

Plaintiff's
 Name:
 Pro Se

Address:

Phone
 Number:

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

)	Case No.:
)	
Plaintiff,)	
vs.)	SHARED/SPLIT CUSTODY
)	CHILD SUPPORT WORKSHEET
)	
Defendant.)	
_____)	

NAME OF CHILD	DATE OF BIRTH	NAME OF CHILD	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- | | | | |
|---|----------------------|----------------------|---------------------|
| 1. MONTHLY I. C. S. G. INCOME
(From affidavit) | Plaintiff
\$_____ | Defendant
\$_____ | Combined
\$_____ |
| 2. PERCENTAGE SHARE OF INCOME (Each
parent's income on line 1 divided by Combined) | Plaintiff
_____% | Defendant
_____% | |
| 3. BASIC CHILD SUPPORT OBLIGATION | | | |
| a. Apply line 1 Combined to Child Support Schedule | | | \$_____ |
| b. Multiply line 3.a by 1.4 [I.C.S.G. §§ 10(d) and 10(f)] | | | \$_____ |
| 4. EACH PARENT'S CHILD SUPPORT OBLIGATION
(Multiply line 2 times line 3.b for EACH parent) | Plaintiff
\$_____ | Defendant
\$_____ | |

5. OBLIGATION ALLOCATION (Line 4 divided by number of children) Plaintiff Defendant
\$_____ \$_____

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 1.4.)

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
_____	_____	_____	_____	_____	_____

7. PARENT'S % OBLIGATION (Number of overnights with other parent divided by 365. If greater than 65%, enter 100%. If less than 35%, enter 0%. See footnote 1 below.)

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Plain/Def	Plain/Def	Plain/Def	Plain/Def	Plain/Def	Plain/Def
%_____/%_____	%_____/%_____	%_____/%_____	%_____/%_____	%_____/%_____	%_____/%_____

8. PARENT'S OBLIGATION (Line 6 x Line 7 for each child)

Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Plain/Def	Plain/Def	Plain/Def	Plain/Def	Plain/Def	Plain/Def
\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
\$_____	\$_____	\$_____	\$_____	\$_____	\$_____

8. TOTAL CHILD SUPPORT PER PARENT (Total of amounts for each parent) Plaintiff Defendant
\$_____ \$_____

9. RECOMMENDED CHILD SUPPORT ORDER (Subtract lesser amount from greater amount on line 8 place result under greater amount) Plaintiff Defendant
\$_____ \$_____

PREPARED BY DATE

¹For example, if Child 1 lives with the Defendant 40% of the time, "40%" goes under "Plaintiff" for Child 1.