

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.:
)	
vs.)	Plaintiff,
)	STANDARD 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
(Apply line 1 Combined to Child Support Schedule) | | | \$_____ |
| 4. EACH PARENT'S CHILD SUPPORT OBLIGATION
(Multiply line 2 times line 3 for EACH parent) | Plaintiff
\$_____ | Defendant
\$_____ | |

5. RECOMMENDED CHILD SUPPORT ORDER

(Bring down the amount from Line 4 for the
NON-custodial parent)

\$ _____

OTHER COSTS TO BE CONSIDERED BY THE COURT:

a. Work-related Child Care Costs +/- _____

b. Health insurance premiums/uninsured health care expenses +/- _____

c. Tax benefit for dependency exemptions +/- _____

Comments, calculations, or rebuttals:

PREPARED BY

DATE