
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.

State of Idaho, Department of Health and Welfare

Case No. _____

STANDARD CHILD SUPPORT
WORKSHEET

CHILDREN

DATE OF BIRTH

	<u>YOUR NAME:</u>	<u>OTHER PARENT:</u>	<u>COMBINED</u>
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