

In the Supreme Court of the State of Idaho

IN RE: COURT ASSISTANCE OFFICE
FORMS

)
) ORDER AUTHORIZING CAO FORMS
)

The Court, having received a recommendation from the Court Assistance Office Committee that certain forms be authorized for statewide use and distribution through Court Assistance Offices, and the Court being fully informed:

IT IS ORDERED that the following forms, which are attached to this order as Schedule A, are authorized for statewide use and distribution through Court Assistance Offices and on the Court's website:

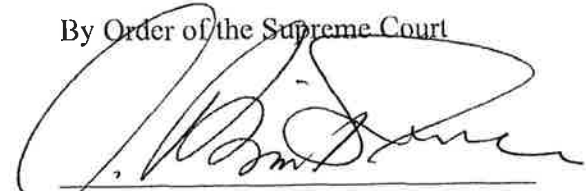
| | |
|---------------|--|
| CAO FLE 10-12 | Response to Petition to Establish Parenting Time (I.R.F.L.P. 816) |
| CAO FLE 10-13 | Reply in Support of Petition to Enforce Parenting Time (I.R.F.L.P. 816) |
| CAO FL 3-4 | Family Case Response to Petition to Establish Paternity, Custody, Visitation and/or Support and Counterclaim |
| CAO FL 3-5 | Family Case Response to Petition to Modify an Order, Judgment, Decree and Counterclaim |
| CAO Cv 11-1 | Exhibit List |
| CAO Cv 11-2 | Witness List |

Unit further order of this court, these forms shall be accepted by courts and clerks, subject to the right of a judge to refuse to accept a form when, through a change in the substantive law, the form has become out of date or inappropriate. The local court shall not require modifications of these forms.

IT IS FURTHER ORDERED that the effective date of this order shall be May 1, 2026.

DATED this 6th day of April, 2026.

By Order of the Supreme Court

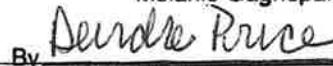


G. Richard Bevan
Chief Justice, Idaho Supreme Court

ATTEST:


Melanie Gagnepain, Clerk

I, Melanie Gagnepain, Clerk of the Supreme Court/
Court of Appeals of the State of Idaho, do hereby
Certify that the above is a true and correct copy of the
Order entered in the above entitled
cause and now on record in my office. WITNESS my
hand and the Seal of this Court APRIL 7, 2026
Melanie Gagnepain, Clerk

By 

Deputy

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 OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Plaintiff/Petitioner,

vs.

Defendant/Respondent.

Case No. _____

EXHIBIT LIST

(Your name/s) _____, (check one of the following boxes) Plaintiff / Petitioner or Defendant / Respondent, submits the following exhibit list in anticipation of trial / hearing.

(List exhibits in the order you intend to give them to the court and provide a brief description.)

Exhibit Number / Letter: _____

Description of Exhibit: _____

Exhibit Number / Letter: _____

Description of Exhibit: _____

Exhibit Number / Letter: _____

Description of Exhibit: _____

Exhibit Number / Letter: _____

Description of Exhibit: _____

Exhibit Number / Letter: _____

Description of Exhibit: _____

Exhibit Number / Letter: _____

Description of Exhibit: _____

Exhibit Number / Letter: _____

Description of Exhibit: _____

Exhibit Number / Letter: _____

Description of Exhibit: _____

Exhibit Number / Letter: _____

Description of Exhibit: _____

ANY AND ALL EXHIBITS LISTED BY THE OTHER PARTY.

I reserve the right to add to my list of exhibits if I learn about the existence of another exhibit after I have filed this list of exhibits.

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

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 MODIFY AN ORDER,
JUDGMENT, DECREE AND
COUNTERCLAIM

Fee Categories: _____

Filing Fee: \$ _____

(Your name) _____, for my Response to the
Petition to Modify an Order, Judgment, or Decree filed on _____, states:

1. **Agreement.** I completely 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:

Name

Date of Birth

Current Address

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.

a. **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): _____

b. **Other Cases Affecting Children.**

I do not know of any other case that could affect our child/ren.

Or

I know of the following court 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): _____

c. **Non-Parents with custody/visitation claim.**

Other than the parents, no one 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): _____

d. Current Living Arrangement.

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

Or

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

4. Child Custody.

No change.

Or

There have been substantial and material changes with respect to child custody since the date of the last Order, Judgment, or Decree. The changes that justify a modification are (list the facts, events, and details that have changed and explain why those changes are significant enough to justify a modification):

I request that the court modify the Order, Judgment, or Decree entered (date of last custody Order, Judgment, or Decree) _____ as follows:

a. Legal Custody.

No change.

Or

Joint Legal Custody. 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

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 _____

b. Physical Custody.

No change.

Or

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

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

and

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

5. Child Support.

a. Existing Child Support Orders.

List all child support orders for any of the child/ren listed in Section 1:

| 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 7).

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).

Section 6. Complete all of Section 6 below to change child support.

6. Child Support

a. 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)
- _____
- _____

b. New Child Support Amount.

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).

c. 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 Recepting, 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.

d. 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.

e. 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.

f. 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.

g. 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.

FAMILY CASE RESPONSE TO PETITION TO MODIFY
AN ORDER, JUDGMENT, DECREE AND COUNTERCLAIM
CAO FL 3-5 05/01/2026

h. 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.) All out-of-pocket health care costs are in addition to the basic child support award and should be promptly paid or reimbursed between the parties.

i. 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.

