

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 \_\_\_\_\_

\_\_\_\_\_,  
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 4 divided by the number of children)	\$	\$			

<b>6. ALLOCATION TO CHILD</b> For each standard-custody child enter the amount from line 5. For each shared or 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	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>7. PROPORTIONAL OBLIGATION</b> Number of overnights with other parent Divided by 365. If $\geq .75$ , enter 1. If $\leq .25$ , 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."										
<b>8. PARENTS' OBLIGATION</b> Line 6 times line 7 for each child.	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>9. EACH PARENT'S TOTAL SUPPORT</b> (total from all boxes)					<b>MOTHER</b> \$		<b>FATHER</b> \$			
<b>10. RECOMMENDED BASE SUPPORT</b> (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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Typed/printed

\_\_\_\_\_  
 Signature