## In the Supreme Court of the State of Idaho

IN RE:	COURT ASSISTANCE OFFICE FORMS	)	ORDER APPROVING
		 _)	<b>CAO FORMS</b>

The Idaho Supreme Court having received a recommendation from the Court Assistance Office Committee that certain amended forms be approved for statewide use and distribution through Court Assistance Offices, and certain previously approved forms be removed from the approved list, and the Court having reviewed and approved the amended forms attached to this order;

NOW, THEREFORE IT IS HEREBY ORDERED that the following forms, which are attached hereto as Schedule A, are hereby approved and adopted for statewide use and distribution through Court Assistance Offices and on the Court's website:

CAO D 1-5 Petition for Divorce (With Children)

Decree of Divorce (With Children) CAO D 8-1

Family Case Response and Counterclaim (With Children) CAO FL 3-5

Petition to Modify and Order, Judgment, or Decree CAO M 1-1

Judgment of Modification CAO M 8-1

Petition for Paternity, Custody, Visitation and Support CAO P 1-2

Decree of Paternity, Custody, Visitation and Support CAO P 8-2

Petition to Modify and Order, Judgment, or Decree (H&W) CAO GCSM 1-1

CAO GCSM 8-1 Judgment of Modification (H&W)

Until 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to the right of a judge to refuse to accept a form when, through a change in the substantive law, the form has become out of date or inappropriate.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 April 4, 2018. DATED this 47 day of April, 2018.

By Order of the Supreme Court

1	Clerk of the Supreme Coul
12 1 11	Appeals of the State of Idaho, do here
TTEST:	Roger S. Burdick, Chref Just the above is a true and correct copy certify that the above is a true and correct copy the Order Hoppoving (AD Forms
	the Order Approving 1:40 Farms
for Clerk	entered in the above entitled cause and now

record in my office.

WITNESS my hand and the Seal of this Court

KAREL A. LEHRM Chief Deputy

Full Na	me of Party Filing Document	
Mailing	Address (Street or Post Office Box)	
City, St	tate and Zip Code	
Teleph	one	
Email A	Address (if any)	
	IN THE DISTRICT COURT	FOR THE JUDICIAL DISTRICT
FC	OR THE STATE OF IDAHO, IN A	ND FOR THE COUNTY OF
		Case No
	Petitioner, vs.	PETITION FOR DIVORCE: WITH MINOR CHILDREN
	Respondent.	Fee Category: B.1. Filing Fee: \$
The P	etitioner says:	
1.	Residence of the Parties. I am	now and have been a resident of the state ofIdaho for
		o the filing of this action.Respondent is currently a
		•
2.		arties were married at (city),
		on (month, day, year),
•	and are still married.	Nobel a difference of the form of the control of th
3.		ilable differences exist between the parties.
4.		The following child/ren under the age of 18 years, or 19
		school education, was/were born to or adopted by the
	parties: <u>Name</u>	Date of Birth Current Address
	Name	Date of Birth Current Address

PETITION FOR DIVORCE: WITH MINOR CHILDREN CAO D 1-5 04/01/2018

(Minor Children - Continued) Name	Date of Birth Cu	rrent Address	
			-
Wife <b>is not</b> pregnant.			
Wife <b>is</b> pregnant with a	child expected to be born		
UCCJEA Jurisdiction. Thi			ty of our shild/re
under the Uniform Child Cu	stody Jurisdiction and Enf	orcement Act Id	labo Codo 832 1
101, et seq., because each	child has resided in Idaho	for at least six o	consecutive ment
pefore the filing of this Petit			
age.	ment of the third ment	iney are less tha	in six months of
a. Living Arrangements L	ast 5 years Our child/ren	a have lived with	the fellowing
persons in the following pla			the following
		13	
	-		01.11.11.11
Name of Person	City and State	Time Period (mm/yr-	Child's Name if not all children
	-	Time Period	
	-	Time Period (mm/yr-	
Name of Person	City and State	Time Period (mm/yr- mm/yr)	not all children
Name of Person  The names and current add	City and State	Time Period (mm/yr- mm/yr)  our children hav	not all children
	City and State	Time Period (mm/yr- mm/yr)  our children hav	not all children
Name of Person  The names and current add	City and State	Time Period (mm/yr- mm/yr)  our children hav	not all children
Name of Person  The names and current add the last 5 years are:	City and State	Time Period (mm/yr- mm/yr)  our children hav	not all children
Name of Person  The names and current add ne last 5 years are:  Description in Other Control of Person	City and State	Time Period (mm/yr- mm/yr)  our children hav	not all children
Name of Person  The names and current add the last 5 years are:  D. Participation in Other Conferent case involving our conferent case involving our conference and person in Other Confer	City and State  Presses of each non-parent  Cases.	Time Period (mm/yr- mm/yr)  our children have	not all children  ve lived with durin  ty or witness, in
Name of Person  The names and current add the last 5 years are:  D. Participation in Other Conferent case involving our conferent case as a participated as	City and State  Presses of each non-parent  Cases.  I have NOT particularly or witness in the follow	Time Period (mm/yr-mm/yr)  our children have cipated as a par	not all children  ve lived with durin  ty or witness, in  e involving our
Name of Person  The names and current add	City and State  Presses of each non-parent  Cases. I have NOT partichild/ren. or  Party or witness in the following the parent's name, the st	our children have cipated as a par vingdifferent cas ate, the court, the c	re lived with during ty or witness, in e involving our ase number and the

	affect our child/ren. <b>or</b>
	The following different 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):
	d. Custody/Visitation.  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/shave or claim custody or visitation for our child/ren (list names and addresses):
6.	Legal Custody.
	☐ 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(name)
١	be awarded sole legal custody of the child/ren because
-	
-	
7. I	Physical Custody.
	☐ It is in the best interest of our child/ren that we be awarded joint physical custody of
C	our child/ren
	on the terms and as described in the Parenting Plan attached as Schedule A.
	or fallows
	as follows:
c	or
[	(name) should be awarded sole physical custody of our
С	child/ren because
_	
_	and (name) should spend time with our child/ren as
Г	

8.	Child S	Child Support.				
	a. Existing Child Support Orders.					
	Is there a child support order for any of the child/ren listed in Section 1?					
		(Skip to section 9. below)				
	Yes.					
	If Yes, p	If Yes, provide the following information about the child support orde(s):				
	State	County	Court Case Number	Date of order, judgment, or decree		
-						
-						
	h Char	and in Ohild O				
		ige in Child Support				
		vant to change the amount o				
		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 10.)				
		Yes. The amount of child support should be changed and the judgment issued by this				
		ould control. (If the order was fr		e to file a Motion to		
		e to avoid having multiple child su	,			
	NOTE: Complete all of Section 9. below to change child support.			ort.		
	c. Reasons for Changing Child Support.					
		wing substantial and materia		f 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.			e changed.			
	(other it	eason)				
Se	ction 9. N	lew Child Support Amount.				
9.	a. Chi	ld support should be paid by	(name of parent who will pay sur	pnort)		
			in the amount of \$_			
	per month	n, based on the Idaho Child	Support Guidelines This is	hased on the Affidavit		
	Verifying	Income and Child Support V	Vorksheet(s) attached as "S	chedule R" /sss		
		ded Adjusted support in the works		officulte D . (see		

PETITION FOR DIVORCE: WITH MINOR CHILDREN CAO D 1-5 04/01/2018

or
Instead I ask that child support should 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 petition is filed. <b>or</b>
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 321204. 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
Norksheet attached as Schedule B.
J. Extended Visits. (if applicable)
Our child/ren live/s in the home of one parent at least 75% of the time. (If selected, check
ne 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 ofbasic 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 themonth 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, thebasic
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 $14 = 35.00 \times 3$ 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 child care 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 child care provider by both parents according to
arrangements made with the care provider if permitted by the care provider. Otherwise,
he 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.
. 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
pased on the Idaho Child Support Guidelines,% by (your name)

PETITION FOR DIVORCE: WITH MINOR CHILDREN CAO D 1-5 04/01/2018

		and	% by (other parent's name)
or			·
2. Inste	ead I ask that (your name)_		
	davit Verifying Income and Chi		eet(s) as Schedule B.)
			_ is/are currently providing health
			ue to do so, so long as it is available
			vailable, the parent first able to obtain
	urance at reasonable cos		randole, the parent mistable to obtain
or			
2. Neit	her parent is providing he	ealth insurance f	for the child/ren. The parent first able
	nealth insurance at reaso		
			lealth Insurance Program (CHIP) or
			otain health insurance at reasonable
cost shoul			Teach meanance at reasonable
C. In Addi	tion to or Included in M	onthly Child Su	Jpport. (select one)
			adjustment for each parents share
			e payments are in addition to the basic
			reimbursed directly between the
parents. o			and an activity activities in the
<b>2.</b> All h	ealth care premiums sho	ould be in addition	on to the basic child support award
	be promptly paid or rein		
		NOTICE	
surance cla edical bills	ainsurance information aims for the child/ren. Instant and then to reimburse th ald be ordered to sign any	i necessary to ol surance proceed le paving parent	nould be ordered to provide the other btain health care and process ds should be applied first to unpaid for any prepaid medical costs. Both that provides continuing health

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 beneft 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 cost for health care expenses for the child/ren should be paid by the parents based on the Idaho Child Support Guidelines \_\_\_\_\_\_% by (your name) \_\_\_\_\_ \_\_\_\_\_\_\_ when the parent's name and \_\_\_\_\_\_\_ when the parent's name and \_\_\_\_\_\_ when the parent's name are the parent's name and \_\_\_\_\_\_ when the parent's name are the parent's name and \_\_\_\_\_\_ when the parent's name are the parent's name are the parent's name and \_\_\_\_\_\_ when the parent's name are the parent 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 outof-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: (child/ren's names) (other parent's name)\_\_\_\_\_shall claim: (child/ren'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.