7. All terms of the Court's prior Order(s), Judgment(s), or Decree(s) not modified by this Judgment remain in full force and effect.

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)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By mail
- By fax (number) _____
- By personal delivery
- By email to:

(If allowed)

- 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.

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:

| <u>Name</u> | <u>Date of Birth</u> | <u>Current Address</u> |
|-------------|----------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- 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 8).

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"**

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. _____

REPLY IN SUPPORT OF PETITION
TO ENFORCE PARENTING TIME
(I.R.F.L.P. 816)

(Your name) _____, for my Reply in Support of
the Petition to Enforce Parenting Time and in response to the Response to Petition to Enforce
Parenting Time, states as permitted by Rule 816(f) of the Idaho Rules of Family Law Procedure:

- 1. I disagree with the Response to Petition to Enforce Parenting Time based on the following facts. (Do not repeat the facts of your Petition. Respond only to new information from the Response):**

If you need more room, use the Continued Explanation Sheet – Exhibit A (LIMITED TO 3 PAGES TOTAL).

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 include the documents listed below.

Your Reply and **Exhibit A** cannot be more than 3 pages in total.

- 1. EXHIBIT A. Continued Explanation Sheets**

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. _____

RESPONSE TO PETITION TO
ENFORCE PARENTING TIME
(I.R.F.L.P. 816)

(Your name) _____, for my Response to the
Petition to Enforce Parenting Time states as permitted by Rule 816(e) of the Idaho Rules of
Family Law Procedure:

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

2. **Partial Agreement.** I agree with and admit a portion of the following paragraphs in the
Petition to Enforce Parenting Time and deny the rest (list each paragraph number
below and on a separate page, if necessary, explain each part of the paragraph that
you admit to as well as the part that you deny).

3. Disagreement.

- a. I deny the following paragraphs 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. Facts that show that you have NOT denied or interfered with the order, judgment, or decree. I disagree with the petition to enforce parenting time based on the following facts:

Describe your understanding of the events or acts when the other party claims that you denied or interfered with parenting time.

When? (dates and times)

Where did this occur? (location)

Who was present? (minor children, friends, family, etc.)

What happened? Describe in detail the events or actions when the other party claims that you denied or interfered with the Decree regarding parenting time. If you have any attachments you would like to include, please explain how they are related to the claimed denial or interference.

If you need more room, use the Continued Explanation Sheet – Exhibit A (LIMITED TO 20 PAGES TOTAL)

5. Relief sought. I want the Petition dismissed.

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

In the Supreme Court of the State of Idaho

**IN RE: COURT ASSISTANCE OFFICE
FORMS**

)
) **ORDER AUTHORIZING CAO FORMS**
)

The Court, having received a recommendation from the Court Assistance Office Committee that certain forms be authorized for statewide use and distribution through Court Assistance Offices, and the Court being fully informed:

IT IS ORDERED that the following forms, which are attached to this order as Schedule A, are authorized for statewide use and distribution through Court Assistance Offices and on the Court's website:

| | |
|---------------|--|
| CAO FLE 10-12 | Response to Petition to Establish Parenting Time (I.R.F.L.P. 816) |
| CAO FLE 10-13 | Reply in Support of Petition to Enforce Parenting Time (I.R.F.L.P. 816) |
| CAO FL 3-4 | Family Case Response to Petition to Establish Paternity, Custody, Visitation and/or Support and Counterclaim |
| CAO FL 3-5 | Family Case Response to Petition to Modify an Order, Judgment, Decree and Counterclaim |
| CAO Cv 11-1 | Exhibit List |
| CAO Cv 11-2 | Witness List |

Unit further order of this court, these forms shall be accepted by courts and clerks, subject to the right of a judge to refuse to accept a form when, through a change in the substantive law, the form has become out of date or inappropriate. The local court shall not require modifications of these forms.

IT IS FURTHER ORDERED that the effective date of this order shall be May 1, 2026.

DATED this ____ day of April, 2026.

By Order of the Supreme Court

G. Richard Bevan,
Chief Justice, Idaho Supreme Court

ATTEST: _____
Melanie Gagnepain, Clerk

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 OF THE _____ JUDICIAL DISTRICT OF THE STATE OF
IDAHO, IN AND FOR THE COUNTY OF _____

Plaintiff/Petitioner,

vs.

Defendant/Respondent.

Case No. _____

WITNESS LIST

(Your name/s) _____, (check one of the following
boxes) Plaintiff / Petitioner or Defendant / Respondent, submits the following witness list in
anticipation of trial.

Witness No. _____

Name: _____

Phone number: _____

Address: _____

Description of what this person will tell the judge: _____

Witness No. _____

Name: _____

Phone number: _____

Address: _____

Description of what this person will tell the judge: _____

Witness No. _____

Name: _____

Phone number: _____

Address: _____

Description of what this person will tell the judge: _____

Witness No. _____

Name: _____

Phone number: _____

Address: _____

Description of what this person will tell the judge: _____

Witness No. _____

Name: _____

Phone number: _____

Address: _____

Description of what this person will tell the judge: _____

I may also call any party to the case or witnesses listed by the other party / parties.
I reserve the right to add to my list of witnesses if I learn about another witness that I did not know about when I filed this list of witnesses.

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