

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

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**

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

1. MONTHLY ICSG INCOME (from Affidavit)
2. PERCENTAGE SHARE OF INCOME  
(Each parent's income on line 1 divided by Combined Income)
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)

**FATHER      MOTHER      COMBINED**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ %      \_\_\_\_\_ %      100.00%

\$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

	<u>FATHER</u>	<u>MOTHER</u>	<u>COMBINED</u>
6. Other costs to be considered by the Court:	\$_____	\$_____	
a. Work-related childcare expenses (+/-)	\$_____	\$_____	\$_____
b. Health insurance premiums and uninsured health care expenses paid by ( ) Mom ( ) Dad (+/-)	\$_____	\$_____	\$_____
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