

\_\_\_\_\_  
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. \_\_\_\_\_

PETITIONER'S  RESPONDENT'S  
AFFIDAVIT  
 IN SUPPORT OF  
 IN OPPOSITION  
TO MOTION FOR TEMPORARY ORDERS

**IMPORTANT INFORMATION ABOUT THIS DOCUMENT**

WARNING TO BOTH PARTIES: This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must file this Affidavit with the court along with all required documents and serve copies to the other party.

**INSTRUCTIONS**

1. Complete the entire Affidavit in black ink. If the spaces provided on this form are inadequate, use separate sheets of paper to complete the answers and attach them to the Affidavit. Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.

2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 1. I listed all sources of my income.  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2. I attached copies of my two (2) most recent pay stubs.                                      |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. I attached copies of my W-2 and 1099 forms for all sources of income for the last two years |

1. **GENERAL INFORMATION:**

- A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- B. Social Security Number: \_\_\_\_\_
- C. Current Address: \_\_\_\_\_
- D. Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
- E. Last date when you and the other party lived together: \_\_\_\_\_
- F. Names of children common to the parties in this case, their dates of birth, and Social Security Number(s):

Full Name of Child	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. The present address for each child identified above is \_\_\_\_\_

\_\_\_\_\_

H. For the past five years, the children have resided with Petitioner and/or Respondent as follows: [PUT IN ADDRESSES, BEGINNING AND ENDING DATES].

	Address	Dates	Resided With	Relationship
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

The name, date of birth, relationship to you, and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to You	Income
<hr/>			
<hr/>			

I. Any other person for whom you contribute support:

Name	Age	Relationship to You	Reside with You (Y/N)	Court Order to Support (Y/N)
<hr/>				
<hr/>				

**2. UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT PROVISIONS:**

Answer the following:

A.  **I have not** participated as a party or witness or in any other capacity, in any other proceeding concerning the custody of or visitation with the child/ren identified above.

**or**

**I have** participated as a party or witness or in another capacity in the following proceedings concerning the custody or visitation with the child/ren identified above: [INPUT INFORMATION INCLUDING COURT CASE NUMBER AND TYPE OF PROCEEDING]\_\_\_\_\_

B.  **I do not know** of any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings related to domestic violence, protective orders, termination of parental rights, and adoptions.

**I know** of the following proceedings that could affect the current proceeding: (identify each proceeding by court, case number, and the nature of the proceeding)\_\_\_\_\_

C.  There **is not** a child protection proceeding pending involving any of the children identified above.

**or**

There **is** a child protection proceeding pending involving the children identified above. (identify the court and case number)\_\_\_\_\_

**3. YOUR EMPLOYMENT INFORMATION:**

- A. Your job/occupation/profession/title: \_\_\_\_\_  
Name and address of current employer: \_\_\_\_\_  
\_\_\_\_\_  
Date employment began: \_\_\_\_\_  
How often are you paid:  Weekly  Every other week  Monthly  Twice a month  
 Other \_\_\_\_\_
- B. If you are not working, why not? \_\_\_\_\_
- C. Previous employer name and address: \_\_\_\_\_  
\_\_\_\_\_  
Previous job/occupation/profession/title: \_\_\_\_\_  
Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_  
Reason you left job: \_\_\_\_\_  
Gross monthly pay at previous job: \$ \_\_\_\_\_
- D. Total gross income for the last two years:  
Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ \_\_\_\_\_

**4. YOUR EDUCATION/TRAINING:** List name of school, length of time there, a year of last attendance, and degree earned:

- A. High School: \_\_\_\_\_  
B. College: \_\_\_\_\_  
C. Post-Graduate: \_\_\_\_\_  
D. Occupational Training: \_\_\_\_\_

**5. YOUR CURRENT GROSS MONTHLY INCOME:**

- List below **all** income you receive from **any** source, whether private or governmental, taxable or not.
  - List all income payable to you individually or payable jointly to you and your spouse.
  - Use a monthly average for items that vary from month to month.
  - Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.
- A. Gross Salary/wages per month \$ \_\_\_\_\_  
• **Attach copies of your two most recent pay stubs.**  
Rate of Pay \$ \_\_\_\_\_ per  hour  week  month  year
- B. Expenses paid for by your employer:
1. Automobile \$ \_\_\_\_\_
  2. Auto expenses, such as gas, repairs, insurance \$ \_\_\_\_\_
  3. Lodging \$ \_\_\_\_\_
  4. Other (explain) \_\_\_\_\_ \$ \_\_\_\_\_
- C. Commissions/Bonuses \$ \_\_\_\_\_  
D. Tips \$ \_\_\_\_\_

E. Self-Employment Income (see below)	\$ _____
F. Social Security Benefits	\$ _____
G. Worker's Compensation and/or disability income	\$ _____
H. Unemployment compensation	\$ _____
I. Gifts/Prizes	\$ _____
J. Payments from prior spouse	\$ _____
K. Rental income (net after expenses)	\$ _____
L. Contributions to household living expenses by others	\$ _____
M. Other (explain): _____ (include dividends, pensions, interest, trust income, annuities, or royalties.)	\$ _____
<b>TOTAL:</b>	\$ _____

