_____
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. _____ PETITION FOR ☐ PATERNITY ☐ CUSTODY, VISITATION ☐ SUPPORT Fee Category: _____ Filing Fee $_____

The Petitioner says:

1. **Minor Child/ren of the Parties.** The following child/ren under the age of eighteen (18) years, or under nineteen (19) years and still pursuing a high school education, was/were born to or adopted by the parties:

Name	Date of Birth	Current Address

_____

_____

☐ Paternity has not been established. **or**

☐ An Order of Filiation was entered in the State of _____, County of _____, in Case No. _____, establishing that _____ is the natural father of the child/ren. A copy of the Order is attached to this Petition as **Exhibit C**. **or**

☐ A verified Voluntary Acknowledgement of Paternity for the child/ren, executed by both parents, was filed with the Vital Statistics Unit of the Department of Health and Welfare and has not been rescinded. A copy of the Voluntary Acknowledgment of Paternity for each child is attached as "Exhibit C".

2. **The Parties.** Petitioner is the ☐ mother ☐ father and resides at (city, county, state) _____. Respondent is the ☐ mother ☐ father and resides at (city, county, state) _____.
The parties are not now married and have not been married to each other.

3. **Jurisdiction to Establish Paternity, Order Support and Determine Custody.** This court has jurisdiction to establish paternity, order support and determine custody in this matter pursuant to Idaho Code Section 7-1102 because:

☐ The father resides in Idaho. **or**

☐ The father resided with the parties' child/ren in Idaho. **or**

☐ The parties' child/ren reside/s in Idaho as a result of the acts or directives of the father. **or**

☐ Although the father resides outside of the State of Idaho, the parties' child/ren was/were conceived in Idaho.

4. **Venue.** Venue is proper because this county is either where the child/ren was/were conceived or born or reside/s or the county where the mother or father resides.

5. **UCCJEA Jurisdiction.** This court has jurisdiction to determine custody of our child/ren under the Uniform Child Custody Jurisdiction and Enforcement Act, Idaho Code Section 32-11-101, et seq., because each child has resided in Idaho for at least six consecutive months before the filing of this Petition or for their entire life if they are less than six months of age.

a. Living Arrangements Last 5 years. Our child/ren have lived with the following persons in the following places within the last five years:

Name of Person	City and State	Time Period (mm/yr-mm/yr)	Child's Name if not all children

The names and current addresses of each non-parent our children have lived with during the last 5 years are: _____

_____

_____.

b. Participation in Other Cases: I have NOT participated as a party or witness, in a different case involving our child/ren. **or**

☐ I have participated as a party or witness in the following different case involving our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the date of the child custody order, if any): _____

_____

_____.

c. Other Cases Affecting Child/ren: I do NOT know of a different case that could affect our child/ren. **or**

☐ The following different case that could affect our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the nature of the proceeding): _____

_____

_____.

d. Custody/Visitation: Other than the parents, no one has or claims custody or visitation rights with our child/ren. **or**

☐ In addition to the parents, the following person/s have or claim custody or visitation for our child/ren (list names and addresses): _____

_____.

6. ☐ **Paternity.** The court should enter an order that (name of father) _____ _____ is the natural father of the child/ren named in paragraph 1 of this Petition.

7. **Legal Custody.**

☐ It is in the best interest of our child/ren that we be awarded joint legal custody. **or**

☐ It is in the best interest of our child/ren that (name) _____ be awarded sole legal custody of the child/ren because _____

_____

_____

_____.

8. **Physical Custody.**

☐ It is in the best interest of our child/ren that we be awarded joint physical custody of our child/ren

☐ on the terms and according to the Parenting Plan, which is attached as *Exhibit A*. **or**

☐ as follows: _____

_____

_____

_____.

or

☐ (name) _____ should be awarded sole physical custody of our child/ren because _____

_____

_____

_____.

and

☐ (name) _____should spend time with our child/ren as follows: _____

_____

_____.

9. **Child Support.**

☐ Child support has already been set **and** ☐ Petitioner asks it continue as shown by the attached Order, *Exhibit B* (if checked, skip to section 9), **or** ☐ there has been a substantial

and material change in circumstances and the amount of child support should be changed and the order issued by this Court should control. **and/or**

☐ Child support should be paid by (name) _____ based on the Idaho Child Support Guidelines, according to the Affidavit Verifying Income and Child Support Worksheet(s) attached as *Exhibit B*. The basic child support is (see child support worksheet) $_____.

