Ada County Family Court Services Child Support Info Sheet

Ada County Courthouse, 2nd Floor, Rm. 220A

Phone (208) 287-7600 & Email Address: [fcs@adacounty.id.gov](mailto:fcs@adacounty.id.gov)

**Your Email Address:**

**Your Phone Number:**

**Petitioner’s Name:**

**Respondent’s Name:**

**Case Number (if applicable):**

**Date of Last Child Support Order/Modification (if Applicable):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Petitioner** | **Respondent** |
| Gross Income: |  | Monthly |  | Weekly |  | Annually |  |  |
|  | | | | | | |
| Potential Income | | | | | | |  |  |
| Workman’s comp, SSI, SSDI, Veteran’s Benefits, Unemployment, etc. | | | | | | |  |  |
| Food Stamps - money received divided by people in household (ex: $850.00 monthly / 5 people) | | | | | | |  |  |
| Business Income / Deductions (straight-line depreciation; ½ self-employment tax) | | | | | | |  |  |

**Health Insurance.** Who provides health insurance for the child(ren)?  Petitioner  Respondent  CHIP/Medicaid

Cost of child(ren)'s health insurance premium $ . (Only include the cost for the children in this case.)

|  |  |  |
| --- | --- | --- |
| Child(ren)’s Name(s) | Birthdate | Who will claim the child on taxes? |
|  |  |  |
|  |  |  |
|  |  |  |

**Overnights.** Number of overnights the child(ren) in this case will spend with each parent per year:

|  |  |  |  |
| --- | --- | --- | --- |
| With Petitioner: |  | With Respondent: |  |

**Other Children.** List ALL other children of either parent.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child 1 | Child 2 | Child 3 |
| Child’s Name |  |  |  |
| Birthdate |  |  |  |
| Whose Child? |  |  |  |
| Do they pay child support? If yes, write the amount. |  |  |  |
| Does child live with them 50% or more of the time? |  |  |  |