10. Other Minor Child/ren, NOT of Both Parties.
☐ No party is the parent of any other minor child/ren born during the marriage and Wife
is not pregnant. or
☐ Wife <b>is</b> pregnant, but Husband is not the father of the child expected to be born on
(date) and/or
☐ Husband is not the father of the following child/ren born to Wife during the marriage:
(write full name/s and date/s of birth)
11. Separate Property. (Land and/or Personal Property)
☐ None. or
Prior to or during the marriage, I, (your name)
acquired the separate property listed on the attached Schedule. That property should be
confirmed as my separate property. (spouse's name)
should be ordered to return to me any such property in his/her possession. and/or
Prior to or during the marriage, (spouse's name)
acquired the separate property listed on the attachedSchedule. That property should be
confirmed as spouse's separate property. (your name)
should be ordered to return to him/her any such property in my possession.
12. Community Real Property. (Land) During the marriage, the spouses acquired:
☐ no community real property. <b>or</b>
the community real property should be awarded as set out in the attached Schedule.
13. Community Personal Property. During the marriage, the spouses acquired:
☐ No community personal property. <b>or</b>
Community personal property has already been divided. The property should be
awarded to the party who presently has possession.or
☐ It would be fair for the court to award to the parties, as their sole and separate property,
the community property as set out in the attached Schedule

The court should order each party to deliver to the other any of the community personal property currently in his/her possession that is awarded to the other party. The court should also order each party to sign and deliver any documents necessary to carry out the property division. 14. Debts. The Petitioner has no knowledge of any unpaid debts. or It would be fair for the court to order me, (your name)\_\_\_ to pay the debts listed in the attached Schedule as or before they become due and to order me to hold spouse harmless for any further liability concerning those debts. and/or It would be fair for the court to order (spouse's name) \_\_\_ to pay the debts listed in the attached Schedule as or before they become due and to order him/her to hold me harmless for any further liability concerning these debts 15. Debts Incurred Since Separation. The parties have been separated since (date): \_\_\_\_. It would be fair for the court to order that each party will assume any debt incurred by that party since the date of separation. The court should order each party to pay those debts as or beforethey become due and to hold the other party harmless from any obligation concerning those debts. 16. Name Change. should be restored to the former last name of VERIFICATION: I certify I have read this Petition and state that all facts included are true. WHEREFORE, Petitioner prays for judgment as requested above. **CERTIFICATION UNDER PENALTY OF PERJURY** I certify under penalty of perjury pursuant to the law of the State of daho that the foregoing is true and correct. Date: \_\_\_\_ 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 writeSCHEDULE 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), and
  - 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. If you have listed property, Attach (staple) the Property and Debt Schedule

	Separate Property:
(your name) None. or (list separate property below)	deparate Floperty.
(spouse's name)	Senarate Property:
None. or (list separate property below)	ocparate i Toperty.
Community Real Property.	
The real property, located at	
n the City of	. County of
State of Idaho, and described in the deed as follows	
shall be sold and the net proceeds divided	% to (your name)
	Duse's name)
and% to (Sp	buse's flaffle)
and% to (Sp	ouse's Hallie)
and% to (Specific	
and% to (Sport  is awarded to: (Name of party who will own the home)	
and% to (Special party who will own the home)ubject to any liens. Spouse, (spouse's name)	
and% to (Special convey his/her interest in the property to	o the other party wher(Name of party who wil
and% to (Special content of the following subject to any liens. Spouse, (spouse's name)s ordered to convey his/her interest in the property town the home)	o the other party wher(Name of party who wil

Community Personal Property.  (your name)		Community Personal Property:	
None. or (list community personal property below)			
	,		
(spouse's name)None. or (list community personal	property below)	community Personal Property:	
Community Debts.	(your name)		
Creditor Name	shall pay	Spouse shall pay	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Property and Debt Schedule

Full Na	me of Party Filing Document		
Mailing	Address (Street or Post Office Box)		
City, St	ate and Zip Code		
Teleph	one		
Email A	Address (if any)		
F	IN THE DISTRICT COURT FOR OR THE STATE OF IDAHO, IN AND FO		
	Petitioner, vs.	Case No	DIVORCE
	Respondent.		SIVOROL
JU	DGMENT IS ENTERED AS FOLLOWS	<b>3</b> :	
1.	<u>Divorce</u> .		
	The bonds of matrimony now existing		
	dissolved on the grounds of irreconcile		the Petitioner is awarded an
2.	absolute decree of divorce from the Re Minor Children.	espondent.	
2.	The parties are the parents of the follo	wing child/ren, who i	is/are under the egg of 19
	years, or 19 years and still pursuing a		
	Name	3	Date of Birth

## 3. Child Custody. A. 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. B. Physical Custody of Minor Child(ren). ☐ Both parents are awarded joint physical custody of their child/ren on the terms and as described in the Parenting Plan attached as Schedule A. or as follows: or (name) \_\_\_\_\_ is awarded sole physical custody of the child/ren. and (name) \_\_\_\_\_ shall have time with the child/ren as follows: 4. Child Support. ☐ No change, child support shall continue as set in Case No.\_\_\_\_\_\_, entered in \_\_\_\_\_ County, State of \_\_\_\_\_ . (If the order was from a different case please attach a copy of that order, judgment, or decree as Schedule B, skip to section 6.) or The child support in Case No.\_\_\_\_\_, entered in \_\_\_\_\_ County, State of\_\_\_ has been consolidated into this case. The on (Date) child support is modified and the Decree issued by this Court controls. All terms of the Court's prior Order(s), Judgment(s) or Decrees(s) not modified by this Decreeremain in full force and effect.

5	Section 5. New Child Support Amount.			
5.	as part small be paid by (idir haine of parent who will pay support name)			
	per month.			
	b. Effective Date and Duration.			
	Child support payments shall begin (select one option):			
	the month after petition is filed. <b>or</b>			
	The month after the Decree is signed.			
Child support shall continue to be paid on the same day of each following month ur				
child/ren for whom support is being paid reach/es the age of eighteen (18). If a child				
	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 parents employer without additional notice to the paying parent, according to Idaho Code Section 321204.			
	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)			
	If this child support order has not been modified, when one child is no longer entitled			
	to support, child support for the remaining child/ren shall continue and will be paidas			
	described in the Continued Support Worksheet attached as Schedule B.			
	d. Extended Visits. (if applicable)			
	☐ When the parent who has custody 25% of the time or less is paying child support and			
	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 basicchild			
	support during extended visits. The child support reduction for the period of the actual			
	physical custody shall be _ 50% <b>or</b> _ (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.					
e. Work-Related Childcare Expenses.					
☐ The net out-of-pocket costs for work-related of	child care shall be paid% by				
(your name)	and% by (other parent's				
name)	Payment shall be made directly to				
the child care provider by both parents according	g to arrangements made with the care				
provider if permitted by the care provider. Other	rwise, nonpaying parent shall reimburse				
the paying parent within 10 days after the paying	g parent provides a copy of the invoice				
and proof of payment.					
f. Medical, Dental, and/or Optical Insurance.					
A. Pro Rata Share.					
Any health insurance premiums for the child/re					
follows:% by (your name)					
and% by (other parent's name)	·				
B. Insurance Currently Provided					
(name)	shall continue to provide health				
insurance for the minor child/ren, so long as it	is available at a reasonable cost. If this				
insurance becomes unavailable, the parent first able to obtain health insurance at a					
reasonable cost shall do so. or					
□ Neither parent is providing health insurance     □	e for the child/ren. The parent first able to				
obtain health insurance at a reasonable cost sl					
☐ 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 a				
reasonable cost shall do so.					
C. In Addition to or Included in Monthly Chil	d Support. (select one)				
☐ 1. The total child support includes an adjust	tment for each parent's share of health				
insurance premiums.					

