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. _____

FAMILY CASE RESPONSE TO PETITION TO ESTABLISH PATERNITY, CUSTODY, VISITATION AND/OR SUPPORT AND COUNTERCLAIM

Fee Categories: _____

Filing Fee: $_____

(Your name) _____, for my Response to the Petition to Establish Paternity, Custody, Visitation and/or Support filed on _____, states:

1. **Agreement.** I agree with and admit the following paragraphs in the Petition (list each paragraph number):

   _____

   _____

2. **Partial Agreement.** I admit the portion of paragraph _____ in the Petition that states:

   _____

_____

_____

and I deny everything else in that paragraph. (use separate sheet if more space is needed).

3. **Disagreement.**
   a. I deny the following paragraphs in the Petition because I do not have enough information to admit or deny them (list each paragraph number):

      _____

      _____

   b. I completely disagree with and deny everything I do not admit.
4. **Dismissal.**

   ☐ I want the petition dismissed.

AFFIRMATIVE DEFENSE(S).

(State each affirmative defense that applies in a separate paragraph - see I.R.F.L.P. 209(c)).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

COUNTERCLAIM.

The Respondent/Counterclaimant says:

1. **Minor Child/ren of the Parties.** The following child/ren under the age of 18 years, or 19 years and still pursuing a high school education, was/were born to or adopted by the parties:

Name Date of Birth Current Address

_____

_____

_____

_____

☐ Paternity has not been established. **or**

☐ An Order of Filiation was entered in the State of _____, County of _____, in Case No. _____, establishing that _____ is the natural father of the child/ren. A copy of the Order is attached to this Response as "Exhibit C." **or**

☐ A verified Voluntary Acknowledgement of Paternity for the child/ren, executed by both parents, was filed with the Vital Statistics Unit of the Department of Health and Welfare and has not been rescinded. A copy of the Voluntary Acknowledgment of Paternity for each child is attached as "Exhibit C".

2. **Residence**. I reside at (city, county, state)

_____.

3. **UCCJEA Jurisdiction.** This court has jurisdiction to determine custody of our child/ren under the Uniform Child Custody Jurisdiction and Enforcement Act, Idaho Code § 32-11-101, et seq., because each child has resided in Idaho for at least six consecutive months before the filing of this Petition or for their entire life if they are less than six months of age.

   a. **Living Arrangements Last 5 years.** Our child/ren have lived with the following persons in the following places within the last five years:

Name of Person	City and State	Time Period (mm/yr-mm/yr)	Child's Name if not all children

The names and current addresses of each non-parent our child/ren have lived with during the last 5 years are:

_____

_____

_____

b. Participation in Other Cases.

☐ I have not participated as a party or witness, in a different case involving our child/ren.

Or

☐ I have participated as a party or witness in the following different case involving our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the date of the child custody order, if any): _____

_____

c. Other Cases Affecting Children.

☐ I do not know of a different case that could affect our child/ren.

Or

☐ The following different case could affect our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the nature of the proceeding):

_____

_____

d. Non-Parents with custody/visitation claim.

☐ Other than the parents, no one has or claims custody or visitation rights with our child/ren. **Or**

☐ In addition to the parents, the following person/s have or claim custody or visitation for our child/ren (list names and addresses):

_____

_____

4. ☐ **Paternity**. The court should enter an order that (name of father) _____

_____ is the natural father of the child/ren named in paragraph 1 of this Counterclaim.

5. Legal Custody.

☐ **Joint Legal Custody**. It is in the best interest of our child/ren that we be awarded joint legal custody.

Or

☐ **Sole Legal Custody**. It is in the best interest of our child/ren that (name) _____ be awarded sole legal custody of the child/ren because _____

6. Physical Custody.

☐ **Joint Physical Custody**. It is in the best interest of our child/ren that we be awarded joint physical custody of our child/ren

☐ on the terms and as described in the Parenting Plan attached as Schedule A.

Or

☐ as follows:

_____

_____

Or

☐ **Sole Physical Custody.** (name) _____ should be awarded sole physical custody of our child/ren because:

_____

_____ **and**

☐ (name) _____ should spend time with our child/ren as follows: _____

_____

7. Child Support.

a. Existing Child Support Orders.

Is there a child support order for any of the child/ren listed in paragraph 4?

☐ No. (Skip to section 8 below).

☐ Yes.

If yes, provide the following information about the child support order(s):

State	County	Court Case Number	Date of order, judgment, or decree

b. Change in Child Support.

Do you want to change the amount of child support?

☐ No. I ask for it to continue. (If the order was from a different case please attach a copy of that order, judgment, or decree as Schedule B, skip to section 9).

Or

☐ Yes. The amount of child support should be changed and the judgment issued by this Court should control. (If the order was from a different case you may have to file a Motion to Consolidate to avoid having multiple child support orders).

NOTE: Complete all of Section 8 below to change child support.

c. Reasons for Changing Child Support.

The following substantial and material changes since the date of the last Order, Judgment, or Decree have occurred. (check all boxes that apply):

☐ The custodial arrangement.

☐ The gross annual income of one or both parents.

☐ A parent is providing medical insurance.

☐ The parent claiming the tax dependency exemption should be changed.

☐ (Other reason)

_____

_____

_____

8. New Child Support Amount.

a. ☐ Child support should be paid by (name of parent who will pay support) _____ in the amount of $_____ per month, based on the Idaho Child Support Guidelines. This is based on the Affidavit Verifying Income and Child Support Worksheet(s) attached as “Schedule B.” (see recommended

adjusted support in the worksheet).