Child support payments should begin on the _____ day of the month after the Custody Decree is signed and continue to be paid on the same day of each following month until the child/ren for whom support is being paid reach/es the age of eighteen. If a child for whom support is being paid continues his/her high school education after reaching the age of eighteen (18) years, child support payments should continue until the child discontinues his/her high school education or reaches the age of nineteen (19) years, whichever is sooner. *Payment should be made payable to the Department of Health and Welfare and sent to Idaho Child Support Receipting, P.O. Box 70008, Boise, ID 83707-0108.*

NOTICE

The court is required to order income withholding in all child support orders. Income withholding is enforced by a withholding order issued to the paying parent's employer without additional notice to the paying parent, according to Idaho Code Section 32-1204. The support order can also be enforced by license suspension or the filing of a lien upon all real and personal property of the paying parent.

a. Multiple Children. (if applicable)

☐ We have more than one minor child. If this child support order has not been modified, when one child is no longer entitled to support, basic child support for the remaining child/ren should continue in the amount of $_____ per month; when two children are no longer entitled to support, basic child support for the remaining child/ren should continue in the amount of $_____ per month; when three children are no longer entitled to support, basic child support for the remaining child should continue in the amount of $_____ per month.

b. Extended Visits. (if applicable)

☐ Our child/ren live/s in the home of one parent at least 75% of the time. (If selected, check the boxes below that apply. Otherwise, go to the next section.)

☐ When the parent paying child support has physical custody of the child/ren for 14 or more overnights in a row, the amount of basic child support should be reduced for

that period of time. However, visitation of two overnights or less with the other parent should not eliminate the reduction of basic child support during extended visits. The child support reduction for the period of the actual physical custody should be ☐ 50% **or** ☐ (other percentage) _____% of the basic child support obligation. The reduction should be subtracted from the child support payment due the month following the extended visit.

☐ If the parent paying child support has physical custody of some but not all of the children for a period of 14 overnights in a row, before a reduction is made, the basic child support obligation should first be divided by the number of children under eighteen (18) years of age. The parent who pays child support can only claim a reduction for the child/ren in that parent's custody.

> *For Example*—Parent has 3 of 4 children for 14 overnights. $300/mo. basic support payment divided by 4 children = $75 per child per month divided by 30 = $2.50 per day per child x 14 = $35.00 x 3 for 3 children = $105.00. Reduction = 50% of $105 or $52.50.

c. Work-Related Childcare Expenses. (Basic child support does not include work-related childcare.)

☐ Basic child support does not include work-related childcare. The actual net out-of pocket costs for work-related child care should be paid _____% by Father and _____% by Mother. Payment should be made directly to the child care provider by both parents according to arrangements made with the care provider if permitted by the care provider. Otherwise, if one parent pays the child care provider any portion of the other parent's share of costs, the non-paying parent should reimburse the paying parent within 10 days after the paying parent provides a copy of the invoice and proof of payment.

d. Medical, Dental, and/or Optical Insurance.

☐ (name) _____ is/are currently providing health insurance for the minor child/ren and should continue to do so, so long as it is reasonably available through that parent's employment. If such insurance becomes unavailable to the parent currently providing insurance, the parent first reasonably able to obtain group health insurance through employment should do so. **or**

☐ Neither parent is currently providing health insurance for the child/ren. The parent first reasonably able to obtain group health insurance through employment should do so.

☐ Any future health insurance premiums for the child/ren should be prorated between the parents.

☐ The child/ren participate/s in the Children's Health Insurance Program (CHIP) of Medicaid. The parent first reasonably able to obtain group health insurance through employment should do so.

NOTICE

Where medical insurance is provided, each parent should be ordered to provide the other with all medical insurance information necessary to obtain health care and process insurance claims for the child/ren. Insurance proceeds should be applied first to unpaid medical bills and then to reimburse the paying parent for any prepaid medical costs. Both parents should be ordered to sign any needed document that provides continuing health care for the child/ren.