or
2. All health care premiums shall be in addition to the basic child support award and
shall be promptly paid or reimbursed directly between the parents.
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.
g. Out-of-Pocket Health Care Costs.
The cost for health care expenses for the child/ren shall be paid by the parents as follows:
% by (your name)
and % by (other parent's name)
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/renthat 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.
All out-of-pocket health care costs shall be in addition to the basic child support award
and shall be promptly paid or reimburseddirectly between the parents.
h. Tax Benefits & Exemptions.
The state and federal income tax dependency exemptions for the child/ren are assigned
as follows:
(your name)shall
claim: (child/ren's names)
(other parent's name)shall
claim: (child/ren's names)

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. 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. 6. Separate Property. No separate property is awarded to either party. Or ☐ The separate property listed in the attached Schedule is confirmed as (your name)\_ \_\_ separate property, and (spouse's name) shall return to him/her any such property in his/her possession. and/or The separate property listed in the attached Schedule is confirmed as (spouse's name) \_ separate property, and (your name) shall return to him/her any such property in his/her possession. 7. Community Real Property. No community real property is awarded to either party.Or Community real property is awarded as set out in the attached Schedule. 8. Community Personal Property. No community personal property is awarded to either party.Or Each party is awarded the community personal property now in his or her possession. Community personal property is awarded as set out in the attached Schedule. Each party shall deliver to the other any of the community personal property currently in his/her possession that is awarded to the other party, and the parties shall execute and deliver any documents necessary to effectuate the property division. 9. Community Debts. No community debt is assigned to either party. Or Each party shall pay the debts as listed in the attached Schedule as or before they become due and each party shall hold the other party harmless for any further liability concerning these debts. 10. Debts Incurred Since Separation Each party shall assume any debt incurred by that party since(date):\_

	, the date of the parties' separation. Each party shall pay those debts as o before they become due and hold the other party harmless for any liability concerning those debts.			
11.	Name Change.			
		is restored to the former last name of		
		·		
		_		
Date:				
		Magistrate Judge		

#### CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Decree was served:	
(Name)	☐ By United States mail ☐ By personal delivery ☐ By fax (number)
(Street or Post Office Address)	By email to:
(City, State, and Zip Code)	(If allowed)
(Name)	<ul><li>☐ By United States mail</li><li>☐ By personal delivery</li><li>☐ By fax (number)</li></ul>
(Street or Post Office Address)	By email to:
(City, State, and Zip Code)	(If allowed)
(Name)	<ul><li>☐ By United States mail</li><li>☐ By personal delivery</li><li>☐ By fax (number)</li></ul>
(Street or Post Office Address)	By email to:
(City, State, and Zip Code)	(If allowed)
Date:	Deputy Clerk

### **REMOVE THIS PAGE AND**

- 1. If you are using the Parenting Plan, attach it and write SCHEDULE A at the bottom.
- 2. 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.
- 3. If there are multiple children attach the Continued Support Worksheet and write SCHEDULE B at the bottom.
- 4. Attach the Property and Debt Schedule (if you are using it)

## **Property and Debt Schedule** Separate Property. (your name)\_\_\_\_ \_\_\_\_\_ Separate Property: None. or (list separate property below) (spouse's name)\_\_\_\_\_Separate Property: None. or (list separate property below) Community Real Property. The real property, located at\_\_\_\_\_ in the City of\_\_\_\_\_, County of\_\_\_\_\_, State of Idaho, and described in the deed as follows: shall be sold and the net proceeds divided \_\_\_\_\_ % to (your name)\_\_\_\_ \_\_\_\_\_ and \_\_\_\_\_% to (spouse's name)\_\_\_\_\_ or is awarded to: (name of party who will own the home)\_\_\_\_\_, subject to any liens. Spouse, (spouse's name)\_\_\_\_\_ is ordered to convey his/her interest in the property tothe other party when (name of party who will own the home)\_\_\_\_\_, pays spouse \$\_\_\_\_\_. or

Property and Debt Schedule

Community Personal Property.		
(your name)	Co	mmunity Personal Property.
None. or (list community personal prop		, and the second of the second
,		
spouse's name) None. or (list community personal prope	Cor erty below)	mmunity Personal Property.
Community Dobto		
	(your name)	
	shall pay	Spouse shall pay
	shall pay \$	\$
	shall pay \$ \$	
	shall pay \$	\$
	shall pay \$ \$	\$
	shall pay \$ \$ \$	\$ \$ \$
Community Debts. Creditor Name	shall pay \$ \$ \$ \$ \$	\$ \$ \$ \$

**Property and Debt Schedule** 

Full Name of Party Filing Document			
Tail Name of Party Filling Document			
Mailing Address (Street or Post Office Box)			
City, State and Zip Code			
Telephone			
Email Address (if any)			
	THE JUDICIAL DISTRICT		
FOR THE STATE OF IDAHO, IN AND FO	OR THE COUNTY OF		
Petitioner, vs.	FAMILY CASE RESPONSE AND COUNTERCLAIM (WITH CHILDREN)		
Respondent.	Fee Categories:		
	Filing Fee: \$		
(Your name)	, for his/her Response to the		
	, states:		
	e following paragraphs(list each paragraph number):		
2. I admit the portion of paragraph, that states:			
and I deny eve	rything else in that paragraph.		
	that states:		

	and I deny everything else in that paragraph.				
I. I deny the following paragraphs because I do not have enough information to admit of deny them (list each paragraph number):					
					5. I completely disagree with and deny everything I do not admit.
6. The following child/ren under the age of 18, or 19 and still pursuing a high education, was/were born to or adopted by the parties:				high school	
	Name	Date of Birth	Current Address		
	☐ Wife is not now pregnant.				
	Wife is now pregnant with a child expected to be born				
	_				
	Our child/ren have lived with			ces within the last	
	Our child/ren have lived with five years:	the following persons in	the following pla		
	Our child/ren have lived with			ces within the last Child's Name if not all children	
	Our child/ren have lived with five years:	the following persons in	Time Period (mm/yr –	Child's Name if	
	Our child/ren have lived with five years:	the following persons in	Time Period (mm/yr –	Child's Name if	
	Our child/ren have lived with five years:	the following persons in	Time Period (mm/yr –	Child's Name if	

	The names and current addresses of each non-parent our children have lived with during the last 5 years are:
8.	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 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):
9.	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):
10.	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):
	☐ I want the Petition dismissed.  AFFIRMATIVE DEFENSE(S).
(Sta	te each affirmative defense that applies in a separate paragraph - see I.R.F.L.P. 208(C))

#### COUNTERCLAIM.

The Respondent/Counterclaimant says:

1.	<ol> <li>Residence of the Parties. I am now and have been a resident of the state of Idaho at least six (6) full weeks prior to the filing of this action. Respondent is currently a resident of the State of</li> </ol>			
2.	Marriage of the Parties. The parties were married at (city),  (state) on (month, day, year),			
	and are still married.			
3.	. Grounds for Divorce. Irreconcilable differences exist between the parties.			
4.	<b>Minor Child/ren of the Parties.</b> 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:			
	Name Date of Birth Current Address			
	☐ Wife <b>is not</b> pregnant.			
	☐ Wife <b>is</b> pregnant with a child expected to be born			
5.	<b>UCCJEA Jurisdiction.</b> 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 addre			_
b. Participation in Other Cadifferent case involving our class of the participated as a participated a	nild/ren. <b>or</b> arty or witness in the follouding the parent's name, the	owing different cas state, the court, the c	se involving our
c. Other Cases Affecting C affect our child/ren. or  The following different cas including the parent's name, to proceeding):	se that could affect our cl he state, the court, the c	hild/ren (provide a case number and	all specifics
d. Custody/Visitation.    Over visitation rights with our child/ In addition to the parents, to our child/ren (list names and addition)	ren <b>or</b> he following person/s ha	ive or claim custo	dy or visitation for
Legal Custody.  It is in the best interest of our of the left in the best interest of our of the left in the best interest of our of the left in the best interest of our of the left in t			
ole legal custody of the child/ren			

	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					
	(name) should be awarded sole physical custody of our					
	child/ren bed	ause				
	and					
	name) should spend time with our child/ren as					
	follows:					
	Child Support.					
	a. Existing Child Support Orders					
	a. Existing (	Child Support Orde	rs.			
			<b>rs.</b> any of the child/ren listed in S	Section 1?		
	Is there a chi			Section 1?		
	Is there a chi	ild support order for a		Section 1?		
	Is there a chi ☐ No. (Skip t☐ Yes.	ild support order for a to section 9. below)				
	Is there a chi ☐ No. (Skip t☐ Yes.	ild support order for a to section 9. below)	any of the child/ren listed in S			
	Is there a chi No. (Skip t Yes. If Yes, provid	ild support order for a to section 9. below) de the following inform	any of the child/ren listed in S	t order(s):  Date of order,		
	Is there a chi No. (Skip t Yes. If Yes, provid	ild support order for a to section 9. below) de the following inform	any of the child/ren listed in S	t order(s):  Date of order,		
	Is there a chi No. (Skip t Yes. If Yes, provid	ild support order for a to section 9. below) de the following inform	any of the child/ren listed in S	t order(s):  Date of order,		
	Is there a chi No. (Skip to Yes.  If Yes, provide State	ild support order for a to section 9. below) de the following inform	any of the child/ren listed in S	t order(s):  Date of order,		

