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,	Case No.
VS.	☐ PETITIONER'S ☐ RESPONDENT'S MANDATORY CHILD SUPPORT DISCLOSURES
Respondent.	
Petitioner Respondent provides the follow (check all that apply)	
 Affidavit Verifying Income and a Child Sup Proof of my income from all sources, see 	
Exhibit 2a: W-2, 1099 and/or K-1 forms	
Exhibit 2b: Proof of year-to-date incom	• • • • • • • • • • • • • • • • • • • •
3. Proof of court-ordered child support and see attached Exhibit 3.	spousal maintenance that I pay in other cases,
4. \square Proof of all medical, dental, and vision ins	urance premiums that I pay for any child listed
or referenced in the petition, see attached	Exhibit 4.
5. \square Proof of any childcare expense that I	pay for any child listed or referenced in the
petition; see attached Exhibit 5.	
6. Proof of any expenses that I pay for p	·
education needs of any child listed or refe	erenced in the petition, see attached Exhibit 6.

7. Proof of any expenses that I pay for the special needs of any gifted or handicapped child listed or referenced in the petition, see attached Exhibit 7.	
CERTIFICATIO	N UNDER PENALTY OF PERJURY
I certify under penalty of perju	rry pursuant to the law of the State of Idaho that the
foregoing is true and correct.	
Date:	
Typed/printed	Signature