

\_\_\_\_\_  
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 FOURTH JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.

Case No. \_\_\_\_\_

STANDARD CHILD SUPPORT  
WORKSHEET

**CHILDREN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE OF BIRTH**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<b><u>FATHER</u></b>	<b><u>MOTHER</u></b>	<b><u>COMBINED</u></b>
1. MONTHLY ICSG INCOME (from Affidavit)	\$ _____	\$ _____	\$ _____
2. PERCENTAGE SHARE OF INCOME (Each parent's income on line 1 divided by Combined Income)	_____ %	_____ %	100.00%
3. BASIC CHILD SUPPORT OBLIGATION (Apply line 1 Combined to Child Support Schedule)			\$ _____
4. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 2 times line 3 for each parent)	\$ _____	\$ _____	
5. RECOMMENDED BASE SUPPORT: (Bring down the amount from line 4 for the non-custodial parent)	\$ _____	\$ _____	

	<u>FATHER</u>	<u>MOTHER</u>	<u>COMBINED</u>
6. Other costs to be considered by the Court:	\$ _____	\$ _____	
a. Work-related childcare expenses (+/-)	\$ _____	\$ _____	\$ _____
b. Health insurance premiums and uninsured health care expenses paid by ( ) Mom ( ) Dad (+/-)	\$ _____	\$ _____	\$ _____
c. Total tax benefit for all exemptions divided by 12			\$ _____
Multiply benefit by line 2 % for each parent	\$ _____	\$ _____	
+/- (to off-set any excess benefit)	\$ _____	\$ _____	
7. Total AMOUNT TO BE ORDERED:	\$ _____	\$ _____	

PREPARED ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Typed/printed

\_\_\_\_\_  
Signature