



Court Assistance Office

Forms Packet Instructions:

RESPOND AND COUNTERCLAIM To Family Law Case With Children

Court Assistance Office

Available Monday-Friday

Email: d6cao@bannock.idcourts.gov

Phone: 208-236-7067

Text: 208-538-4816

<https://isc.idaho.gov/district-6/family-court/court-assistance-office>

☑ Watch these CAO videos **BEFORE** filling out your forms:



▸ [IMPORTANT Overview for Self-Represented Parties](#)



▸ [Child Support](#)



▸ [How to fill out a 'Parenting Plan'](#)



▸ [Important: Custody - 'Joint vs Sole'](#)

☑ Complete **ALL** of the following forms:

- Family Law Case Information Sheet
- Family Case Response AND Counterclaim Form
- Parenting Plan
- Child Support Calculations Worksheet

\$136
Filing
Fee

☑ Scan the forms & email them back for review:

We cannot accept images of these forms. They must be in PDF format.

[CLICK HERE for a list of scanning Resources](#)

NOTICE:

Mandatory Disclosures: When you file a response, and your case involves child support, both parties are **REQUIRED** to then exchange proof of monthly income, costs, & expenses. These must be filed within 35 days unless the case is resolved by Default or Stipulation. Please find the instructions & forms to do this provided in the last few pages of this packet

CAO Online Form Review

COVER SHEET



Please select the type of form review you are submitting:

- | | |
|--|--|
| ☐ Divorce NO Minor Children | ☐ Mandatory Child Support Disclosures |
| ☐ Divorce WITH Minor Children | ☐ Eviction |
| ☐ Custody, Paternity, & Child Support | ☐ Forcible Detainer |
| ☐ Modification of Custody & Child Support | ☐ Name Change- ADULT |
| ☐ Family Case Response | ☐ Name Change- MINOR |
| ☐ Family Case Response & Counterclaim | ☐ Civil Case Answer |
| | ☐ _____ |
| | ☐ _____ |

I understand these forms will be scanned into electronic format and emailed to the Bannock County Court Assistance Officer who will perform a form review and aim to respond to me directly within 1-2 business days.

Please Note! You are your own Case Manager. The CAO Officer will assist you as You Direct. The CAO office processes MANY cases each day. We DO NOT track the status of your case. Thank you for working with us. NOTICE: The Court Assistance Officer does not represent parties or any of their interests. While confidentiality practices concerning anything discussed are utilized, it is not guaranteed. The Court Assistance Officer may provide services to the opposing party/ies (other person/s involved in the same case). The Court Assistance Officer can only give information; not interpretations of laws or strategies for any case. If seeking representation, a confidential consultation, or legal advice, you will have to consult with a private attorney.

IMPORTANT NOTICE REGARDING EXHIBITS AND EXPLICIT MATERIALS

The Court Assistance Office cannot receive, review, or transmit exhibits, photographs, videos, recordings, screenshots, or other materials containing nudity, sexual content, graphic images, or other explicit content by email. If your filing includes any exhibit or attachment that may contain explicit material, you must bring the documents to the courthouse for in-person review and filing. Court Assistance Officers may review the required court forms but will not accept explicit exhibits electronically. Any filing containing explicit materials may be required to be filed conventionally pursuant to Rule 5(f) of the Idaho Rules for Electronic Filing and Service.

NAME

DATE

EMAIL

PHONE

Family Law Case Information Sheet

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

Fill out this form to start a Family Law case.
The information you give us is **private**.

1. Describe your case: ☐ Divorce ☐ Custody ☐ Paternity ☐ Protective Order
☐ Other _____

2. Information about Petitioner

Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Email address: _____

Employer's name: _____

Social Security Number: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Is English your first language? ☐ Yes ☐ No If no, what language? _____

Do you speak, read and write English? ☐ Yes ☐ No

3. Information about Respondent

Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Email address: _____

Employer's name: _____

Social Security Number: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Is English your first language? ☐ Yes ☐ No If no, what language? _____

Do you speak, read and write English? ☐ Yes ☐ No

4. List Petitioner's natural and adopted children under 18:

Child's name	Date of birth	Social Security No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

List Respondent's natural and adopted children under 18:

Child's name	Date of birth	Social Security No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

5. Other Cases Involving Children

List any child support, custody, adoption, or guardianship order for any child listed on this form:

Case Number	Date of Order (or date requested)	County / State	For which children?	Type of case
1.				☐ Support ☐ Custody ☐ Adoption ☐ Guardianship
2.				☐ Support ☐ Custody ☐ Adoption ☐ Guardianship
3.				☐ Support ☐ Custody ☐ Adoption ☐ Guardianship
4.				☐ Support ☐ Custody ☐ Adoption ☐ Guardianship

6. Any Cases Involving Violence or Abuse

List any protective order, domestic violence or child abuse case involving any adult or child listed on this form:

Case Number	Who was the Order against?	Who did the Order protect?	Date of Order (or date requested)	County / State	Type of case
1.					☐ Domestic Violence ☐ Child Abuse ☐ No Contact Order
2.					☐ Domestic Violence ☐ Child Abuse ☐ No Contact Order
3.					☐ Domestic Violence ☐ Child Abuse ☐ No Contact Order
4.					☐ Domestic Violence ☐ Child Abuse ☐ No Contact Order

PLEASE EMAIL THIS WORKSHEET TO THE CAO OFFICER PRIOR TO COMPLETING THE CHILD SUPPORT SECTIONS OF YOUR PETITION.

Child Support Calculations Worksheet		County: Case Number:
Petitioner	Respondent	
<u>Income</u>	<u>Petitioner</u>	<u>Respondent</u>
Earned Income:	\$	Earned Income: \$
Potential Income:	\$	Potential Income: \$
Public Assistance	\$	Public Assistance \$
Disability Income	\$	Disability Income \$
<u>Total Income</u>	\$ 0.00	<u>Total Income</u> \$ 0.00
<u>Deductions</u>		<u>Deductions</u>
Child Care Costs	\$	Child Care Costs \$
Health Insurance	\$	Health Insurance \$
Other Child Support Paid	\$	Other Child Support Paid \$
<u>Children</u>		
<u>Name</u>	<u>Birthday</u>	Tax Exemption (Check)
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
<u>Overnights</u>	<u>Petitioner</u>	<u>Respondent</u>
How many overnights will the child spend with each parent Per Year?		
<u>Before Born Children From Another Relationship</u>		
<u>Name</u>	<u>Birthday</u>	Parent (Check)
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

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

_____,
Petitioner,

vs.

_____,
Respondent.

Case No. _____

FAMILY CASE RESPONSE TO
PETITION TO ESTABLISH PATERNITY,
CUSTODY, VISITATION AND/OR
SUPPORT AND COUNTERCLAIM

Fee Categories: _____

Filing Fee: \$ _____

(Your name) _____, for my Response to the Petition
to Establish Paternity, Custody, Visitation and/or Support filed on _____,
states:

- 1. Agreement.** I agree with and admit the following paragraphs in the Petition (list each paragraph number):

- 2. Partial Agreement.** I admit the portion of paragraph _____ in the Petition that states:

and I deny everything else in that paragraph. (use separate sheet if more space is needed).

3. Disagreement.

- a. I deny the following paragraphs in the Petition because I do not have enough information to admit or deny them (list each paragraph number):

b. I completely disagree with and deny everything I do not admit.

4. Dismissal.

- ☐ I want the petition dismissed.

AFFIRMATIVE DEFENSE(S).

(State each affirmative defense that applies in a separate paragraph - see I.R.F.L.P. 209(c)).

COUNTERCLAIM.

The Respondent/Counterclaimant says:

- 1. Minor Child/ren of the Parties.** The following child/ren under the age of 18 years, or 19 years and still pursuing a high school education, was/were born to or adopted by the parties:

Name

Date of Birth

Current Address

☐ Paternity has not been established. **or**

☐ An Order of Filiation was entered in the State of _____, County of _____, in Case No. _____,

establishing that _____ is the natural father of the child/ren. A copy of the Order is attached to this Response as "Exhibit C." **or**

☐ A verified Voluntary Acknowledgement of Paternity for the child/ren, executed by both parents, was filed with the Vital Statistics Unit of the Department of Health and Welfare and has not been rescinded. A copy of the Voluntary Acknowledgment of Paternity for each child is attached as "Exhibit C".