**6. SELF-EMPLOYMENT INCOME (if applicable):**

**If self employed, provide the following information:**

Name, address and telephone number of business: \_\_\_\_\_  
 \_\_\_\_\_  
 Type of business entity: \_\_\_\_\_  
 State and Date of incorporation: \_\_\_\_\_  
 Nature of your interest: \_\_\_\_\_  
 Nature of business: \_\_\_\_\_  
 Percent ownership: \_\_\_\_\_  
 Number of shares of stock: \_\_\_\_\_  
 Total issued and outstanding shares: \_\_\_\_\_  
 Gross sales/revenue last 12 months: \_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer item 7 if either party asks for child support. These expenses include only those expenses for children who are common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

**7. SCHEDULE OF ALL MONTHLY EXPENSES FOR CHILDREN:**

- **DO NOT LIST** any expenses for the other party, or children who live with the other party, **unless** you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HEALTH INSURANCE:**

1. Total monthly cost: \$ \_\_\_\_\_
2. Premium cost to insure you alone: \$ \_\_\_\_\_
3. Premium cost to insure children common to the parties \$ \_\_\_\_\_
4. List all people covered by your insurance coverage  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Name of insurance company and Policy/Group Number:  
 \_\_\_\_\_

**B. DENTAL/VISION INSURANCE:**

1. Total monthly cost: \$ \_\_\_\_\_
2. Premium Cost to insure you alone: \$ \_\_\_\_\_
3. Premium cost to insure children common to the parties: \$ \_\_\_\_\_
4. List all people covered by your insurance coverage:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Name of insurance company and Policy/Group Number:  
 \_\_\_\_\_

**C. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:**

(Cost to you after, or in addition to, any insurance reimbursement)

1. Prescriptions and medical supplies: \$ \_\_\_\_\_
  2. Other: \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**D. CHILD CARE COSTS:**

1. Total monthly child care costs: \$ \_\_\_\_\_  
 (do not include amounts paid by H&W or other State Assistance programs)
2. Names of children cared for and amount per child:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_
3. Name(s) and address(es) of child care provider(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. EMPLOYER PRETAX PROGRAM:**

Do you participate in an employer program for pretax payment of child care expenses (cafeteria plan)?  YES  NO

**F. COURT ORDERED CHILD SUPPORT:**

1. Court ordered current child support for children **Not common to the parties** \$ \_\_\_\_\_
2. Amount of any arrears payment \$ \_\_\_\_\_
3. Amount per month actually paid in last 12 months: \$ \_\_\_\_\_  
 • **Attach proof that you are paying**
4. Names and relationship of minor children who you support or who live with you, but are not common to the parties:  
 \_\_\_\_\_  
 \_\_\_\_\_

**G. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):**

1. Court ordered spousal maintenance/support you actually pay to previous spouse: \$ \_\_\_\_\_

**H. EXTRAORDINARY EXPENSES:**

1. For **Children** (Educational Expense/Special Needs/Other): \$ \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_
2. For **Self**: \$ \_\_\_\_\_  
 Explain: \_\_\_\_\_  
 \_\_\_\_\_

**INSTRUCTIONS**

Both parties must answer items 8 and 9 if either party is requesting:

- Spousal maintenance
- Division of expenses
- Attorneys' fees and costs
- Adjustment or deviation from the child support amount
- Enforcement

**8. SCHEDULE OF ALL MONTHLY EXPENSES:**

- Do NOT list any expenses for the other party, or children who live with the other party unless you are paying those expenses.
- Use a monthly average for items that vary from month to month.
- If you are listing anticipated expenses, indicate this by putting an asterisk (\*) next to the estimated amount.

**A. HOUSING EXPENSES:**

1. House payment:
    - a. First Mortgage: \$ \_\_\_\_\_
    - b. Second Mortgage: \$ \_\_\_\_\_
    - c. Homeowners Association Fee: \$ \_\_\_\_\_
    - d. Rent: \$ \_\_\_\_\_
  2. Repair & Upkeep: \$ \_\_\_\_\_
  3. Yard work/Pool/Pest control: \$ \_\_\_\_\_
  4. Insurance & Taxes not included in house payment: \$ \_\_\_\_\_
  5. Other (explain) \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**B. UTILITIES:**

1. Water, sewer, and garbage: \$ \_\_\_\_\_
  2. Electricity: \$ \_\_\_\_\_
  3. Gas: \$ \_\_\_\_\_
  4. Telephone: \$ \_\_\_\_\_
  5. Mobile Phone/Pager: \$ \_\_\_\_\_
  6. Internet Provider: \$ \_\_\_\_\_
  7. Cable/Satellite Television: \$ \_\_\_\_\_
  8. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**C. FOOD:**

- 1. Food: \$ \_\_\_\_\_
  - 2. School lunches: \$ \_\_\_\_\_
  - 3. Meals outside home \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**D. CLOTHING:**

