

\_\_\_\_\_  
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.			
<b>MOTHER    FATHER    COMBINED</b>					
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)	\$	\$		

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		CHILD 2		CHILD 3		CHILD 4		CHILD 5	
	Mom	Dad	Mom	Dad	Mom	Dad	Mom	Dad	Mom	Dad
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
7. PROPORTIONAL OBLIGATION 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."										
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