2. Residence. I reside at (city, county, state)

_____.

3. UCCJEA Jurisdiction. This court has jurisdiction to determine custody of our child/ren under the Uniform Child Custody Jurisdiction and Enforcement Act, Idaho Code § 32-11-101, et seq., because each child has resided in Idaho for at least six consecutive months before the filing of this Petition or for their entire life if they are less than six months of age.

a. Living Arrangements Last 5 years. Our child/ren have lived with the following persons in the following places within the last five years:

Name of Person	City and State	Time Period (mm/yr- mm/yr)	Child's Name if not all children

--	--	--	--

The names and current addresses of each non-parent our child/ren have lived with during the last 5 years are:

b. Participation in Other Cases.

☐ I have not participated as a party or witness, in a different case involving our child/ren.

Or

☐ I have participated as a party or witness in the following different case involving our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the date of the child custody order, if any): _____

c. Other Cases Affecting Children.

☐ I do not know of a different case that could affect our child/ren.

Or

☐ The following different case could affect our child/ren (provide all specifics including the parent's name, the state, the court, the case number and the nature of the proceeding):

d. Non-Parents with custody/visitation claim.

☐ Other than the parents, no one has or claims custody or visitation rights with our child/ren. **Or**

☐ In addition to the parents, the following person/s have or claim custody or visitation for our child/ren (list names and addresses):

4. ☐ **Paternity.** The court should enter an order that (name of father) _____

_____ is the natural father of the child/ren named in paragraph 1 of this Counterclaim.

5. Legal Custody.

☐ **Joint Legal Custody.** It is in the best interest of our child/ren that we be awarded joint legal custody.

Or

☐ **Sole Legal Custody.** It is in the best interest of our child/ren that (name) _____ be awarded sole legal custody of the child/ren because _____

6. Physical Custody.

☐ **Joint Physical Custody.** It is in the best interest of our child/ren that we be awarded joint physical custody of our child/ren

☐ on the terms and as described in the Parenting Plan attached as Schedule A.

Or

☐ as follows:

Or

☐ **Sole Physical Custody.** (name) _____ should be awarded sole physical custody of our child/ren because:

_____ **and**

☐ (name) _____ should spend time with our child/ren as follows: _____

7. Child Support.

a. Existing Child Support Orders.

Is there a child support order for any of the child/ren listed in paragraph 4?

☐ No. (Skip to section 8 below).

☐ Yes.

If yes, provide the following information about the child support order(s):

State	County	Court Case Number	Date of order, judgment, or decree

b. Change in Child Support.

Do you want to change the amount of child support?

☐ No. I ask for it to continue. (If the order was from a different case please attach a copy of that order, judgment, or decree as Schedule B, skip to section 9).

Or

☐ Yes. The amount of child support should be changed and the judgment issued by this Court should control. (If the order was from a different case you may have to file a Motion to Consolidate to avoid having multiple child support orders).

NOTE: Complete all of Section 8 below to change child support.

c. Reasons for Changing Child Support.

The following substantial and material changes since the date of the last Order, Judgment, or Decree have occurred. (check all boxes that apply):

- ☐ The custodial arrangement.
- ☐ The gross annual income of one or both parents.
- ☐ A parent is providing medical insurance.
- ☐ The parent claiming the tax dependency exemption should be changed.
- ☐ (Other reason)

8. New Child Support Amount.

a. ☐ Child support should be paid by (name of parent who will pay support)

_____ in the amount of \$_____ per month,

based on the Idaho Child Support Guidelines. This is based on the Affidavit Verifying Income and Child Support Worksheet(s) attached as "Schedule B." (see recommended

adjusted support in the worksheet).

Or

☐ Instead, I ask that child support be paid by (full name of parent who will pay support: _____ in the amount of \$ _____ per month, because _____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B).

b. Effective Date and Duration.

Child support payments should begin (select one option):

☐ The month after the petition is filed.

Or

☐ The month after the decree is signed.

