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.  STANDARD CHILD SUPPORT  WORKSHEET |

**CHILDREN DATE OF BIRTH**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YOUR NAME:** | **OTHER**  **PARENT:** | **COMBINED** |
| 1. MONTHLY ICSG INCOME (from Affidavit) | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| 2. PERCENTAGE SHARE OF INCOME  (Each parent’s income on line 1 divided by Combined Income) | \_\_\_\_\_\_% | \_\_\_\_\_\_% | 100.00% |
| 3. BASIC CHILD SUPPORT OBLIGATION  (Apply line 1 Combined to Child Support Schedule) |  |  | $\_\_\_\_\_\_\_ |
| 4. EACH PARENT'S SUPPORT OBLIGATION  (Multiply line 2 times line 3 for each parent) | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |  |
| 5. RECOMMENDED BASE SUPPORT:  (Bring down the amount from line 4 for the non-custodial parent) | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |  |
|  | **YOU** | **OTHER PARENT** | **COMBINED** |
| 6. Other costs to be considered by the Court: | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |  |
| a. Work-related childcare expenses (+/-) | $\_\_\_\_\_\_\_  $  $ | $\_\_\_\_\_\_\_  $  $ | $\_\_\_\_\_\_\_ |
| b. Health insurance premiums paid by  ( ) You ( ) Other Parent (+/-) | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| c. Total tax benefit for all exemptions  divided by 12  Multiply benefit by line 2 % for each parent  +/- (to off-set any excess benefit) | $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |
| 7. Total AMOUNT TO BE ORDERED: | $\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_ |  |

PREPARED ON THIS DAY OF , 20 .

Typed/printed Signature