

\_\_\_\_\_  
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. \_\_\_\_\_

ORDER FOR  PATERNITY  
 CUSTODY, VISITATION  
 SUPPORT

This matter came before the court on the \_\_\_\_\_ day of \_\_\_\_\_. It appears from the records and files of this action that a Petition was filed and served upon the Respondent.

Twenty (20) days have passed; the Respondent is not in the armed services of the United States of America and is neither a minor nor incompetent. A Default has been entered. **or**

Respondent and Petitioner have agreed and signed a Written Stipulation to the Entry of this Order.

**Minor Child/ren of the Parties.** The following child/ren 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:

Name

Date of Birth Current Address

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The court has jurisdiction to determine custody of the minor child/ren pursuant to the Uniform Child Custody Jurisdiction and Enforcement Act, Idaho Code Section 32-11-101, et seq. because Idaho was the home state of the minor child/ren on the date of filing the Petition.

The court has jurisdiction to set child support in this case.

IT IS ORDERED:

**1. 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.

**2. Physical Custody of Minor Child(ren).**

- Both parents are awarded joint physical custody of their child/ren  
 on the terms and according to the Parenting Plan, which is attached as *Exhibit A*. **or**  
 as follows: \_\_\_\_\_

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**or**

- (name) \_\_\_\_\_ is awarded sole physical custody of the child/ren. **And**

- (name) \_\_\_\_\_ shall have time with the child/ren as follows: \_\_\_\_\_

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**3. Child Support.**

Child support has already been set in Case No. \_\_\_\_\_, entered in \_\_\_\_\_ County, State of \_\_\_\_\_, on (month/day/year) \_\_\_\_\_ and  shall continue according to that order (if checked, skip to section 9), or  is modified and the order issued by this Court controls.

**and/or**

Child support shall be paid by (name) \_\_\_\_\_. The basic child support is (see child support worksheet) \$\_\_\_\_\_.

Child support payments shall begin on the \_\_\_\_\_ day of the month after the Order for Support 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 (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.

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

The parents 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 shall continue in the amount of \$\_\_\_\_\_ per month; when two children are no longer entitled to support, basic child support for the remaining child/ren shall continue in the amount of \$\_\_\_\_\_ per month; when three children are no longer entitled to support, basic child support for the remaining child shall continue in the amount of \$\_\_\_\_\_ per month.

**b. Extended Visits.** (if applicable)

The 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 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.

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.)**

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

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

(name) \_\_\_\_\_ is/are currently providing health insurance for the minor child/ren and shall 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 shall 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 shall do so.
- Any future health insurance premiums for the child/ren shall 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 shall do so.

#### 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.

- e. Health Care Costs.** 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, shall be prorated between the parents. Father shall pay \_\_\_\_\_ % and Mother shall 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 shall 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 shall be promptly paid or reimbursed directly between the parents. **or**

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

**f. Tax Benefits & Exemptions.**

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

The state and federal income tax dependency exemptions for the child/ren are 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) 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 **or**

The state and federal income tax dependency exemptions for the child/ren are assigned based on the parents' agreement as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**g. Summary of Basic Child Support and Adjustments:**

**Basic Child Support Amount**

Pick one:

- Mother shall pay \$ \_\_\_\_\_
- Father shall pay \$ \_\_\_\_\_

**Health Insurance Premiums**

Monthly cost for children \$ \_\_\_\_\_  
 Mother pays % \_\_\_\_\_  
 Father pays % \_\_\_\_\_

Costs shall be: (Pick one)

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

**Tax Benefits**

- As agreed in paragraph 3(f) above or
- Mother or  Father shall claim tax benefits
- Mother's share % \_\_\_\_\_
- Father's share % \_\_\_\_\_
- Basic child support increased or decreased by +/- \$ \_\_\_\_\_

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

**Additional Costs**

Work-related Daycare

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

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

**4. 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.

**5. 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 Order was served:

\_\_\_\_\_  
(Name)

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

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

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_

\_\_\_\_\_  
(Name)

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

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

- By United States mail
- By personal delivery
- By fax (number) \_\_\_\_\_

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

\_\_\_\_\_  
Deputy Clerk

# **REMOVE THIS PAGE AND**

**Attach and Mark as “EXHIBIT A”:**

**PARENTING PLAN**

**Attach and Mark as “EXHIBIT B”:**

**CHILD SUPPORT ORDER FROM OTHER CASE (IF ANY)**

**ORDER OF FILIATION FROM OTHER CASE (IF ANY)**