Full Name of Party Filing Document			
Mailing Address (Street or Post Office Box)			
City, State and Zip Code			
Telephone			
Email Address (if any)			
IN THE DISTRICT COURT FOR THI	≣	JUDICIAL DIS	TRICT
FOR THE STATE OF IDAHO, IN AND FOR	THE COUN	TY OF	
	Coso No		
Petitioner,			
vs.	AFFIDA'	VIT VERIFYING IN	NCOME
Respondent.			
I hereby certify that the following informatio	n is true:	Your Name	Other Parent's Name
A. GROSS INCOME			
1. Wages, salary, commissions, bonuses	s, etc.		
Rent, royalties, trade, or business inco (net of ordinary & necessary expenses			
3. Interest, dividends, pensions, annuities	s, etc.		
 Social security, worker's compensation disability, unemployment benefits, veterans' ben 			
5. Public assistance, welfare for self (not	•		-
	,		
6. Alimony			
7. Grants, distributions from trusts, etc.			

8. Other		-
9. SUBTOTAL		
	Your Name	Other Parent's Name
B. DEDUCTIONS FROM GROSS INCOME (I.C.S.G. Sections F and G)		
1. Straight line depreciation on assets		
2. One-half of self-employment Social Security taxes		
3. Child support & alimony from another relationship		
 Support for child of another relationship living in the home 	<u> </u>	
5. DEDUCTIONS SUBTOTAL		
C. GROSS INCOME, AS ADJUSTED (line B5 subtracted from line A9) D. IN-KIND BENEFITS (I.C.S.G. Section F(2)) (housing, food, transportation, recreation) E. POTENTIAL INCOME (I.C.S.G. Section F(3)) Potential earned income + Potential unearned income		
F. GUIDELINES INCOME (C + D + E)		
G. MONTHLY I.C.S.G. INCOME (F÷12 months)		
CERTIFICATION UNDER PENALTY O	F PERJURY	
I certify under penalty of perjury pursuant to the law of the Statrue and correct.	ate of Idaho that th	e foregoing is
Date:		
Typed/Printed Name Signature	;	