

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

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

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____

STANDARD CHILD SUPPORT
WORKSHEET

CHILDREN

DATE OF BIRTH

	<u>PARENT</u>	<u>PARENT</u>	<u>COMBINED</u>
1. MONTHLY ICSG INCOME (from Affidavit)	\$ _____	\$ _____	\$ _____
2. PERCENTAGE SHARE OF INCOME (Each parent's income on line 1 divided by Combined Income)	_____ %	_____ %	100.00%
3. BASIC CHILD SUPPORT OBLIGATION (Apply line 1 Combined to Child Support Schedule)			\$ _____
4. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 2 times line 3 for each parent)	\$ _____	\$ _____	
5. RECOMMENDED BASE SUPPORT: (Bring down the amount from line 4 for the non-custodial parent)	\$ _____	\$ _____	
	<u>PARENT</u>	<u>PARENT</u>	<u>COMBINED</u>
6. Other costs to be considered by the Court:	\$ _____	\$ _____	

a. Work-related childcare expenses (+/-)	\$_____	\$_____	\$_____
b. Health insurance premiums paid by () Parent () Parent (+/-)	\$_____	\$_____	\$_____
c. Total tax benefit for all exemptions divided by 12			\$_____
Multiply benefit by line 2 % for each parent	\$_____	\$_____	
+/- (to off-set any excess benefit)	\$_____	\$_____	
7. Total AMOUNT TO BE ORDERED:	\$_____	\$_____	

PREPARED ON THIS _____ DAY OF _____, 20____.

Typed/printed

Signature