

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

IN THE DISTRICT COURT FOR THE \_\_\_\_\_ JUDICIAL DISTRICT  
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.

Case No. \_\_\_\_\_

STIPULATION TO MODIFY AN ORDER  
OR DECREE  
Fee Category:  
Filing Fee:

Petitioner and Respondent agree, stipulate and ask the court to enter its order pursuant to Rule 201(C), I.R.F.L.P., modifying the Order/Decree entered in this matter on \_\_\_\_\_, 20\_\_\_\_. As grounds therefore the parties state that there have been substantial and material changes in their circumstances since the date of the last Order/Decree herein.

1. 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:

<u>Name</u>	<u>Date of Birth</u>	<u>Addresses for last 5 years</u> (city and state) (beginning with most recent)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Mother resides at (city, county, state) \_\_\_\_\_

Father resides at (city, county, state) \_\_\_\_\_.

**3. UCCJEA Jurisdiction.** The parents consent and agreed that the Idaho court has exclusive, continuing jurisdiction to determine custody of this/these child/ren in accordance with the provisions of the Uniform Child Custody Jurisdiction and Enforcement Act, Section 32-11-101, et seq..

a.  Neither parent has participated as a party or witness, in any other case involving our child/ren. **or**

I/we have participated as a party or witness in the following case involving our children (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): \_\_\_\_\_  
\_\_\_\_\_.

b.  Neither parent knows of any other case that could affect our child/ren. **or**

I/we know of the following court case that 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): \_\_\_\_\_  
\_\_\_\_\_.

c.  Other than the two of us, no one claims custody or visitation rights with our child/ren. **or**

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

d.  Our child/ren live(s) only with both parents. **or**

If our child/ren lives(s) with someone other than a parent, the name(s) and present address(es) of the person(s) with whom our child/ren live(s) is/are: \_\_\_\_\_  
\_\_\_\_\_.

**4.** There have been substantial and material changes in the circumstances of the parties since the date of the last Order/Decree herein. The following changes 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) \_\_\_\_\_  
\_\_\_\_\_.

5. **Custody.**  No change. **or**  The court should modify the order entered (date of last custody order) \_\_\_\_\_ respecting custody of the minor child/ren as follows:

**A. Legal Custody.**  No change. **or**

Both parties are fit to act as parents. It is in the best interest of our child/ren that we be awarded joint legal custody. **or**

It is in the best interest of our child/ren that \_\_\_\_\_ be awarded sole legal custody because \_\_\_\_\_

\_\_\_\_\_

**B. Physical Custody.**  No change. **or**

It is in the best interest of our child/ren that we be awarded joint physical custody of our child/ren according to the Parenting Plan which is attached as **Exhibit A.** **or**

\_\_\_\_\_ should be awarded sole physical custody of our child/ren because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ should spend time with our child/ren

as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**or**

in accordance with the Parenting Plan which is attached as **Exhibit A.**

**6. Child Support.**

Child support has already been set **and**  Petitioner asks it continue as shown by the attached Order, "**Exhibit B**" (if checked, skip to section 9), **or**  there has been a substantial and material change in circumstances and the amount of child support should be changed and the order issued by this Court should control. **and/or**

Child support should be paid by (name) \_\_\_\_\_ based on the Idaho Child Support Guidelines, according to the Affidavit Verifying Income and Child Support Worksheet(s) attached as "**Exhibit B**". The basic child support is (see child support worksheet) \$\_\_\_\_\_.

Child support payments should begin on the \_\_\_\_\_ day of the month after the Custody Order is signed and 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.

**a. Multiple Children.** (if applicable)

We have more than one minor child. If this child support order has not been modified, when one child is no longer entitled to support, basic child support for the remaining child/ren should continue in the amount of \$\_\_\_\_\_ per month; when two children are no longer entitled to support, basic child support for the remaining child/ren should continue in the amount of \$\_\_\_\_\_ per month; when three children are no longer entitled to support, basic child support for the remaining child should continue in the amount of \$\_\_\_\_\_ per month.

**b. 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 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.

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.

