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 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

|  |
| --- |
| **BIRTH BIRTH BIRTH CHILDREN DATE CHILDREN DATE CHILDREN DATE** |
| 1. |  | 2. |  | 3. |  |
| 4. |  | 5. |  |  |  |
| **YOUR OTHER****NAME: PARENT:****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 CHILDFor each standard-custody child enter the amount from line 5. For each shared or split-custody child Multiply line 5 by1.5 and enter in the appropriate box. | CHILD 1You OtherParent | CHILD 2You OtherParent | CHILD 3You OtherParent | CHILD 4You OtherParent | CHILD 5You OtherParent |
| $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| 7. PROPORTIONAL OBLIGATIONNumber of overnights with other parentDivided by 365. If ≥ .75, enter 1.If ≤ .25, enter 0. (For example, if child 1 lives with You 40% of the time, “.40” goes under “Other Parent” for child 1.) “≥” means “greater than or equal to.” |  |  |  |  |  |  |  |  |  |  |
| 8. PARENTS’ OBLIGATIONLine 6 times line 7 for each child. | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| 9. EACH PARENT’S TOTAL SUPPORT(total from all boxes) | You$ | Other 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 (+/-) $

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