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 3  Parent Parent | | CHILD 4  Parent Parent | | CHILD 5  Parent 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