**c. Work-Related Childcare Expenses. (Basic child support does not include work-related childcare.)**

No change. **or**

Basic child support does not include work-related childcare. The actual net out-of-pocket costs for work-related child care should be paid \_\_\_\_\_% by Father and \_\_\_\_\_% by Mother. Payment should 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, if one parent pays the child care provider any portion of the other parent's share of costs, 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.

**d. Medical, Dental, and/or Optical Insurance.**

No change. **or**

(name) \_\_\_\_\_ is/are currently providing health insurance for the minor child/ren and should continue to do so, so long as it is reasonably available through that parent's employment. If such insurance becomes unavailable to the parent currently providing insurance, the parent first reasonably able to obtain group health insurance through employment should do so. **or**

Neither parent is currently providing health insurance for the child/ren. The parent first reasonably able to obtain group health insurance through employment should do so.

Any future health insurance premiums for the child/ren should be prorated between the parents.

The child/ren participate/s in the Children's Health Insurance Program (CHIP) of Medicaid. The parent first reasonably able to obtain group health insurance through employment should do so.

### 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.

#### e. Health Care Costs.

No change. **or**

The actual cost paid by either parent for health care expenses for the child/ren not paid in full by insurance, including, but not limited to, insurance premiums, orthodontic, optical and dental, should be prorated between the parents. Father should pay \_\_\_ % and Mother should pay \_\_\_\_%. Any health care for the child/ren (whether for psychiatric, psychological, special education, addiction treatment, or counseling in any form, and including regular medical or dental care), whether or not covered by insurance, 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.)

The child support payment should include an adjustment for each parent's share of health insurance costs. 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**

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

**f. Tax Benefits & Exemptions.**

Note: The parent not receiving the exemption(s) should sign the required Internal Revenue Service form(s) to release the claim to the exemption(s).

No change. **or**

The state and federal income tax dependency exemptions for the child/ren should be assigned to \_\_\_\_\_ (mother or father) who has the greatest tax benefit calculated under the Idaho Child Support Guidelines (see tables in Section 8(c) of the Idaho Child Support Guidelines). 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.

We agree to a different allocation of federal and state income tax dependency exemptions for our minor child/ren. A written document signed by both parents will be submitted to the court.

**g. Basic Child Support Amount**

*Pick one:*

Mother should pay \$ \_\_\_\_\_  
 Father should pay \$ \_\_\_\_\_

**Health Insurance Premiums**

Monthly cost for children \$ \_\_\_\_\_

Mother pays % \_\_\_\_\_

Father pays % \_\_\_\_\_

Costs should be: (*Pick one*)

paid directly between parents  
 added to or subtracted from basic child support +/- \$ \_\_\_\_\_

**Tax Benefits**

Mother **or**  Father should claim tax benefits

Mother's share % \_\_\_\_\_

Father's share % \_\_\_\_\_

Basic child support increased or decreased by +/- \$ \_\_\_\_\_

*If the parents agree to something different, a written document signed by both parents must be submitted to the court.*

**Total Basic Child Support Amount with adjustments** \$ \_\_\_\_\_

**Additional Costs**

Work-related Daycare

Pay directly to the provider if permitted or reimbursements should be made directly between parents.

Mother pays % \_\_\_\_\_

Father pays % \_\_\_\_\_

**Verification.** We each swear to have read this Stipulation for Modification and state all facts included are true.

Wherefore, we ask the Court to enter the orders requested above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Idaho

Residing at \_\_\_\_\_

Commission expires \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Idaho

Residing at \_\_\_\_\_

Commission expires \_\_\_\_\_

**REMOVE THIS PAGE AND**

**If you are using it, Attach (staple) and Mark it “EXHIBIT A”:**

**PARENTING PLAN**

**If child support was set in another case, Attach (staple) the support Order and Mark it  
“EXHIBIT B”**

**If you are modifying support, Attach (staple) and Mark as “EXHIBIT B”:**

**AFFIDAVIT VERIFYING INCOME  
and  
CHILD SUPPORT WORKSHEET(s)**