135 for 2 or more children receiving care)				
Total Adjustment to Basic Combined Child Support Obligation:	6(F)		+ 6(M)	
7. Total Combined Monthly Child Support Obligation: (Net)			=	6(C) <u>0</u>
			=	7(C) <u>858</u> 5(C) + 6(C) = 7(C)

8. Proportional Share of Combined Monthly Adjusted Gross Income:

8(F) <u>70.2</u> %	+	8(M) <u>29.8</u> %
4(F)/4(C) = 8(F)		4(M)/4(C) = 8(M)

9. Gross Child Support Obligation of Individual Parent: (Monthly)

9(F) <u>602/mo</u>	+	9(M) _____
7(C) x 8(F) = 9(F)		7(C) x 8(M) = 9(M)

Complete Items 10-11 for **Obligated Parent Only:**

Obligated Parent is: (Check One) ☒ Father ☐ Mother

10. Credit for Adjustment to Basic Combined Child Support Obligation: (From Item 6(F) or Item 6(M))

10(F) <u>0</u>	10(M) _____
(Same as Item 6(F))	(Same as Item 6(M))

11. Net Child Support To Be Paid To Custodian:

11(F) <u>602/mo</u>	11(M) _____
9(F) - 10(F) = 11(F)	9(M) - 10(M) = 11(M)

Date: 10/20/15 Worksheet Prepared By: Tiffany Murphy For: ☒ Father ☐ Mother
Note: If deviations from the Guidelines is necessary, please specify reasons (over).