	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 9. 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):
	<ul> <li>☐ The custodial arrangement.</li> <li>☐ The gross annual income of one or both parents.</li> <li>☐ A parent is providing medical insurance.</li> <li>☐ The parent claiming the tax dependency exemption should be changed.</li> <li>☐ (other reason)</li></ul>
<u> </u>	
36	ection 9. New Child Support Amount.
9.	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 onthe Affidavit
	Verifying Income and Child Support Worksheet(s) attached as "Schedule B". (see
	Recommended Adjusted support in the worksheet)
	Instead I ask that child support should 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 petition is filed <b>or</b>
	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 321204. 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.)
$\square$ 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 claima 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

e. Work-Related Childcare Expenses.

\$52.50.

Child support does not include work-related childcare. The net out-of-pocket cost			
work-related child care should be paid by the parents based on the IdahoChild 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 child care 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)			
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 paent first able to obtain			
health insurance at reasonable cost should do so.			
or			

Neither parent is providing health insurance for the child/ren. The parent first able
to obtain health insurance at reasonable cost should do so.
☐ 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 parents
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 cost for health care expenses for the child/ren should be paid by
the parents based on the Idaho Child Support Guidelines,% by (your 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 outof-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: (child/ren's names) (Other parent's name)\_\_\_\_\_ shall claim: (child/ren'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. 10. Other Minor Child/ren, NOT of Both Parties. No party is the parent of any other minor child/ren born during the marriage and Wife is not pregnant. or ☐ Wife **is** pregnant, but Husband is not the father of the child expected to be born on \_\_\_\_\_ and/or ☐ Husband is not the father of the following child/ren born to Wife during the marriage: (write full name/s and date/s of birth) \_\_\_\_\_

11. Separate Property. (Land and/or Personal Property)
☐ None. or
Prior to or during the marriage, I,(your name)
acquired the separate property listed on the attachedSchedule. That property should be
confirmed as my separate property. (spouse's name)
should be ordered to return to me any such property in his/her possession.and/or
Prior to or during the marriage, (spouse's name)
acquired the separate property listed on the attachedSchedule. That property should be
confirmed as spouse's separate property. (your name)
should be ordered to return to him/her any such property in my possession.
12. Community Real Property. (Land) During the marriage, the spouses acquired:
no community real property. <b>or</b>
the community real property should be awarded as set out in the attached Schedule.
13. Community Personal Property. During the marriage, the spouses acquired:
☐ No community personal property. <b>or</b>
Community personal property has already been divided. The property should be
awarded to the party who presently has possession.or
☐ It would be fair for the court to award to the parties, as their sole and separate
property, the community property as set out in the attached Schedule.
The court should order each party to deliver to the other any of the community personal
property currently in his/her possession that is awarded to the other party. The court
should also order each party to sign and deliver any documents necessary to carry out
the property division.
14. Debts.
☐ The Petitioner has no knowledge of any unpaid debts. <b>or</b>
☐ It would be fair for the court to order me, (your name),
to pay the debts listed in the attached Schedule as or before they become due and to
order me to hold spouse harmless for any further liability concerning those debts.and/or
It would be fair for the court to order(spouse's name)
to pay the debts listed in the attached Schedule as or before they become due and to
order him/her to hold me harmless for any further liability concerning these debts.
15. Debts Incurred Since Separation. The parties have been separated since (date):

It would be fa	air for the court to order that each party will
assume any debt incurred by that party since the date of separation. The	
order each party to pay those debts as or be	efore they become due and to hold the other
party harmless from any obligation concerni	ng those debts.
16. 🗌 Name Change	should be
restored to the former last name of	
WHEREFORE, Counterclaimant asks for judgment	as requested above.
<b>CERTIFICATION UNDER PE</b>	NALTY 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 co	py to: (name all parties in the case other than yourself)
(Name)		By mail By fax (number) By personal delivery
(Street or Post Office Address)  (City, State, and Zip Code)		
(Name)  (Street or Post Office Address)		By mail By fax (number) By personal delivery
(City, State, and Zip Code)		
Typed/printed name		Signature

#### **REMOVE THIS PAGE AND**

#### ATTACH (staple) the PARENTING PLAN

ATTACH (staple)
AFFIDAVIT VERIFYING INCOMEand CHILD SUPPORT WORKSHEET(S)

If you have listed property:
ATTACH (staple) the Property and Debt Schedule

IF APPLICABLE, ATTACH (STAPLE) THE ORDER WHICH SETS CHILD SUPPORT IN A DIFFERENT CASE WITH THE DEPARTMENT OF HEALTH AND WELFARE AND LABEL AS "EXHIBIT E"

### **Property and Debt Schedule** Separate Property. (your name)\_ \_\_\_\_\_Separate Property: None. or (list separate property below) (spouse's name) \_\_\_\_\_Separate Property: None. or (list separate property below) Community Real Property. ☐ The real property, located at \_\_\_\_\_ \_\_\_\_\_, County of \_\_\_\_\_, in the City of State of Idaho, and described in the deed as follows: shall be sold and the net proceeds divided \_\_\_\_\_ % to (your name)\_\_\_\_ \_\_\_\_\_ and \_\_\_\_\_% to (Spouse's name)\_\_\_\_\_ or is awarded to: (Name of party who will own the home)\_\_\_\_\_\_, subject to any liens. Spouse, (spouse's name)\_\_\_\_\_ is ordered to convey his/her interest in the property to the other party when will who will own the home)\_\_\_\_\_, pays spouse \$\_\_\_\_\_. or

Property and Debt Schedule

Community Personal Property.  (your name)  None. or (list community personal p	Com	munity Personal Property:
(spouse's name) None. or (list community personal p		munity Personal Property:
	roperty below,	
	(vour name)	
Community Debts.	(your name)	
	shall pay	Spouse shall pay
		Spouse shall pay
Community Debts. Creditor Name	shall pay	
	shall pay \$	\$
	shall pay \$	\$
	shall pay \$ \$ \$	\$ \$ \$
	shall pay \$ \$ \$ \$	\$ \$ \$ \$

Property and Debt Schedule

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			
FOR THE STATE OF IDAHO, IN AND FOR TH	Case No		
Petitioner, vs.  Respondent.	PETITION TO MODIFY AN ORDER, JUDGMENT, OR DECREE (HW) Fee Category: Filing Fee:		
State of Idaho, Department of Health and Welfare			
I, (your name)a Judgment as permitted by Rule 201(C) of the			
modifying a previous Order, Judgment, or Decre			
1. The following child/ren under the age of 18 year			
education, was/were born to or adopted by the pa	rties:		
Name Date of Birth	Addresses for last 5 years (city & state beginning with most recent)		
	The		
2. I reside at (city, county, state) other parent resides at (city, county, state)			
3. UCCJEA Jurisdiction. This court has jurisd			
der the Uniform Child Custody Jurisdiction and Enforcement Act, Idaho Code§ 32-11- 91, et seq.			

a.   I have not participated as a party or witness, in any other case involving our		
child/ren. or		
☐ I have participated as a party or witness in the following case involving our composition (provide all specifics including the parent's name, the state, the court, the case number and the date of the custody order, if any):		
b.		
I 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 parents, 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. 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 the court modify the Order, Judgment or Decree entered(date of last custody		
order, judgment or decree) as follows:		
a. <u>Legal Custody</u> . 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. <b>or</b>		
and and John logal outloay. Of		

H	is in the best interest of our c	child/ren that	be		
awarde	awarded sole legal custody because				
-					
b.	Physical Custody. No c	hange. <b>or</b>			
☐ It	is in the best interest of our c	hild/ren that we be awarded	joint physical custodyof		
	ren as described in the Pare		E		
child/rer	because				
		should around time with arms	ala il al / a a a		
		should spend time with our o	chila/ren		
a:	as follows:				
or					
	described in the Parenting P	Plan attached as Schedule A.			
	Support.				
a. Li	t all child support orders for a	my of the child/ren listed in S	ection 1.		
Pr	ovide the following:				
State	County	Court Case Number	Date of order,		
			judgment, or decree		
<b>b</b> . Do	you want to change the amo	ount of child support?			
	No. I ask for it to continue.(If		e nlease attach a conv of		
tha	order, judgment, or decree as Sche				
	Yes. The amount of child sup				
		, and and onlying and	jaaginent issued D		

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.	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):
		<ul> <li>☐ The custodial arrangement.</li> <li>☐ The gross annual income of one or both parents.</li> <li>☐ A parent is providing medical insurance.</li> <li>☐ The parent claiming the tax dependency exemption should be changed.</li> </ul>
		(other reason)
	b.	New Child Support Amount.
		Child support should be paid by (full 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 should 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 petition is filed <b>or</b>
		the month after the Judgment 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.

