
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)

	<u>YOU</u>	<u>OTHER PARENT</u>	<u>COMBINED</u>
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