Child support should continue to be paid on the same day of each following month until the child/ren for whom support is being paid reach/es the age of eighteen. If a child for whom support is being paid continues his/her high school education after reaching the age of eighteen (18) years, child support payments should continue until the child discontinues his/her high school education or reaches the age of nineteen (19) years, whichever is sooner. Payment should be made payable to the Department of Health and Welfare and sent to Idaho Child Support Receipting, P.O. Box 70008, Boise, ID 83707-0108.

Notice

The court is required to order income withholding in all child support orders. Income withholding is enforced by a withholding order issued to the paying parent's employer without additional notice to the paying parent, according to Idaho Code Section 32-1204. The support order can also be enforced by license suspension or the filing of a lien upon all real and personal property of the paying parent.

c. Multiple Children. (if applicable)

☐ We have more than one minor child. If this child support Decree has not been modified, when one child is no longer entitled to support, child support for the remaining child/ren should continue and will be paid as described in the Continued Support Worksheet attached as Schedule B.

d. Extended Visits. (if applicable)

☐ Our child/ren live/s in the home of one parent at least 75% of the time. (If selected, check the boxes below that apply. Otherwise, go to the next section).

☐ When the parent paying child support has physical custody of the child/ren for 14 or more overnights in a row, the amount of basic child support should be reduced for that period of time. However, visitation of two overnights or less with the other parent should not eliminate the reduction of basic child support during extended visits. The child support reduction for the period of the actual physical custody should be:

☐ 50%

Or

☐ (other percentage) _____ %

of the basic child support obligation. The reduction should be subtracted from the child support payment due the month following the extended visit.

☐ If the parent paying child support has physical custody of some but not all of the children for a period of 14 overnights in a row, before a reduction is made, the basic child support obligation should first be divided by the number of children under 18 years of age. The parent who pays child support can only claim a reduction for the child/ren in that parent's custody.

For Example—Parent has 3 of 4 children for 14 overnights. \$300/mo. basic support payment divided by 4 children = \$75 per child per month divided by 30 = \$2.50 per day per child x 14 = \$35.00 x 3 for 3 children = \$105.00. Reduction = 50% of \$105 or \$52.50.

e. Work-Related Childcare Expenses.

Child support does not include work-related childcare.

☐ The net out-of-pocket costs for work-related childcare should be paid by the parents based on the Idaho Child Support Guidelines, _____% by (your name)

_____ and _____ % by (other parent's name)

Or

☐ Instead, I ask that (your name) _____

pay _____ % and (other parent's name) _____

pay _____ % because: _____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)

FAMILY CASE RESPONSE TO PETITION TO ESTABLISH PATERNITY,
CUSTODY, VISITATION AND/OR SUPPORT AND COUNTERCLAIM

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Payment should be made directly to the childcare provider by both parents according to arrangements made with the care provider if permitted by the care provider. Otherwise, the non-paying parent should reimburse the paying parent within 10 days after the paying parent provides a copy of the invoice and proof of payment.

f. Medical, Dental, and/or Optical Insurance.

A. Pro Rata Share. (select one)

☐ 1. Any health insurance premiums for the child/ren should be paid by the parents based on the Idaho Child Support Guidelines, _____ % by (your name) _____ and ____ % by (other parent's name) _____.

Or

☐ 2. Instead, I ask that (your name) _____
Pay ____ % and (other parent's name) _____
Pay ____ % because: _____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B).

B. Insurance Currently Provided. (select one).

☐ 1. (Name) _____ is/are currently providing health insurance for the minor child/ren and should continue to do so, so long as it is available at reasonable cost. If this insurance becomes unavailable, the parent first able to obtain health insurance at reasonable cost should do so.

Or

☐ 2. Neither parent is providing health insurance for the child/ren. The parent first able to obtain health insurance at reasonable cost should do so.

Or

☐ 3. The child/ren are enrolled in the Children's Health Insurance Program (CHIP) or have Medicaid coverage. The parent first able to obtain health insurance at reasonable cost should do so.

C. In Addition to or Included in Monthly Child Support. (select one)

☐ 1. The child support payment should include an adjustment for each parent's share of health insurance premiums. All other health care payments are in addition to the

basic child support award and should be promptly paid or reimbursed directly between the parents.

Or

☐ 2. All health care premiums should be in addition to the basic child support award and should be promptly paid or reimbursed directly between the parties.

