

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. _____

DECREE OF PATERNITY
 CUSTODY, VISITATION
 SUPPORT

JUDGMENT IS ENTERED AS FOLLOWS:

1. **Paternity**

The Petitioner Respondent (full legal name) _____
is the natural father of the following child/ren:

Name of Child

Date of Birth

2. **Minor Child/ren of the Parties.** The child/ren listed above, who is/are under the age of 18 years, or under 19 years and still pursuing a high school education, was/were born to or adopted by the parties.

3. Child Custody

Child Custody for the child/ren listed above is awarded as follows:

A. Legal Custody of Minor Child(ren).

- Both parents are awarded joint legal custody of their child/ren. **or**
- (name) _____ is awarded sole legal custody of the child/ren.

B. Physical Custody of Minor Child(ren).

- Both parents are awarded joint physical custody of their child/ren
- on the terms and as described in the Parenting Plan attached as Schedule A **or**
- as follows: _____

or

- (name) _____ is awarded sole physical custody of the child/ren. **And**
- (name) _____ shall have time with the child/ren
- as follows: _____

4. Child Support

No change, child support shall continue as set in Case No. _____, entered in _____ County, State of _____, on (Date) _____. (If the order was from a different case please attach a copy of that order, judgment, or decree as Schedule B, skip to section 6.)

or

The child support in Case No. _____, entered in _____ County, State of _____, on (Date) _____ has been consolidated into this case. The child support is modified and the Decree issued by this Court controls. All terms of the Court's

prior Order(s), Judgment(s) or Decrees(s) not modified by this Decree remain in full force and effect. **and/or**

Section 5. New Child Support Amount.

5. a. Child support shall be paid by (full name of parent who will pay support) _____
_____ in the amount of \$ _____ per month.

b. Effective Date and Duration.

Child support payments shall begin (select one option):

- the month after petition is filed. **or**
 the month after the Decree is signed.

Child support shall continue to be paid on the same day of each following month until the child/ren for whom support is being paid reach/es the age of eighteen (18). If a child for whom support is being paid continues his/her high school education after reaching the age of eighteen (18) years, child support payments shall continue until the child discontinues his/her high school education or reaches the age of nineteen (19) years, whichever is sooner. **Payment shall be made payable to the Department of Health and Welfare and sent to Idaho Child Support Receipting, P.O. Box 70008, Boise, ID 83707-0108.**

Notice

The court is required to order income withholding in all child support orders. Income withholding is enforced by a withholding order issued to the paying parent's employer without additional notice to the paying parent, according to Idaho Code Section 32-1204.

The support order can also be enforced by license suspension or the filing of a lien upon all real and personal property of the paying parent.

c. Multiple Children. (if applicable)

If this child support Decree has not been modified, when one child is no longer entitled to support, child support for the remaining child/ren shall continue and will be paid as described in the Continued Support Worksheet attached as Schedule B.

d. Extended Visits. (if applicable)

When the parent who has custody 25% of the time or less is paying child support and has physical custody of the child/ren for 14 or more overnights in a row, the amount of basic child support shall be reduced for that period of time. However, visitation of two

overnights or less with the other parent shall not eliminate the reduction of basic child support during extended visits. The child support reduction for the period of the actual physical custody shall be 50% **or** (other percentage) ____% of the basic child support obligation. The reduction shall be subtracted from the child support payment due the month following the extended visit.

If the parent paying child support has physical custody of some but not all of the children for a period of 14 overnights in a row, before a reduction is made, the basic child support obligation shall first be divided by the number of children under eighteen (18) years of age. The parent who pays child support can only claim a reduction for the child/ren in that parent's custody.

e. Work-Related Childcare Expenses.

The net out-of-pocket costs for work-related child care shall be paid _____% by (your name) _____ and _____% by (other parent's name) _____.

Payment shall be made directly to the child care provider by both parents according to arrangements made with the care provider if permitted by the care provider. Otherwise, the non-paying parent shall reimburse the paying parent within 10 days after the paying parent provides a copy of the invoice and proof of payment.

f. Medical, Dental, and/or Optical Insurance.