# d. Multiple Children. (if applicable) We have more than one minor child. If this child support judgment has not been modified, when one child is no longer entitled to support, basic 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 part section.)

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 \$\int 50\% \text{ or } \int (\text{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 childper 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.

С	hild support does not include work-related childcare. The net out-of-pocket costs			
	for work-related child care should be paid by the parents based on the IdahoChild			
	Support Guidelines,% by (your name)			
	nd% by (other parent's name)			
0				
	Instead I ask that (your name)			
	ay% and (other parent's name)			
	ay% because:			
Pa	ttach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)  ayment should be made directly to the child care provider by both parens			
	ccording to arrangements made with the care provider if permitted by the care rovider. Otherwise, the non-paying parent should reimburse the paying parent			
	ithin 10 days after the paying parent provides a copy of the invoice and proof of			
pa	ayment.			
g. Me	edical, 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			
	☐ 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)			
	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			
	parents based on the Idaho Child Support Guidelines,% by (your name)% by (other			
	parents based on the Idaho Child Support Guidelines,% by (your name)			
	parents based on the Idaho Child Support Guidelines,% by (your name)and% by (other parent's name)  or			
	parents based on the Idaho Child Support Guidelines,% by (your name) and% by (other parent's name)			
	parents based on the Idaho Child Support Guidelines,% by (your name)and% by (other parent's name)or			
	parents based on the Idaho Child Support Guidelines,% by (your name)			
	parents based on the Idaho Child Support Guidelines,% by (your name)			
	parents based on the Idaho Child Support Guidelines,% by (your name)			
	parents based on the Idaho Child Support Guidelines,% by (your name)			
B.	parents based on the Idaho Child Support Guidelines,% by (your name)			
B.	parents based on the Idaho Child Support Guidelines,% by (your name)			
B.	parents based on the Idaho Child Support Guidelines,% by (your name)			
B.	parents based on the Idaho Child Support Guidelines,% by (your name)			

	Neither parent is providing health insurance for the child/ren. The parent
	first able to obtain health insurance at reasonable cost should do so.
	☐ 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 eachparent'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. <b>or</b>
	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 parents.
	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 thechild in a health benefit plan as provided by Sections 32-1214A through 32-1214J, Idaho Code, and applicable rules of the department.
h.	Out-of-Pocket Health Care Costs.
	☐ The out-of-pocket cost 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

(Atta	ach Affidavit Verifying Income and Child Support Worksheet(s) as Sched	ule B.)	
	alth care expenses include, but are not limited to, medical, p	•	
	nodontic, optical, psychiatric, psychological, special education		
	atment, or counseling in any form.	,	
Any	y health care for the child/ren that would result inan actual o	ut-of-pocket expens	
	over \$500 to the parent who did not incur or consent to the e		
	proved in advance, in writing, by both parents or by prior cou		
	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)		
	health care payments should be in addition to the basic child		
	uld be promptly paid or reimbursed directly between the par		
Tax	Benefits & Exemptions.		
T	The state and federal income tax dependency exemptions fo	or the child/ren	
	uld be assigned as follows:		
	(your name)	shall claim:	
	d/ren's names)		
(	(other parent's name)	shall claim:	
	d/ren'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.

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

WHEREFORE, the moving party asks that the court enter itsJudgment of Modification

after appropriate notice.

#### **CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to t	the law of the State of Idaho that the foregoing
is true and correct.	
Date:	
Typed/Printed Name	Signature

## Remove this page and in its place attach (staple) the documents listed below.

- If you are changing the custody or schedule?
   Attach the Parenting Plan, and write SCHEDULE A at the bottom.
- 2. If you are changing the child support?

  Attach the Affidavit Verifying Income and Child Support Worksheet(s), and write SCHEDULE B at the bottom.
- 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 T	HE COUNTY OF
Petitioner,	Case No
VS.	JUDGMENT OF MODIFICATION
Respondent.	
State of Idaho, Department of Health and Welfare	
JUDGMENT IS ENTERED AS FOLLOWS:	
For the following minor child/ren:	
Name	Year of Birth
1. Child Custody. No change or The entered on, 20 is	
A. Legal Custody of Minor Child(ren).	
☐ Both parents are awarded joint legal cus	_
(name) is award	ed sole legal custody of the child/ren.
B. Physical Custody of Minor Child(ren)	
☐ Both parents are awarded joint physical	custody of their child/ren

		Parenting Plan attached as Schedule A. or
	as follows:	
	or	2
	(name)child/ren. <b>And</b>	_ is awarded sole physical custody of the
	(name)  on the terms and as described in the	_ shall have time with the child/ren Parenting Plan attached as Schedule A or
	Child Support	
		ue as set in Case No
		County, State of, on
	CODY of that order judgment, or decree as School	(If the order was from a different case please attach
	Service at the end.) <b>or</b>	lule B, skip section 3, and complete the Certificate of
	•	, entered in
		of, on (Date)
		his case. The child support is modified and
	Decree issued by this Court controls. All	
		by this Decree remain in full force and effe
	(Complete Section 3 below.) and/or	by the Beares remain in full force and ene
e	ection 3. Complete all of Section 3 below	v to change shild support
		v to change child support.
	a. New Child Support Amount	and bure
	Crilia support is modified, it shall be	e paid by (full name of parent who will pay support)
	per month.	in the amount of \$
	b. Effective Date and Duration.	
	Child support payments shall begin: (se	

the month after the petition was filed. <b>Or</b>
the month after the Judgment is signed
Child Support shall 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 ofeighteen (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 theage of
nineteen (19) years, whichever is sooner. Payment shall be made payable to the
Department of Health and Welfare and sent toldaho 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)
If this child support judgment has not been modified, when one child is no longer
entitled to support, child support for the remaining child/ren shall continue and will
be paid as described in the Continued Support Worksheet attached as Schedule B.
d. Extended Visits. (if applicable)
☐ When the parent who has custody 25% of the time or less is paying child support
and 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% <b>or</b> (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 parents custody. e. Work-Related Childcare Expenses. ☐ The net out-of-pocket costs for work-related child care shall be paid \_\_\_\_\_\_% by (your name)\_\_\_\_\_and \_\_\_\_\_% by(other parent's name) 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, 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. f. Medical, Dental, and/or Optical Insurance. A. Pro Rata Share. Any health insurance premiums for the child/ren should be paid by the parents as follows: \_\_\_\_\_\_% by (your name) \_\_\_\_\_ and \_\_\_\_\_\_% by (other parent's name) \_\_\_\_\_ B. Insurance Currently Provided shall continue to provide health insurance for the minor child/ren, so long as it is availableat a reasonable cost. If this insurance becomes unavailable, the parent first able to obtain health insurance at a reasonable cost shall do so. or Neither parent is providing health insurance for the child/ren. The parent first able to obtain health insurance at a reasonable cost shall do so. C. In Addition to or Included in Monthly Child Support.(select one) 1. The total child support includes an adjustment for each parent's share of the health insurance premiums. or 2. All health care premiums shall be in addition to the basic child support award and shall be promptly paid or reimbursed directly between the parents. **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 diect 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 cost for health care expenses for the child/renshall be paid by the parents a	as
follows: % by (your name)	
and % by (other parent's name)	
Health care expenses include, but are not limited to, medical, prescription, denta	ıl,
orthodontic, optical, psychiatric, psychological, special education, addiction	
treatment, or counseling in any form Any health care for the childrenthat 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	า
parents or by prior court order.	
All out-of-pocket health care costs shall be in addition to the basic child support	
award and shall be promptly paid or reimbursed directly between the parents.	
n. Tax Benefits & Exemptions.	
The state and federal income tax dependency exemptions for the child/ren are	
assigned as follows:	
(your name) sha	П
claim: (child/ren's names)	
	_
	_
(other parent's name)sha	- 
claim: (child/ren's names)	
	_
	_
The parent not receiving the exemption(s) is awarded a pro rata share of the value	ıe
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.	
You must not claim the exemption if it is not assigned to you. If the exemption is r	ot

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.