NOTICE

Where medical insurance is provided, each parent should be ordered to provide the other with all medical insurance information necessary to obtain health care and process insurance claims for the child/ren. Insurance proceeds should be applied first to unpaid medical bills and then to reimburse the paying parent for any prepaid medical costs. Both parents should be ordered to sign any needed document that provides continuing health care for the child/ren. Failure to provide medical insurance coverage may result in the direct enforcement of a medical support order by either the obligee (party or parent other than the parent ordered to carry or provide a health benefit plan for the parties' minor child/ren) or the Department of Health and Welfare. A national medical support notice will be sent to your employer, requiring your employer to enroll the child in a health benefit plan as provided by Sections 32-1214A through 32-1214J, Idaho Code, and applicable rules of the department.

g. Out-of-Pocket Health Care Costs.

☐ The out-of-pocket costs for health care expenses for the child/ren should be paid by the parents based on the Idaho Child Support Guidelines, _____ % by (your name) _____ and _____ % by (other parent's name) _____.

Or

☐ Instead, I ask that (your name) _____ pay _____ % and (other parent's name) _____ pay _____ % because _____

(Attach Affidavit Verifying Income and Child Support Worksheet(s) as Schedule B.)

Health care expenses include, but are not limited to, medical, prescription, dental, orthodontic, optical, psychiatric, psychological, special education, addiction treatment, or counseling in any form. Any health care for the child/ren that would result in an actual out-of-pocket expense of over \$500 to the parent who did not incur or consent to the expense, must be approved in

advance, in writing, by both parents or by prior court order. (**Note:** The court may consider whether consent for out-of-pocket expenses in excess of \$500 was unreasonably requested or withheld and order payment of the incurred expense in some percentage other than the Guidelines Income.)

h. Tax Benefits & Exemptions.

☐ The state and federal income tax dependency exemptions for the child/ren should be assigned as follows:

☐ (your name) _____ shall claim:
(children's names) _____

☐ (other parent's name) _____ shall claim:
(children's names) _____

The parent not receiving the exemption(s) should be awarded a pro rata share of the value of income tax benefit in proportion to his/her guidelines income which should be either a credit against or in addition to the basic child support obligation. You must not claim the exemption if it is not assigned to you. If the exemption is not assigned to you, you must sign and provide to the other parent all required Internal Revenue Service form(s), including IRS Form 8332, by January 31st of each tax year.

9. Name Change. (if applicable)

☐ For legal purposes the minor child/ren's last name should be _____ and the child/ren's birth certificate(s) should be amended to reflect that name.

10. ☐ Amend Birth Certificate.

The Bureau of Vital Statistics should amend the birth certificate(s) of the child/ren to reflect that _____ is the natural father of our child/ren.

WHEREFORE, I ask the Court to enter any requested relief outlined above.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/Printed Name

Signature

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

☐ By mail

☐ By fax (number) _____

☐ By personal delivery

☐ By email to: _____

(If allowed)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

☐ By mail

☐ By fax (number) _____

☐ By personal delivery

☐ By email to: _____

(If allowed)

Typed/printed name

Signature

**Remove this page and in its place
attach (staple) the documents listed below.**

- 1. If you are using the Parenting Plan, attach it and write SCHEDULE A at the bottom.**
- 2. If you are changing the child support or this is the first time setting child support, attach the following and write SCHEDULE B at the bottom:**
 - a. Affidavit Verifying Income
 - b. Child Support Worksheet(s)
 - c. Continued Support Worksheet if there are multiple children.
- 3. If child support was ordered in a different case but is not changing.**
Attach that Child Support Order and write SCHEDULE B at the bottom.
- 4. Attach (staple) Order of Filiation from Other Case and/or Voluntary Acknowledgment of Paternity and Mark as "Exhibit C"**

**CAO FL-3
PARENTING PLAN**

The parents _____ (Father) and _____ (Mother)
shall spend time with their children:

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

as follows:

1. PARENT RESPONSIBILITIES

When each child is in a parent's physical custody, the parent will provide each child with regular and nutritious food, and clean, appropriate clothing. The parent who has each child in his/her care shall make decisions about each child's day-to-day care.