- 1. Clothing for you: \$ \_\_\_\_\_
  - 2. Uniforms or special work clothes: \$ \_\_\_\_\_
  - 3. Clothing for children living with you: \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**E. TRANSPORTATION OR AUTOMOBILE EXPENSES:**

- 1. Car insurance \$ \_\_\_\_\_
  - 2. List all cars and individuals covered:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - 3. Car payment, if any: \$ \_\_\_\_\_
  - 4. Car repair and maintenance: \$ \_\_\_\_\_
  - 5. Gas and oil: \$ \_\_\_\_\_
  - 6. Bus fare/parking fees: \$ \_\_\_\_\_
  - 7. Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_

**F. MISCELLANEOUS:**

- 1. School and school supplies: \$ \_\_\_\_\_
  - 2. School activities or fees: \$ \_\_\_\_\_
  - 3. Extracurricular activities of children: \$ \_\_\_\_\_
  - 4. Church/Contributions: \$ \_\_\_\_\_
  - 5. Newspapers, magazines and books: \$ \_\_\_\_\_
  - 6. Barber and Beauty Shop: \$ \_\_\_\_\_
  - 7. Life insurance (beneficiary: \_\_\_\_\_) \$ \_\_\_\_\_
  - 8. Disability insurance: \$ \_\_\_\_\_
  - 9. Recreation/Entertainment: \$ \_\_\_\_\_
  - 10. Children's allowance: \$ \_\_\_\_\_
  - 11. Union/Professional dues: \$ \_\_\_\_\_
  - 12. Voluntary retirement contributions and savings deductions: \$ \_\_\_\_\_
  - 13. Pet Expenses: \$ \_\_\_\_\_
  - 14. Cigarettes: \$ \_\_\_\_\_
  - 15. Alcohol: \$ \_\_\_\_\_
  - 16. Other (explain): \$ \_\_\_\_\_
- TOTAL:** \$ \_\_\_\_\_



9. **OUTSTANDING DEBTS AND ACCOUNTS:** List all debts and installment payments you currently owe, but **do not include items listed in Item 8** “monthly schedule of expenses”. Follow the format below. Use additional paper if necessary:

Credit Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of Your Last Payment	Amount of Your Payment

**INSTRUCTIONS**

Both parties must answer item 10 and 11 if either party asks for temporary custody. The requested information applies only to the children common to the parties, which means one party is the birth/adoptive mother and the other is the birth/adoptive father of the children.

**10. CUSTODY:**

A.  The opposing party and I were unable to reach an agreement in mediation regarding the temporary custody of our child.

**or**

I have asked the opposing party to participate in mediation and he/she has refused.

- **Attach copy of letter requesting mediation.**

B. A temporary custody schedule is necessary for the well-being of the child because:

\_\_\_\_\_  
\_\_\_\_\_

C. During our marriage, we cared for the child in the following manner: (input care given i.e. I have been the primary caretaker and my spouse has been the primary breadwinner.) \_\_\_\_\_

\_\_\_\_\_

D. Since our separation (or since entry of the last custody order), our child has been with each of us according the following schedule: \_\_\_\_\_

\_\_\_\_\_

E. My work schedule is as follows: \_\_\_\_\_

\_\_\_\_\_

F. To the best of my knowledge, the opposing party's work schedules is as follows: \_\_\_\_\_

\_\_\_\_\_

G. The child has been with the following care providers when we are unable to care for him/her/them because of work: \_\_\_\_\_

\_\_\_\_\_

H. Our child attends school at (name of school) \_\_\_\_\_ which is located \_\_\_\_\_ miles away from my residence and \_\_\_\_\_ miles from the opposing party's residence.

I. Our child is involved in the following extracurricular activities (describe the activity and schedule of time requirement for practices, games, etc.) \_\_\_\_\_

\_\_\_\_\_

J. I participate in the child's activities by (give examples) \_\_\_\_\_

\_\_\_\_\_

K. The opposing party participates OR does not participate by (give examples) \_\_\_\_\_

\_\_\_\_\_

L. Our child has the following special needs: (input any physical health or mental health conditions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. DOMESTIC VIOLENCE:**

A.  There has been no domestic violence in our relationship.

**or**

There has been domestic violence in our relationship. The most recent incident occurred on (date)\_\_\_\_\_.

Describe incident and summarize any other notable history of domestic violence. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe and identify any criminal and civil cases involving the parties. \_\_\_\_\_  
\_\_\_\_\_

Describe the nature and extent of any circumstances known to the moving party that would subject the child/ren to a risk of neglect or abuse in either parent's custody including, but not limited to, substance abuse or dependence, and domestic violence. If there is substance dependence or abuse, identify the substance and the affiant's personal knowledge of the issue. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. I am requesting the court enter a temporary custody schedule as follows: (identify schedule desired/in the best interest of the child) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. PRENUPTIAL AGREEMENT:**

Do you have a prenuptial agreement, postnuptial agreement, or other marital settlement agreement?  Yes  No

**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

\_\_\_\_\_  
Signature