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

Date:	
	leader -
	Judge

#### CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Judgment was ser State of Idaho, Department of Health	ved:
And Welfare, Division of Child Support Enforcement	By United States mail By personal delivery By fax (number)
(Street or Post Office Address)  (City, State, and Zip Code)	By email to:  (If allowed)
(Name)	<ul><li>☐ By United States mail</li><li>☐ By personal delivery</li></ul>
(Street or Post Office Address)	By fax (number) By email to:
(City, State, and Zip Code)	(If allowed)
(Name)	☐ By United States mail ☐ By personal delivery ☐ By fax (aumbor)
(Street or Post Office Address)	By fax (number) By email to:
(City, State, and Zip Code)	(If allowed)
Date:	D
	Deputy Clerk

## Remove this page and in its place attach (staple) the documents listed below.

- If you are changing the custody Schedule:
   Attach the Parenting Plan, and write SCHEDULE A at the bottom.
- 2. If there are multiple children Attach the Continued Support Worksheet and write SCHEDULE B at the bottom.
- 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 T	THE COUNTY OF
Petitioner, vs.  Respondent.	Case No  PETITION TO MODIFY AN ORDER, JUDGMENT OR DECREE  Fee Category: Filing Fee:
I, (your name)	ask the court to enter
a Judgment as permitted by Rule 201(C) of the	
modifying a previous Order, Judgment, or Decr	
1. The following child/ren under the age of 18 years	ars, or 19 years and still pursuing a high schoo
education, was/were born to or adopted by the pa	arties:
Name Date of Birth	Addresses for last 5 years (city & state beginning with most recent)
2. I reside at (city, county, state)	
The other parent resides at (city, county, state)	
3. UCCJEA Jurisdiction. This court has jurisd	
under the Uniform Child Custody Jurisdiction a	nd Enforcement Act, Idaho Code § 3211-

PETITION TO MODIFY AN ORDER, JUDGMENT OR DECREE CAO M 1-1 04/01/2018

101, et se	eq.
а. 🗌	I have not participated as a party or witness, in any other case involving our
child/ren.	
(provide all s	I have participated as a party or witness in the following case involving our children specifics including the parent's name, the state, the court, the case number and the date of the child er, if any):
b. 🗆	I do not know of any other case that could affect our child/ren. <b>or</b>
including the	I know of the following court case that could affect our child/ren (provide all specifics parent's name, the state, the court, the case number and the nature of the proceeding):
c. [] child/ren.	Other than the parents, no one claims custody or visitation rights with our
	In addition to the parents, the following person/s claim custody or visitation for en (list names and addresses):
1	Our child/ren live(s) only with both parents. <b>or</b> If our child/ren lives(s) with someone other than a parent, the name(s) and dress(es) of the person(s) with whom our child/ren live(s) is/are:
4. Child C	ustody.  No change. or
since the da	re have been substantial and material changes with respect to child custody ate of the last Order, Judgment or Decree. The changes that justify a
significant end	n are (list the facts, events and details that have changed and explain why those changes are ough to justify a modification).
I reques	ent or Decree) as follows:

	a. <u>Le</u>	gal Custody. 🔲 No change	e. or	
	Botl	n parties are fit to act as par	ents. It is in the bestinteres	st of our child/ren that we
be		d joint legal custody. <b>or</b>		
	☐ It is	in the best interest of our ch	nild/ren that	be
aw	/arded s	ole legal custody because _		
-				
		<u>ysical Custody</u> . ☐ No cha		
		in the best interest of our ch		
oui	r child/re	n as described in the Paren	ting Plan attached as Sche	dule A. <b>or</b>
		s		
chi	ld/ren be	ecause		
	N-4-1			
		si	nould spend time with our c	child/ren
	as to	llows:		
or				
0.	ΠAsd	escribed in the Parentine Die	on offeebad as Oslas III A	
5.	Child S	escribed in the Parenting Pla	in attached as Schedule A.	
		Ill child support orders for an	ly of the child/ren listed inS	ection 1.
		de the following:		
	State	County	Court Case Number	Date of order, judgment, or decree
				judgment, or decree

ł	o. 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 section 6, and sign at the end.)
	☐ 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.)
Sec	ction 6. Complete all of Section 6 below to change child support.
6. 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.
	<ul> <li>☐ A parent is providing medical insurance.</li> <li>☐ The parent claiming the tax dependency exemption should be changed.</li> </ul>
	(other reason)
b	. New Child Support Amount.
	Child support should be paid by (full 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 should be paid by(full name of parent who will pay
	of \$ 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 petition is filed <b>or</b>
	the month after the Judgment 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.

#### d. Multiple Children. (if applicable) We have more than one minor child. If this child support judgment 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 basicchild 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.

f.	Work-Related Childcare Expenses. Child support does not include work-related childcare. The net out-of-pocket costs				
	for work-related child care 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 child care 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 o				
	payment.				
	Medical, Dental, and/or Optical Insurance.				
	A. Pro Rata Share. (select one)				
	$oxedsymbol{\square}$ <b>1.</b> 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, the parent			
first able to obtain health insurance at reasonable cost should do so.			
or			
Neither parent is providing health insurance for the child/ren. The parent			
first able to obtain health insurance at reasonable cost should do so.			
☐ 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)			
$\square$ 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			
All health care premiums should be in addition to the basic child support			
award and should be promptly paid or reimbursed directly between the parents.			
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 payingparent 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 empbyer, 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.			
Out-of-Pocket Health Care Costs.			
☐ The out-of-pocket-cost for health care expenses for the child/ren should be paid			
by the parents based on the Idaho Child Support Guidelines% by			

h.

(your name)	and	% by
(other parent's name)		
or		
☐ Instead I ask that (your name)		
	t's name)	
	Child Support Worksheet(s) as Schedule	
Health care expenses include, b	ut are not limited to, medical, pres	scription, denta
orthodontic, optical, psychiatric,	psychological, special education,	addiction
treatment, or counseling in any f	orm.	
Any health care for the child/ren	that would result in an actual out-	of-pocket
expense of over \$500 to the pare	ent who did not incur or consent to	the expense
	writing, by both parents or by pri	
	whether consent for cut-of-pocket e	
	ly requested or withheld and orde	
	ntage other than the Guidelines In	
All out-of-pocket health care cost		12.0
and should be promptly paid or re		
Tax Benefits & Exemptions.		
☐ The state and federal income	tax dependency exemptions for t	he child/en
should be assigned as follows:		
(your name)		shall claim:
(child/ren's names)		
(other parent's name)		shall claim:
(child/ren's names)		
	exemption(s) should be awarded a	
of the value of income tax benefit	in proportion to his/her guidelines	s income whic
should be either a credit against of	or in addition to the basic child sur	oport obligatio

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.

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

**WHEREFORE**, the petitioning party asks that the court enter its Judgment of Modification after appropriate notice.

#### **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

## Remove this page and in its place attach (staple) the documents listed below.

- 1. If you are changing the custody or schedule?

  Attach the Parenting Plan, and write SCHEDULE A at the bottom.
- 2. If you are changing the child support?

  Attach the Affidavit Verifying Income and Child Support Worksheet(s), and write SCHEDULE B at the bottom.
- 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 FOR THE STATE OF IDAHO, IN AND FOR THE		
Petitioner,	Case No	
vs.	JUDGMENT OF MODIFICATION	
Respondent.		
JUDGMENT IS ENTERED AS FOLLOWS:		
For the following minor child/ren:		
<u>Name</u>	Year of Birth	
1. Child Custody. No change. or The entered on, 20		
A. Legal Custody of Minor Child(ren).		
☐ Both parents are awarded joint legal custo		
(name) is awarded		
B. Physical Custody of Minor Child(ren).	∏ No change. <b>or</b>	
☐ Both parents are awarded joint physical custody of their child/ren		
on the terms and as described in the Pare	nting Plan attached as Schedule A <b>or</b>	

JUDGMENT OF MODIFICATION CAO M 8-1 04/01/2018

as follows:	
or	
(name)	is awarded sole physical custody of the
child/ren. and	
(name)	shall have time with the child/ren
on the terms and as desc	ribed in the Parenting Plan attached as Schedule A <b>or</b>
as follows:	
Child Support	
☐ No change, child support	shall continue as set in Case No
	, County, State of, on
	(If the order was from a different case please attach
	cree as Schedule B, skip section 3, and complete the Certificate of
Service at the end.) <b>or</b>	
	No, entered in
	ounty, State of, on (Date)
	is been consolidated into this case. The child support is
	ued by this Court controls. All terms of the Court's prior
	crees(s) not modified by this Decree remain in full force
and effect. (Complete Section 3 b	pelow.) and/or
ction 3. Complete all of Sect	tion 3 below to change child support.
a. New Child Support Amou	unt
Child support is modifie	d, it shall be paid by (full name of parent who will pay support)
	in the amount of \$
per month.	
b. Effective Date and Durati	ion.
Child support payments sh	nall begin: (select one)
the month after the pet	ition was filed. <b>or</b>
the month after the Jud	

Child support shall 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. c. Multiple Children. (if applicable) If this child support judgment has not been modified, when one child is no longer entitled to support, child support for the remaining child/ren shall continue and will be paid as described in the Continued Support Worksheet attached as Schedule B. d. Extended Visits. (if applicable) ☐ When the parent who has custody 25% of the time or less is paying child support and 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.

e. Work-Related Childcare Expenses.