2. LOVE AND AFFECTION

Neither parent shall do anything, nor permit any other person residing in their household to do anything, which would alienate a child from the other parent or distort each child's opinion of the other parent or impair each child's love and respect for the other parent.

3. INFORMATION SHARING

The parents shall keep each other informed at all times of their current address and telephone number. The parents shall keep each other informed of the names and contact information for school and for the work related child care and health care providers. Prior to any child leaving town longer than _____ days, each parent shall notify the other parent at least _____ days in advance about the child's plans, including date of departure, date of return, destinations, phone where the child can be reached, and airline flight numbers and times if flying.

The parents shall not:

- question a child about the other parent's personal life;
- listen in on a child's conversations on the telephone with the other parent;
- say negative or critical things about the other parent any time a child can hear;
- send messages to the other parent through a child;
- argue or fight in front of a child.

4. READINESS

Each parent shall be responsible to have each child ready and promptly available for all custody exchanges – both pick-up and drop-off. Parents will arrive within _____ minutes of the time they are scheduled for the exchange. If an unavoidable delay occurs, the delayed parent shall contact the other parent immediately. The parents shall deliver and return each child's personal belongings at the same time they exchange each child. Parents shall assist a child to remember to take the personal belongings and school supplies s/he needs.

5. PARENTING SCHEDULE

(Include specific days and times. It is easier to start with the parent with fewer overnights. For example: "Each child will be in Mother's care on the weekends beginning on the 1st, 3rd and 5th Fridays of each month from Friday at 6PM to Sunday at 7PM and Wednesday from 5PM to 7PM." Then simply write on the other parent's section, "Each child will be in Father's care at all times when not in Mother's care.")

(A) Except for holidays selected (next page), summer, or school breaks, the parenting schedule is as follows:

Time in Father's care: _____

Time in Mother's care: _____

(B) During the summer or school break, the parenting schedule will ☐ stay the same as the above parenting schedule (if box is checked, do not complete the summer schedule below) **or**

Time in Father's care: _____

Time in Mother's care: _____

6. EXCHANGES AND TRANSPORTATION

(A) ☐ The parent who is receiving each child will pick him/her/them up or arrange to have him/her/them picked up. **or**

☐ _____

(B) ☐ The parents shall keep their conversations with each other short and calm at exchanges.

☐ The parent or their designated substitute will remain in their vehicle and the other parent will remain in their house during drop off and pick up of each child.

7. HOLIDAY SCHEDULE

(Write the "Day" (date or day of the week) and "Time" (hour) the child(ren) will begin their time with mother or father under the heading "Begin" and the "Day" (date or day of the week) and "Time" (hour) the child(ren) will end the time with that parent under the heading "End.") For example: "THANKSGIVING Begin Day and Time" write "Wednesday 5:00 pm. " End Day and Time" write Sunday 6:00 pm. Write "Mom" or "Dad" under the headings "Even Years" & "Odd Years".)

The parents follow the regular parenting schedule for any holidays that are left blank or are crossed off. Where the Holiday start time is prior to the release of school, the holiday starts when school lets out.

SPECIAL DAYS (Check the box ☐ for the holidays you want to address).	Day <u>Begin</u> and Time	Day <u>End</u> and Time	Even Years Dad or Mom	Odd Years Dad or Mom
* ☐ Martin Luther King				
* ☐ Presidents' Day				
☐ Spring Break				
☐ Easter				
☐ Mother's Day				
* ☐ Memorial Day				
☐ Father's Day				
☐ Fourth of July				
* ☐ Labor Day				
☐ Halloween				
☐ Thanksgiving Break				
☐ December 24				
☐ December 25				
☐ New Year's Day				
☐ 1st Part Christmas				
☐ 2 nd Part Christmas				
☐ Each Child's Birthday(s)				

(*Holidays that are observed on Monday)

☐ The holiday schedule for December 24 and December 25 above takes priority over the Christmas Break Schedule.

☐ If the holiday schedule results in a child spending 3 weekends in a row with the same parent, the other parent will have the child the weekend following the holiday weekend.

8. POLICY FOR SCHEDULING CHANGES AND EXTRACURRICULAR ACTIVITIES

In the event occasional scheduling changes need to be made, a request for such change shall be made as soon as possible and at least _____ hours in advance. Neither parent shall schedule any activities for a child that interferes with the other parent's scheduled time without consulting with the other parent and obtaining his/her written/electronic consent in advance.