A. Pro Rata Share.

Any health insurance premiums for the child/ren should be paid by the parents as follows: _____% by (your name) _____ and _____% by (other parent's name) _____.

B. Insurance Currently Provided.

(name) _____ shall continue to provide health insurance for the minor child/ren, so long as it is available at a reasonable cost. If this insurance becomes unavailable, the parent first able to obtain health insurance at a reasonable cost shall do so. **or**

Neither parent is providing health insurance for the child/ren. The parent first able to obtain health insurance at a reasonable cost shall do so.

The child/ren are enrolled in the Children's Health Insurance Program (CHIP) or have Medicaid coverage. The parent first able to obtain health insurance at a reasonable cost shall do so.

C. In Addition to or Included in Monthly Child Support. (select one)

1. The total child support includes an adjustment for each parent's share of health insurance premiums.

or

2. All health care premiums shall be in addition to the basic child support award and shall be promptly paid or reimbursed directly between the parents.

Notice

Where medical insurance is provided, each parent shall be ordered to provide the other with all medical insurance information necessary to obtain health care and process insurance claims for the child/ren. Insurance proceeds shall be applied first to unpaid medical bills and then to reimburse the paying parent for any prepaid medical costs. Both parents shall be ordered to sign any needed document that provides continuing health care for the child/ren.

Failure to provide medical insurance coverage may result in the direct enforcement of a medical support order by either the obligee (party or parent other than the parent ordered to carry or provide a health benefit plan for the parties' minor child/ren) or the Department of Health and Welfare. A national medical support notice will be sent to your employer, requiring your employer to enroll the child in a health benefit plan as provided by Sections 32-1214A through 32-1214J, Idaho Code, and applicable rules of the department.

g. Out-of-Pocket Health Care Costs.

The cost for health care expenses for the child/ren shall be paid by the parents as

follows: _____ % by (your name) _____

and _____ % by (other parent's name) _____.

Health care expenses include, but are not limited to, medical, prescription, dental, orthodontic, optical, psychiatric, psychological, special education, addiction treatment, or counseling in any form. Any health care for the child/ren that would result in an actual out-of-pocket expense of over \$500 to the parent who did not incur or consent to the expense, must be approved in advance, in writing, by both parents or by prior court order.

All out-of-pocket health care costs shall be in addition to the basic child support award and shall be promptly paid or reimbursed directly between the parents.

h. Tax Benefits & Exemptions.

The state and federal income tax dependency exemptions for the child/ren are assigned as follows:

(your name) _____ shall claim:
(child/ren's names) _____

(other parent's name) _____ shall claim:
(child/ren's names) _____

The parent not receiving the exemption(s) is awarded a pro rata share of the value of income tax benefit in proportion to his/her guidelines income which is either a credit against or in addition to the basic child support obligation.

You must not claim the exemption if it is not assigned to you. If the exemption is not assigned to you, you must sign and provide to the other parent all required Internal Revenue Service form(s), including IRS Form 8332, by January 31st of each tax year.

6. Name Change. (if applicable)

For legal purposes the minor child/ren's last name shall be _____
and the child/ren's birth certificate(s) shall be amended to reflect that name.

7. Amend Birth Certificate.

The Bureau of Vital Statistics shall amend the birth certificate(s) of the child/ren to reflect that: _____ is the natural father of the child/ren.

Date: _____

Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Decree was served:

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____
- By email to: _____

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____
- By email to: _____

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By United States mail
- By personal delivery
- By fax (number) _____
- By email to: _____

(If allowed)

Date: _____

Deputy Clerk

REMOVE THIS PAGE AND

- 1. If you are using the Parenting Plan, attach it and write SCHEDULE A at the bottom.**
- 2. If child support was ordered in a different case but is not changing:**
Attach that Child Support Order and write SCHEDULE B at the bottom.
- 3. If there are multiple children attach the Continued Support Worksheet and write SCHEDULE B at the bottom.**