☐ The net out-of-pocket costs for work-related child care shall be	paid	%
by (your name)		
by (other parent's name)		
Payment shall be made directly to the child care provider by both p		ording
to arrangements made with the care provider if permitted by the ca		_
Otherwise, the non-paying parent shall reimburse the paying paren		
after the paying parent provides a copy of the invoice and proof of		•
Medical, Dental, and/or Optical Insurance.		
A. Pro Rata Share.		
Any health insurance premiums for the child/ren should be paid by	the parents	s as
follows:% by (your name)		
and% by (other parent's name)		
·		
B. Insurance Currently Provided		
(name)shall continue	to provide I	nealth
insurance for the minor child/ren, so long as it is available at a reaso		
this insurance becomes unavailable, the parent first able to obtain h	nealth insur	ance
at a reasonable cost shall do so. <b>or</b>		
$oxedsymbol{\square}$ Neither parent is providing health insurance for the child/ren.The	parent firs	t able
to obtain health insurance at a reasonable cost shall do so.		
$oxedsymbol{\square}$ The child/ren are enrolled in the Children's Health Insurance Pro	gram (CHIF	<sup>2</sup> ) or
have Medicaid coverage. The parent first able to obtain health insur	ance at a	
reasonable cost shall do so.		
C. In Addition to or Included in Monthly Child Support. (select o	ne)	
$oxedsymbol{oxed}$ <b>1.</b> The total child support includes an adjustment for each parent	s share of	
health insurance premiums.		
or		
2. All health care premiums shall be in addition to the basic child	support awa	ard
and shall be promptly paid or reimbursed directly between the parer	its.	
Notice Where medical insurance is provided, each parent shall be ordered to ther with all medical insurance information necessary to obtain head process insurance claims for the child/ren. Insurance proceeds shall o unpaid medical bills and then to reimburse the paying parent for a medical costs. Both parents shall be ordered to sign any needed do	alth care and Il be applied ny prepaid	d d first

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 cost for health ca	re expenses for the child/ren shall be paid by the parents a
		% by (your name)
		% by (other parent's name)
		include, but are not limited to, medical, prescription, denta
	orthodontic, optical, p	sychiatric, psychological, special education, addiction
	treatment, or counseling	ng in any form Any health care for the child/renthat 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 cou	irt order.
	All out-of-pocket health	care costs shall be in addition to the basic child support
	award and shall be pro	emptly paid or reimbursed directly between the parents.
h.	Tax Benefits & Exem	ptions.
	The state and federal i	ncome tax dependency exemptions for the child/ren are
	assigned as follows:	
	(your name)	shall
	(other parent's name)_	shall
	claim: (child/ren's names)	
		eiving the exemption(s) is awarded a pro rata share of the
		nefit in proportion to his/her guidelines income which is
	either a credit against o	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.

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

Date:	
	Judge

#### CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Judgment was served: By United States mail (Name) By personal delivery By fax (number) \_\_\_\_\_ (Street or Post Office Address) By email to: (City, State, and Zip Code) (If allowed) By United States mail (Name) By personal delivery By fax (number) \_\_\_\_\_ (Street or Post Office Address) By email to: (City, State, and Zip Code) (If allowed) By United States mail (Name) By personal delivery By fax (number) \_\_\_\_\_ (Street or Post Office Address) By email to: (If allowed) (City, State, and Zip Code) Date:\_\_\_\_ Deputy Clerk

## Remove this page and in its place attach (staple) the documents listed below.

1. If you are changing the custody Schedule:

Attach the Parenting Plan, and write SCHEDULE A at the bottom.

2. If you are changing the child support:

Attach the Affidavit Verifying Income and Child Support Worksheet(s), and write SCHEDULE B at the bottom.

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 Darty Filips December	
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 TH	E JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR T	HE COUNTY OF
Petitioner, vs.  Respondent.	Case No  PETITION FOR  PATERNITY  CUSTODY, VISITATION  SUPPORT  Fee Category: Filing Fee \$
The Petitioner says:	
1. Minor Child/ren of the Parties. The follow	
	Il pursuing a high school education, was/were
born to or adopted by the parties:	
Name Date of	Birth Current Address

PETITION FOR PATERNITY, CUSTODY, VISITATION, & SUPPORT CAO P 1-2 04/01/2018

	☐ Paternity has not been established. <b>or</b>
	☐ 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 Petition 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.	The Parties. Petitioner is the mother father and resides at (city, county, state)
	Respondent is the _ mother _ father and
	resides at (city, county, state)
	The parties are not now married and have not been married to each other.
3.	Jurisdiction to Establish Paternity, Order Support and Determine Custody. This
	court has jurisdiction to establish paternity, order support and determine custody in this
	matter pursuant to Idaho Code Section 7-1102 because:
	☐ The father resides in Idaho. or
	☐ The father resided with the parties' child/ren in Idaho. <b>or</b>
	☐ The parties' child/ren reside/s in Idaho as a result of the acts or directives of the
	father. or
	☐ Although the father resides outside of the State of Idaho, the parties' child/ren
	was/were conceived in Idaho.
4.	Venue. Venue is proper because this county is either where the child/ren was/were
	conceived or born or reside/s or the county where the mother or father resides.
5.	UCCJEA Jurisdiction. This court has jurisdiction to determine custody of our child/ren
	under the Uniform Child Custody Jurisdiction and Enforcement Act, Idaho Code
	Section 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 addre			
b. Participation in Other Cadifferent case involving our chall large participated as a participated as	nild/ren. <b>or</b> rty or witness in the follow uding the parent's name, the s	wing different cartate, the court, the c	se involving our
c. Other Cases Affecting Ch affect our child/ren. or The following different case the parent's name, the state, the cou	e that could affect our ch	ild/ren (provide all	specifics including
d. Custody/Visitation: Other			
visitation rights with our child/re In addition to the parents, the our child/ren (list names and address)	en. <b>or</b> ne following person/s hav	e or claim custo	dy or visitation fo

	paragraph 1 of this Petition.	
7.	Legal Custody.	
	☐ 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 (name)	be
	awarded sole legal custody of the child/ren because	
8.	Physical Custody.	
	☐ It is in the best interest of our child/ren that we be awarded joint physical custody of	f
	our child/ren	
	on the terms and as described in the Parenting Plan, attached as Schedule A. or	
	as follows:	
	or	
	(name) should be awarded sole physical custody of	
	our child/ren because	
	and	
	(name)should spend time with our child/ren as follow	vs:
9.	Child Support.	
	a. Existing Child Support Orders	
	Is there a child support order for any of the child/ren listed in Section 1?	
	No. (Skip to section 10. below)	
	Yes.	

If Yes, provide the following information about the child support order(s): State County Court Case Number Date of order,

							ment, or ecree
b.	Change i	in Child Supp	ort.				
		to change the					
	No. I ask	for it to continu	ue. (If the order	was from a diffe	rent case please a	attach a co	py of that
ord	er, judgmen	t, or decree as Sc	hedule B, skip s	ection 10, and si	gn at the end.)		
					ed and the judg		
					ou may have to file	e a Motion	to
		avoid having multi					
(No	ote: Comp	lete all of Section	on 10. below	to change chil	d support.)		
C.	Reasons	for Changing	Child Suppo	ort. The follow	wing substantia	l and ma	aterial
	changes since the date of the last Order, Judgment or Decree have occurred. (check all boxes that apply):						
	The cu	stodial arrange	ement.		x		
		oss annual inc			S.		
	A parent is providing medical insurance.						
		irent claiming t eason)		dency exemp	tion should be	changed	
		ason)					
0 4"	40. 11						
Section	on 10. Ne	w Child Suppo	ort Amount.				
0. a. [	] Child su	ipport should b	pe paid by (ful	I name of parent	who will pay supp	ort)	
				in the amount	t of \$		per
mor	nth, based	on the Idaho (	Child Support	Guidelines. T	his is based or	n the Affi	davit
					hed as "Sched		
		djusted support ir					
or							

10.