☐ When a child is ill during a scheduled block of parenting time and cannot be with the other parent, this time shall be made up.

9. VACATION

Each parent has the option for _____ days of vacation time with each child each calendar year with ____ days advance written or electronic notice to the other parent. Each parent shall provide the other with the details of the vacation plans with each child. If there is a conflict over vacation:

Mother has priority for vacation in ☐ even-numbered ☐ odd-numbered years.

Father has priority for vacation in ☐ even-numbered ☐ odd-numbered years.

Holidays have priority over vacation time.

10. RELOCATION BY PARENT

A move by either parent of more than _____ miles from _____ cannot be made without the parents' mutual written agreement or a decision by the court that it is in a child's best interest to move.

☐ In the event that the parents consent to such a move for a child, the cost of transporting each child between the two homes will be paid by the moving parent.

11. EDUCATION

- Major decisions about education shall be made by ☐ both Mother and Father **or** ☐ Father ☐ Mother (check one).
- Mother shall be identified as "Mother" and Father shall be identified as "Father" on school registration and other official school documents.
- Parents shall communicate with each other regarding each child's educational needs.

Unless there is a court order stating otherwise:

- Parents shall tell one another about upcoming parent/teacher conferences. If one parent is unable to attend a conference, the attending parent shall provide the absent one with verbal and/or written information.
- Each parent shall communicate with each child's school.

12. SAFETY

Parents shall:

- Not leave a child alone or unattended until the age of _____ years, except when the child is at school or in known or usual recreational activities or in the immediate care of another competent person.
- Not operate a vehicle when impaired by alcohol or drugs when a child is in the vehicle or use drugs or alcohol carelessly when a child is in our care.
- Provide and use child safety restraints when driving a child as required by law.
- _____

13. HEALTH CARE

Parents shall:

- Give each other at least 72 hours notice of all scheduled medical, dental, optical, orthodontic, special education, counseling appointments, and the purpose for the appointment.
- Each parent shall instruct each child's health care providers to list both parents on the health records.
- Parents shall communicate with each other on major health care for each child.
- Each parent shall have the right to a child's medical information and records.

- Each parent shall provide each child with regular health, optical and dental care.
- Each parent shall make sure each child takes his/her prescription medications as prescribed.

All non-emergency health care decisions such as medical, dental, optical, orthodontic, special education, and counseling, including choice of providers, shall be made by ☐ both Mother and Father **or**

☐ Father ☐ Mother (check one).

☐ Both parents shall use the same health care providers for each child.

In emergencies, each parent shall consent to emergency medical treatment for a child as needed. Parents shall immediately notify the other parent whenever a child has an illness, accident or injury requiring hospitalization or emergency treatment by a physician.

Health insurance coverage for each minor child shall be provided by the parent who has health insurance available at a reasonable cost as a benefit of his/her employment.

The parent that has health, dental or vision insurance coverage for each child shall provide the other parent with a subscriber card, copies of coverage information, and the preferred providers list, if any.

Within thirty (30) days of receipt, the parent with insurance shall provide the other parent with copies of each explanation of benefits (EOB) form received.

Any non-emergency health care for a child, whether or not covered by insurance, that would result in an actual out-of-pocket expense of over \$500 to the parent who did not incur or consent to the expense must be approved in advance, in writing, by both parents or by prior court order.

14. CHILD CARE

The work-related child care provider shall be chosen by ☐ Mother ☐ Father ☐ both parents (check one).

If occasional (not work-related) child care is needed for more than ____ hours, each parent ☐ is **or** ☐ is not required to offer the other parent the chance to provide this care before seeking someone else to care for a child. The parent on duty shall make any needed occasional child care arrangements and pay any costs.

15. OTHER TERMS REGARDING THE CHILD(REN)

☐ **Attorney Fees:** If the court finds one of the parents is in willful disobedience of a provision of this Parenting Plan, then the parent seeking to enforce that provision may be entitled to costs and a reasonable attorney's fee at the discretion of the court.

Duration: This Parenting Plan remains in effect unless modified by court order.

