_____
Full Name of Party Filing This Document

_____
Mailing Address (Street or Post Office Box)

_____
City, State and Zip Code

_____
Telephone Number

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

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No.: _____

SHARED, SPLIT, OR MIXED CUSTODY WORKSHEET

CHILDREN	BIRTH DATE	CHILDREN	BIRTH DATE	CHILDREN	BIRTH DATE
1.		2.		3.	
4.		5.			

		MOTHER	FATHER	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 4divided by the number of children)	$	$		

6. ALLOCATION TO CHILD For each standard-custody child enter the amount from line 5. For each shared split-custody child Multiply line 5 by 1.5 and enter in the appropriate box.	CHILD 1 Mom	Dad	CHILD 2 Mom	Dad	CHILD 3 Mom	Dad	CHILD 4 Mom	Dad	CHILD 5 Mom	Dad
	$	$	$	$	$	$	$	$	$	$
7. PROPORTIONAL OBLIGATION Number of overnights with other parent Divided by 365. If ≥ .75, enter 1. If ≤ .25, enter 0. (For example, if child 1 lives with Mom 40% of the time, ".40" goes under "Dad" for child 1.) "≥" 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)	MOTHER $	FATHER $
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 and uninsured health care expenses (+/-) $_____

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: _____

_____

_____.

Dated: _____

BY: _____
(Signature)

_____
Typed/Printed Name of Party Signing Document