
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____

SHARED, SPLIT, OR MIXED CUSTODY
WORKSHEET

| CHILDREN | BIRTH DATE | CHILDREN | BIRTH DATE | CHILDREN | BIRTH DATE |
|--|------------|----------|------------|----------|------------|
| 1. | | 2. | | 3. | |
| 4. | | 5. | | | |
| MOTHER FATHER COMBINED | | | | | |
| 1. MONTHLY I.C.S.G. INCOME (from Affidavit) | | \$ | \$ | \$ | |
| 2. SHARE OF INCOME FOR EACH PARENT (line 1 for each parent divided by Combined Income) | | | | | |
| 3. BASIC COMBINED CHILD SUPPORT OBLIGATION (apply line 1 Combined to Child Support Schedule) | | | | \$ | |
| 4. EACH PARENT'S CHILD SUPPORT OBLIGATION (line 2 multiplied by line 3 for each parent) | | \$ | \$ | | |
| 5. OBLIGATION ALLOCATION (line 4 divided by the number of children) | | \$ | \$ | | |

| 6. 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 | | CHILD 2 | | CHILD 3 | | CHILD 4 | | CHILD 5 | |
|--|---------|-----|---------|-----|--------------|-----|---------|--------------|---------|-----|
| | Mom | Dad | Mom | Dad | Mom | Dad | Mom | Dad | Mom | Dad |
| | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 7. PROPORTIONAL OBLIGATION Number of overnights with other parent Divided by 365. If $\geq .75$, enter 1. If $\leq .25$, enter 0. (For example, if child 1 lives with Mom 40% of the time, ".40" goes under "Dad" for child 1.) "≥" means "greater than or equal to." | | | | | | | | | | |
| 8. PARENTS' OBLIGATION Line 6 times line 7 for each child. | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| 9. EACH PARENT'S TOTAL SUPPORT (total from all boxes) | | | | | MOTHER \$ | | | FATHER \$ | | |
| 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 and uninsured health care expenses (+/-) \$ _____
- C. 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