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 petition is filed. <b>or</b>	
the month after the Decree is signed.	
Child support should continue to be paid on the same day of each following mon	th until
the child/ren for whom support is being paid reach/es the age of eighteen. If a ch	ild for
whom support is being paid continues his/her high school education after reaching	ng the
age of eighteen (18) years, child support payments should continue until the child	t
discontinues his/her high school education or reaches the age of nineteen (19) ye	ears,
whichever is sooner. Payment should be made payable to the Department of Hea	alth and
Welfare and sent to Idaho Child Support Receipting, P.O. Box 70008, Boise, ID 8	
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 emple without additional notice to the paying parent, according to Idaho Code Section 3. The support order can also be enforced by license suspension or the filing of a lie all real and personal property of the paying parent.	oyer 2-1204
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 rem	naining
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	r that
period of time. However, visitation of two overnights or less with the other parent s	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 $\square$ 50% <b>or</b> $\square$
(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 = $35.00 \times 3$ 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 child care should be paid by the parents based on the Idaho Child Support
Guidelines,% by (your 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 child care provider by both parents
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.
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, the non-paying parent should reimburse the paying parent within 10 days
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, 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.
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, 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.
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, 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)
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, 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.

	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 Suppor		as Schedule B.)
B. Insurance Currently Provided. (select of		
<b>1.</b> (name)		
insurance for the minor child/ren and shou		
available at reasonable cost. If this insurar		
able to obtain health insurance at reasonal	ble cost shou	uld do so.
or		
2. Neither parent is providing health ins	surance for th	ne child/ren. The parent first
able to obtain health insurance at reasonal	ble cost shou	ıld do so.
☐ 3. The child/ren are enrolled in the Child	dren's Health	n Insurance Program (CHIP) or
have Medicaid coverage. The parent first a		
reasonable cost should do so.		
C. In Addition to or Included in Monthly	Child Supp	ort. (select one)
igsqcup 1. The child support payment should in		
share of health insurance premiums. All ot		
the basic child support award and should b		
between the parents. <b>or</b>		
All health care premiums should be i	in addition to	the basic child support award
and should be promptly paid or reimbursed		
NOT	ICE	
Where medical insurance is provided, each other with all medical insurance information process insurance claims for the child/ren. It is unpaid medical bills and then to reimburse nedical costs. Both parents should be order rovides continuing health care for the child/	parent should necessary to nsurance pro the paying red to sign a	o obtain health care and occeeds should be applied first

Failure to provide medical insurance coverage may result in the direct enforcement of

PETITION FOR PATERNITY, CUSTODY, VISITATION, & SUPPORT CAO P 1-2 04/01/2018

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.

Q	. Out-of-Pocket Health Care Costs.
	☐ The out-of-pocket cost for health care expenses for the child/ 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 directly between the parents.
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:			
(child/ren's names)				
(other person)				
(child/ren's names)				
The parent not receiving the exemption(s) should be aw	rarded a pro rata share of			
the value of income tax benefit in proportion to his/her guide	elines income which			
should be either a credit against or in addition to the basic c	hild 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,				
tax year.				
11. Name Change. (if applicable)				
For legal purposes the minor child/ren's last name should	d be			
and the				
certificate(s) should be amended to reflect that name.				
12. Amend Birth Certificate.				
The Bureau of Vital Statistics should amend the birth certific	cate(s) of the child/ren to			
reflect that				
father of our child/ren.				
I certify I have read this Petition and state that all facts inclu	ded are true.			
I ask the Court to enter the orders requested above.				
CERTIFICATION UNDER PENALTY OF P	ERJURY			
certify under penalty of perjury pursuant to the law of the State of I	Idaho that the foregoing			
true and correct.	dans that the loregoing			
ate:				
rped/Printed Name Signature				

# Remove this page and in its place attach (staple) the documents listed below.

1. If you are changing the custody or schedule?

Attach the Parenting Plan, and write SCHEDULE A at the bottom.

2. If you are changing the child support?

Attach the Affidavit Verifying Income and Child Support Worksheet(s), and write SCHEDULE B at the bottom.

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 TH	HE JUDICIAL DISTRICT			
FOR THE STATE OF IDAHO, IN AND FOR	R THE COUNTY OF			
Petitioner, vs.  Respondent.	Case No  DECREE OF  PATERNITY  CUSTODY, VISITATION  SUPPORT			
JUDGMENT IS ENTERED AS FOLLOWS:  1. Paternity  The Petitioner Respondent (full legal				
is the natural father of the following child/ren:				
Name of Child	Date of Birth			
	d/ren listed above, who is/are under the age of 18			
years, or under 19 years and still pursuing adopted by the parties.	g a high school education, was/were born to or			

3.	Child Custody				
	Child Custody for the child/ren listed above is awarded as follows:				
	A. Legal Custody of Minor Child(ren).				
	☐ Both parents are awarded joint legal custody of their child/ren. <b>or</b>				
	is awarded sole legal custody of the child/ren.				
	B. Physical Custody of Minor Child(ren).				
	☐ Both parents are awarded joint physical custody of their child/ren				
	on the terms and as described in the Parenting Plan attached as Schedule A or				
	as follows:				
	or				
	(name)				
	(name) is awarded sole physical custody of the child/ren. And				
	(name) shall have time with the child/ren				
	as follows:				
	Child Support				
	□ No change, child support shall continue as set in Case No,				
	entered in County, State of,				
	on (Date) (If the order was from a different case please attach a				
	copy of that order, judgment, or decree as Schedule B, skip to section 6.)				
(	or				
Г	The child support in Casa No.				
L	The child support in Case No, entered in				
-	County, State of,				
,	on (Date) has been consolidated into this case. The child support is modified and the Decree issued by this Court controls. All terms of the Court's				
	the Court's				

and effect. and/or Section 5. New Child Support Amount. 5. a. Child support shall be paid by (full name of parent who will pay support) \_ in the amount of \$ \_\_\_\_\_ per month. b. Effective Date and Duration. Child support payments shall begin (select one option): the month after petition is filed. or the month after the Decree is signed. Child support shall 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. c. Multiple Children. (if applicable) 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 shall continue and will be paid as described in the Continued Support Worksheet attached as Schedule B. d. Extended Visits. (if applicable) When the parent who has custody 25% of the time or less is paying child support and 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

prior Order(s), Judgment(s) or Decrees(s) not modified by this Decree remain in full force

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% <b>or</b> (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.
e. Work-Related Childcare Expenses.
The net out-of-pocket costs for work-related child care shall be paid% by
(your name)
by (other parent's name)
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,
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.
f. Medical, Dental, and/or Optical Insurance.
A. Pro Rata Share.
Any health insurance premiums for the child/ren should be paid by the parents as
follows:% by (your name)
and% by (other parent's name)
B. Insurance Currently Provided.
name)shall continue to
provide health insurance for the minor child/ren, so long as it is available at a
reasonable cost. If this insurance becomes unavailable, the parent first able to obtain
health insurance at a reasonable cost shall do so. <b>or</b>
☐ Neither parent is providing health insurance for the child/ren. The parent first able
to obtain health insurance at a reasonable cost shall do so.
☐ 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 a
reasonable cost shall do so.

C. In Addition to or Included in Monthly Child Support. (select one)				
1. The total child support includes an adjustment for each parent's share of health				
insurance premiums.				
or				
2. All health care premiums shall be in addition to the basic child support award				
and shall be promptly paid or reimbursed directly between the parents.				
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.				
g. Out-of-Pocket Health Care Costs.				
The cost for health care expenses for the child/ren shall be paid by the parents as				
follows: % by (your name)				
and % by (other parent's name)				
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.				
All out-of-pocket health care costs shall be in addition to the basic child support award and shall be promptly paid or reimbursed directly between the parents.				
h. Tax Benefits & Exemptions.				

The state and federal income tax dependency exemptions for the child/ren are assigned

DECREE OF PATERNITY, CUSTODY, VISITATION, SUPPORT CAO P 8-2 04/01/2018

as follows:

(your name)	shall claim:			
(child/ren's names)				
(other parent's name)	shall claim:			
(child/ren's names)				
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.				
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.				
6. 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.				
7. Amend Birth Certificate.				
The Bureau of Vital Statistics shall amend the birth certificate(s) of the ch	nild/ren to reflect			
that: is t	he natural father			
of the child/ren.				
Date:				
Date: Judge				
_				

### CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Decree was served:	
(Name)  (Street or Post Office Address)	☐ By United States mail ☐ By personal delivery ☐ By fax (number) ☐ By email to:
(City, State, and Zip Code)	(If allowed)
(Name)	By United States mail By personal delivery By fax (number)
(Street or Post Office Address)	By email to:
(City, State, and Zip Code)	(If allowed)
(Name)	<ul><li>☐ By United States mail</li><li>☐ By personal delivery</li><li>☐ By fax (number)</li></ul>
(Street or Post Office Address)	By email to:
(City, State, and Zip Code)	(If allowed)
Date:	Deputy Clerk

### **REMOVE THIS PAGE AND**

- 1. If you are using the Parenting Plan, attach it and write SCHEDULE A at the bottom.
- 2. 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.
- 3. If there are multiple children attach the Continued Support Worksheet and write SCHEDULE B at the bottom.