Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

|  |  |
| --- | --- |
|  , Petitioner, vs. , Respondent. | Case No. SHARED, SPLIT, OR MIXED CUSTODY CHILD SUPPORT WORKSHEET |

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |
| --- |
|  BIRTH BIRTH BIRTH**CHILDREN DATE CHILDREN DATE CHILDREN DATE**  |
| 1. |  | 2. |  | 3. |  |
| 4. |  | 5. |  | 6. |  |
|    **PARENT PARENT COMBINED** |
| 1. MONTHLY I.C.S.G. INCOME (from Affidavit)  | $ | $ | $ |  |
| 1. SHARE OF INCOME FOR EACH PARENT

 (line 1 for each parent divided by Combined Income) |   |   |   |  |
| 1. BASIC COMBINED CHILD SUPPORT OBLIGATION

 (apply line 1 Combined to Child Support Schedule) |  |  | $ |  |
| 1. EACH PARENT’S CHILD SUPPORT OBLIGATION

 (line 2 multiplied by line 3 for each parent) | $ | $ |  |  |
| 1. OBLIGATION ALLOCATION

 (line 4 divided by the number of children) | $ | $ |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. ALLOCATION TO CHILD

 For each standard-custody child enter the amount from line 5. For each shared  or split-custody child Multiply line 5 by 1.5 and enter in the appropriate box. |  CHILD 1 Parent Parent |  CHILD 2 Parent Parent |  CHILD 3Parent Parent |  CHILD 4Parent Parent |  CHILD 5Parent Parent |
|  | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| 1. PROPORTIONAL OBLIGATION

 Number of overnights with other parent  Divided by 365. If ≥ .75, enter 1.  If ≤ .25, enter 0. (For example, if child 1 lives with \_\_\_\_\_ 40% of the time, “.40”  goes under “\_\_\_\_\_” for child 1.) “≥” means “greater than or equal to.” |  |  |  |  |  |  |  |  |  |  |
| 1. PARENTS’ OBLIGATION

 Line 6 times line 7 for each child. | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| 9. EACH PARENT’S TOTAL SUPPORT (total from all boxes) |  PARENT$ |  PARENT$ |
| 10. RECOMMENDED BASE SUPPORT(subtract the lesser amount from the greater in 9 and enter the difference under parent with greater obligation) | $ | $ |

 OTHER COSTS TO BE CONSIDERED BY THE COURT:

 A. Work-related childcare expenses (+/-) $ \_\_\_\_\_

 B. Health insurance premiums (+/-) $ \_\_\_\_\_

1. Total TAX BENEFIT for all exemptions divided by 12

 Multiply benefit by % for each parent

 (+/- to off-set any excess benefit) $ \_\_\_\_\_

Total AMOUNT TO BE ORDERED $ \_\_\_\_\_

COMMENTS, CALCULATIONS AND/OR REBUTTALS: .

Date:

Typed/printed Signature