Or

☐ Instead, I ask that child support be paid by (full name of parent who will pay support: _____ in the amount of $_____ per month, because _____

_____

_____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B).

b. Effective Date and Duration.

Child support payments should begin (select one option):

☐ The month after the petition is filed.

Or

☐ The month after the decree is signed.

Child support should 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. 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 should continue until the child discontinues his/her high school education or reaches the age of nineteen (19) years, whichever is sooner. Payment should 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)

☐ We have more than one minor child. 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 should continue and will be paid as described in the Continued Support Worksheet attached as Schedule B.

d. Extended Visits. (if applicable)

☐ Our child/ren live/s in the home of one parent at least 75% of the time. (If selected, check the boxes below that apply. Otherwise, go to the next section).

☐ When the parent paying child support has physical custody of the child/ren for 14 or more overnights in a row, the amount of basic child support should be reduced for that period of time. However, visitation of two overnights or less with the other parent should not eliminate the reduction of basic child support during extended visits. The child support reduction for the period of the actual physical custody should be:

☐ 50%

Or

☐ (other percentage) _____ %

of the basic child support obligation. The reduction should 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 should first be divided by the number of children under 18 years of age. The parent who pays child support can only claim a reduction for the child/ren in that parent's custody.

For Example—Parent has 3 of 4 children for 14 overnights. $300/mo. basic support payment divided by 4 children = $75 per child per month divided by 30 = $2.50 per day per child x 14 = $35.00 x 3 for 3 children = $105.00. Reduction = 50% of $105 or $52.50.

e. Work-Related Childcare Expenses.

Child support does not include work-related childcare.

☐ The net out-of-pocket costs for work-related childcare should be paid by the parents based on the Idaho Child Support Guidelines, _____% by (your name) _____and _____ % by (other parent's name) _____

Or

☐ Instead, I ask that (your name) _____ pay _____% and (other parent's name) _____ pay _____ % because: _____

_____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)

Payment should be made directly to the childcare provider by both parents according to arrangements made with the care provider if permitted by the care provider. Otherwise, the non-paying parent should 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. (select one)

☐ **1.** Any health insurance premiums for the child/ren should be paid by the parents based on the Idaho Child Support Guidelines, _____% by (your name) _____ and ___ % by (other parent's name) _____.

Or

☐ **2.** Instead, I ask that (your name) _____

Pay ____ % and (other parent's name) _____

Pay ____ % because: _____

_____

_____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B).

B. Insurance Currently Provided. (select one).

☐ **1**. (Name) _____ is/are currently providing health insurance for the minor child/ren and should continue to do so, so long as it is available at reasonable cost. If this insurance becomes unavailable, the parent first able to obtain health insurance at reasonable cost should do so.

Or

☐ **2.** Neither parent is providing health insurance for the child/ren. The parent first able to obtain health insurance at reasonable cost should do so.

Or

☐ **3.** 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 reasonable cost should do so.

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

☐ **1.** The child support payment should include an adjustment for each parent's share of health insurance premiums. All other health care payments are in addition to the

basic child support award and should be promptly paid or reimbursed directly between the parents.

Or

☐ **2.** All health care premiums should be in addition to the basic child support award and should be promptly paid or reimbursed directly between the parties.

NOTICE

Where medical insurance is provided, each parent should 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 should be applied first to unpaid medical bills and then to reimburse the paying parent for any prepaid medical costs. Both parents should 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 out-of-pocket costs for health care expenses for the child/ren should be paid by the parents based on the Idaho Child Support Guidelines, _____ % by (your name) _____ and _____% by (other parent's name) _____.

Or

☐ Instead, I ask that (your name) _____ pay ____ % and (other parent's name) _____pay ____% because _____

_____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)

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. (**Note:** The court may consider whether consent for out-of-pocket expenses in excess of $500 was unreasonably requested or withheld and order payment of the incurred expense in some percentage other than the Guidelines Income.)

h. Tax Benefits & Exemptions.

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

☐ (your name) _____ shall claim:
(children's names) _____
_____
_____

☐ (other parent's name) _____ shall claim:
(children's names) _____
_____
_____

The parent not receiving the exemption(s) should be awarded a pro rata share of the value of income tax benefit in proportion to his/her guidelines income which should be 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.

9. Name Change. (if applicable)

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

10. ☐ Amend Birth Certificate.

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

WHEREFORE, I ask the Court to enter any requested relief outlined above.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

_____ _____
Typed/Printed Name Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

_____
(Name)

_____
(Street or Post Office Address)

_____
(City, State, and Zip Code)

☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ By email to:
_____
(If allowed)

_____
(Name)

_____
(Street or Post Office Address)

_____
(City, State, and Zip Code)

☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ By email to:
_____
(If allowed)

_____ _____
Typed/printed name Signature

Remove this page and in its place attach (staple) the documents listed below.

1. **If you are using the Parenting Plan, attach it and write SCHEDULE A at the bottom.**

2. **If you are changing the child support or this is the first time setting child support, attach the following and write SCHEDULE B at the bottom:**
   a. Affidavit Verifying Income
   b. Child Support Worksheet(s)
   c. Continued Support Worksheet if there are multiple children.

3. **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.

4. **Attach (staple) Order of Filiation from Other Case and/or Voluntary Acknowledgment of Paternity and Mark as "Exhibit C"**