

Original - NO charges from Family Court

South Carolina Department of Social Services

CHILD SUPPORT OBLIGATION: WORKSHEET A

Meretta E. Kimley vs. Charlie G. Cook, Jr. 0811110
 Name of Plaintiff Name of Defendant File Number

1. Monthly Gross Income:	Father <u>4,719</u> <input type="checkbox"/> Imputed	Mother <u>1,257</u> <input checked="" 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) <u>4,719</u>	+ 4(M) <u>1,257</u>	= 4(C) <u>5,976</u> <small>4(F) + 4(M) = 4(C)</small>

Handwritten notes: NCA Worksheet YTD as of 5/16/12 \$18,874.19

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) <u>819</u>
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 _____ x 0.75 =	+	+	
(Subject to income restraints) OR			
Actual Expenses _____ - Actual Credit _____			
Total Adjustment to Basic Combined Child Support Obligation:	6(F) <u>158.00</u>	+ 6(M) _____	= 6(C) <u>158.00</u>
7. Total Combined Monthly Child Support Obligation: (Net)			= 7(C) <u>977</u> <small>5(C) + 6(C) = 7(C)</small>

Handwritten notes: Medical + Dependent Child Care

8. Proportional Share of Combined Monthly Adjusted Gross Income:	8(F) <u>79</u> % <small>4(F)/4(C) = 8(F)</small>	8(M) <u>21</u> % <small>4(M)/4(C) = 8(M)</small>
9. Gross Child Support Obligation of Individual Parent: (Monthly)	9(F) <u>772.00</u> <small>7(C) x 8(F) = 9(F)</small>	9(M) <u>205</u> <small>7(C) x 8(M) = 9(M)</small>

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) <u>158.00</u> <small>(Same as Item 6(F))</small>	10(M) _____ <small>(Same as Item 6(M))</small>
11. Net Child Support To Be Paid To Custodial Parent:	11(F) <u>614</u> <small>9(F) - 10(F) = 11(F)</small>	11(M) _____ <small>9(M) - 10(M) = 11(M)</small>

Handwritten notes: 614: 2.17 = 283.00 biweekly x 50% CC = \$297.15

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)
Obligee,)
vs. Charlie B. Cook, Jr.)
Obligor.)
Conference Date: 5-29-2012)
Attorney for Oblige: P. Lehmann)
Attorney for Obligor: Deborah Kair)

IN THE FAMILY COURT)
1st JUDICIAL CIRCUIT)
ADMINISTRATIVE PROCESS)
ORDER OF FINANCIAL RESPONSIBILITY)
Combine & Retain 01-DK-18-71)
Medicaid)
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 Durobi 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: 1/23/2016

Employer: Branchville, Natchow

OBLIGOR

Name: Charlie B. Cook, Jr.

Residence and/or Mailing Address:

159 Indianfield 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: _____

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

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

Initials: CC / MK OBK
ncp / [unclear] [unclear] AAY, ncp

STATE OF SOUTH CAROLINA)

COUNTY OF Donchester)

Meretta E. Kinley)
Plaintiff,)

vs.)
Charlie Cook, Jr)
Defendant.)

IN THE FAMILY COURT
131 JUDICIAL CIRCUIT

**DESIGNATION FORM
FOR COURT COSTS**

Docket No. 2012-DM-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]

DSS

Serving Children and Families

LILLIAN KOLLER
STATE DIRECTOR

NIKKI HALEY
GOVERNOR

November, 10 2011

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

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

Dear Mr. Cook:

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.

Your full name:

Charlie Gordon Cook, Jr.

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 Keliburn - Ladson, SC

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

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: 295930300 #TTEPOPlan ID# ~~123456789~~ IGR 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 Medo-Prescription Benefits

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

 1-26-12
Signature Date

nf

Amber's part of Health Insurance \$150.00 per month
(includes vision)
Amber's part of Dental Insurance \$ 8.00 per month
(Per Kathy face@ITT Ph#843-695-4025) \$158.00 per month

Employee		Reference		Copy	
W-2		Wage and Tax		2012	
Statement		Statement		Statement	
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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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.	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					
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					
5 State	Employer's state ID no.	16 State wages, tips, etc.			
SC	25200816 1	44198.97			
7 State income tax	18 Local wages, tips, etc.				
2805.43					
9 Local income tax	20 Locality name				

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.	Corp.	Employer use only		
0000000142 VVP		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 See instructions for box 12				
	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.	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				

1 Wages, tips, other comp.	2 Federal income tax withheld				
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c Employer's name, address, and ZIP code					
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b Employer's FED ID number	a Employee's SSA number				
57-0796761	250-57-3039				
7 Social security tips	8 Allocated tips				
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	12d				
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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.	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				

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

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.

Copy C for employee's records.

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

Batch #04331

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 SUI/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		

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

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	Dept. CHIC/AEP	Corp. 711450	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
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5 State SC Employer's state ID no. 25200816-1	16 State wages, tips, etc. 2068.66
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9 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	Dept. CHIC/AEP	Corp. 711450	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	Dept. CHIC/AEP	Corp. 711450	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

081110

Name of Plaintiff

Name of Defendant

File Number

	Father		Mother	
1. Monthly Gross Income:	<u>4314</u>		<u>1830</u>	
	<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) <u>4314</u>	+	4(M) <u>1830</u>	= Combined Monthly Adjusted Gross Income 4(C) <u>6144</u> 4(F) + 4(M) = 4(C)

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

5. Basic Combined Child Support Obligation: (Gross) (From Schedule, Using Combined Monthly Adjusted Gross Income (Line 4C))		5(C) <u>858</u>
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* _____ =	+	
<small>(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)</small>		
Total Adjustment to Basic Combined Child Support Obligation:	6(F) _____ + 6(M) _____	= 6(C) <u>0</u>
7. Total Combined Monthly Child Support Obligation: (Net)		= 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> % 4(F)/4(C) = 8(F)	+	8(M) <u>29.8</u> % 4(M)/4(C) = 8(M)
9. Gross Child Support Obligation of Individual Parent: (Monthly)	9(F) <u>602/mo</u> 7(C) x 8(F) = 9(F)	+	9(M) _____ 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> (Same as Item 6(F))	10(M) _____ (Same as Item 6(M))
11. Net Child Support To Be Paid To Custodian:	11(F) <u>602/mo</u> 9(F) - 10(F) = 11(F)	11(M) _____ 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).