

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

vs. Plaintiff, Defendant.	,	Case No. SHARED, SPLIT, OR MIXED CUSTODY WORKSHEET
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BIRTH CHILDREN DATE	BIRTH CHILDREN		BIRTH CHILDREN	
	DATE	CHILDREN	DATE	CHILDREN
1.		2.		3.
4.		5.		
MOTHER FATHER COMBINED				
1. MONTHLY I.C.S.G. INCOME (from Affidavit)	\$	\$	\$	
SHARE OF INCOME FOR EACH PARENT (line 1 for each parent divided by Combined Income)				
BASIC COMBINED CHILD SUPPORT OBLIGATION (apply line 1 Combined to Child Support Schedule)			\$	
EACH PARENT'S CHILD SUPPORT OBLIGATION (line 2 multiplied by line 3 for each parent)	\$	\$		
OBLIGATION ALLOCATION (line 4 divided by the number of children)	\$	\$		

ALLOCATION TO CHILD For each standard-custody child enter the amount from line 5. For each shared or split-custody child Multiply line 5 by 1.5 and enter in the appropriate box.	CHILD 1 Mom Dad		CHILD 2 Mom Dad		CHILD 3 Mom Dad		CHILD 4 Mom Dad		CHILD 5 Mom Dad	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
PROPORTIONAL OBLIGATION Number of overnights with other parent Divided by 365. If .75, enter 1. If .25, enter 0. (For example, if child 1 lives with Mom 40% of the time, ".40" goes under "Dad" for child 1.) "≥" means "greater than or equal to."										
PARENTS' OBLIGATION Line 6 times line 7 for each child.	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
9. EACH PARENT'S TOTAL SUPPORT (total from all boxes)						MOTHER \$		FATHER \$		
10. RECOMMENDED BASE SUPPORT (subtract the lesser amount from the greater in 9 and enter the difference under parent with greater obligation)						\$		\$		

OTHER COSTS TO BE CONSIDERED BY THE COURT:

- A. Work-related childcare expenses (+/-) \$
- B. Health insurance premiums and uninsured health care expenses (+/-) \$
- C. Total TAX BENEFIT for all exemptions divided by 12
Multiply benefit by % for each parent
(+/- to off-set any excess benefit) \$

Total AMOUNT TO BE ORDERED \$

COMMENTS, CALCULATIONS AND/OR REBUTTALS:

Date:

Typed/printed

Signature