Failure to provide medical insurance coverage may result in the direct enforcement of a medical support order by either the obligee (party or parent other than the parent ordered to carry or provide a health benefit plan for the parties' minor child/ren) or the Department of Health and Welfare. A national medical support notice will be sent to your employer, requiring your employer to enroll the child in a health benefit plan as provided by Sections 32-1214A through 32-1214J, Idaho Code, and applicable rules of the department.

e. Health Care Costs. The actual cost paid by either parent for health care expenses for the child/ren not paid in full by insurance, including, but not limited to, insurance premiums, orthodontic, optical and dental, should be prorated between the parents. Father should pay _____% and Mother should pay _____%. Any health care for the child/ren (whether for psychiatric, psychological, special education, addiction treatment, or counseling in any form, and including regular medical or dental care), whether or not covered by insurance, that would result in an actual out-of-pocket expense of over $500 to the parent who did not incur or consent to the expense, must be approved in advance, in writing, by both parents or by prior court order. (***Note:*** *The court may consider whether consent for out-of-pocket expenses in excess of $500 was unreasonably requested or withheld and order payment of the incurred expense in some percentage other than the Guidelines Income*.)

☐ The child support payment should include an adjustment for each parent's share of health insurance costs. All other health care payments are in addition to the basic child support award and should be promptly paid or reimbursed directly between the parents. **or**

☐ All health care payments should be in addition to the basic child support award and should be promptly paid or reimbursed directly between the parents.

f. Tax Benefits & Exemptions.

Note: The parent not receiving the exemption(s) should sign the required Internal Revenue Service form(s) to release the claim to the exemption(s).

☐ The state and federal income tax dependency exemptions for the child/ren should be assigned to _____(mother or father) who has the greatest tax benefit calculated under the Idaho Child Support Guidelines (see tables in Section 8(c) of the Idaho Child Support Guidelines). The parent not receiving the exemption(s) should be awarded a pro rata share of the value of income tax benefit in proportion to his/her guidelines income which should be either a credit against or in addition to the basic child support obligation.

☐ We agree to a different allocation of federal and state income tax dependency exemptions for our minor child/ren. A written document signed by both parents will be submitted to the court.

g. Summary of Basic Child Support and Adjustments:

Basic Child Support Amount

Pick one:

☐ Mother shall pay $_____

☐ Father shall pay $_____

Health Insurance Premiums

Monthly cost for children $_____

Mother pays %_____

Father pays %_____

Costs shall be: (*Pick one)*

☐ paid directly between parents

☐ added to or subtracted from basic child support +/- $_____

Tax Benefits

☐ Mother **or** ☐ Father shall claim tax benefits

Mother's share %_____

Father's share %_____

Basic child support increased or decreased by +/- $_____

If the parents agree to something different, a written document signed by both parents must be submitted to the court.

Total Basic Child Support Amount with adjustments $_____

Additional Costs

Work-related Daycare

Pay directly to the provider if permitted or reimbursements shall be made directly between parents.

Mother pays %_____

Father pays %_____

10. Name Change. (if applicable)

☐ For legal purposes the minor child/ren's last name should be _____ _____ and the child/ren's birth certificate(s) should be amended to reflect that name.

11. Amend Birth Certificate.

The Bureau of Vital Statistics should amend the birth certificate(s) of the child/ren to reflect that _____is the natural father of our child/ren.

I swear I have read this Petition and state that all facts included are true.

I ask the Court to enter the orders requested above.

Date: _____

_____
Signature of Petitioner

SUBSCRIBED AND SWORN before me on this _____ day of _____.

_____
Notary Public for Idaho
Residing at _____
Commission Expires_____

Remove this Page and

Attach (staple) Parenting Plan
and Mark as “EXHIBIT A”

Attach (staple) Child Support Order from Other Case
or Affidavit Verifying Income and Child Support Worksheet
and Mark as “EXHIBIT B”

Attach (staple) Order of Filiation from Other Case
and/or Voluntary Acknowledgment of Paternity
and Mark as “EXHIBIT C”