
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

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____

SHARED, SPLIT, OR MIXED CUSTODY
WORKSHEET

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

CHILDREN	BIRTH DATE	CHILDREN	BIRTH DATE	CHILDREN	BIRTH DATE
1.		2.		3.	
4.		5.		6.	
PARENT PARENT COMBINED					
1. MONTHLY I.C.S.G. INCOME (from Affidavit)	\$	\$	\$		
2. SHARE OF INCOME FOR EACH PARENT (line 1 for each parent divided by Combined Income)					
3. BASIC COMBINED CHILD SUPPORT OBLIGATION (apply line 1 Combined to Child Support Schedule)			\$		
4. EACH PARENT'S CHILD SUPPORT OBLIGATION (line 2 multiplied by line 3 for each parent)	\$	\$			
5. OBLIGATION ALLOCATION (line 4 divided by the number of children)	\$	\$			

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

OTHER COSTS TO BE CONSIDERED BY THE COURT:

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

Total AMOUNT TO BE ORDERED \$ _____

COMMENTS, CALCULATIONS AND/OR REBUTTALS: _____

_____.

Date: _____

Typed/printed

Signature