STOP

WOULD YOU LIKE YOUR FORMS
REVIEWED BY THE COURT
ASSISTANT OFFICER?

Scan & Email your forms to
d6cao@bannock.idcourts.gov

You may also call 208-236-7067 or
text 208-538-4816 and request an in-
person form review



Court Assistance Office

Forms Packet Instructions:

MANDATORY CHILD SUPPORT DISCLOSURES

Court Assistance Officer

Available Monday-Friday / 8:30-4:30

Email: d6cao@bannock.idcourts.gov

Phone: 208-236-7067

Text: 208-538-4816

[https://www.bannockcounty.gov/
courts/courtassistance/](https://www.bannockcounty.gov/courts/courtassistance/)

If you just filled out a response & your case involves child support, you are **REQUIRED** to provide the other party with proof of monthly income, costs, & expenses within 35 days from the day a response was filed. The other party will be required to do the same.

☒ Complete **ALL** of the following forms:

- Mandatory Child Support Disclosures (attach required exhibits)
- Certificate of Service—This is a form you will file with the court that indicates how you provided the disclosures & exhibits to the other party.

☒ Scan the forms & email them back for review:

We cannot accept images of these forms. They must be in PDF format.

[CLICK HERE for a list of scanning Resources](#)

☒ Provide the Mandatory Disclosure forms to the other party

- You will indicate how you are going to get the forms to the other party on the Certificate of Service.
- If the other party is represented by an attorney, you will provide the disclosures to the attorney instead.

☒ File the Certificate of Service showing proof that you have given the other party the required disclosures —this is the only form that needs to be filed with the court

CAO FL 5-1 Instructions

Petitioner's/Respondent's Mandatory Child Support Disclosures

If your case involves child support, you must provide the other party with proof of monthly income, costs, and expenses within 35 days from the day a response was filed. The other party must do the same. If the Department of Health and Welfare is a party, they are not required to provide the same disclosures. To provide these mandatory disclosures you should:

Step 1. Talk to a Lawyer, if Possible.

WARNING: When you represent yourself in a court case you are held to the same standard as a lawyer. This applies to your preparation of paperwork and your conduct at all hearings and/or trial. Your lack of legal knowledge may cause you to make serious errors in handling your case. These instructions are not a substitute for legal advice. The laws and court rules are complex and following these instructions will not guarantee that your rights are protected or that you will be satisfied with the result. You should always talk to a lawyer about your legal problems before filing any legal paperwork. Even if you do not hire a lawyer to appear in your case, you may be able to find a lawyer to review your paperwork or give you more information about your rights. Call the Idaho State Bar (208-334-4500) to provide you with the name of a lawyer who handles this type of case. Contact the Court Assistance Office for information about resources for low-income people, or visit the Idaho Supreme Court's Self-Help Center at <http://www.courtselfhelp.idaho.gov/>.

Step 2. Get the proper forms. Get the forms you need either from the Supreme Court's Self-Help Center Website at <http://www.courtselfhelp.idaho.gov/> or from your local court assistance office at the county courthouse. You will need the following forms:

CAO FLPI 5-1 Petitioner's/Respondent's Mandatory Child Support Disclosures
CAO Cv 4-5 Certificate of Service

Step 3. Complete the Petitioner's/Respondent's Mandatory Child Support Disclosures.

This form is the cover sheet showing the court which items you gave to the other party as required by the court rule. Fill in the form by typing or by printing neatly and legibly in **black ink**. **At the top left-hand corner of page 1**, fill in your full legal name, mailing address, telephone number, and email address (if you have one).

The Court Heading. Fill in the county and judicial district in capital letters (for example, "IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT, IN AND FOR THE COUNTY OF ADA").

The Caption. Fill in the names of the petitioner and respondent and case number exactly as they appeared in the caption in the case. After the case number, check the appropriate box to indicate that you are either the petitioner or respondent.

The Form. In the first paragraph, check the correct box to indicate that you are either the petitioner or respondent. Then, check the box in front of each numbered paragraph to show that you are providing proof of that item. For each item that you provide, you will attach it to the end of the disclosure form, and write the exhibit number at the bottom of the page (for example: write "**Exhibit 1**" for the items in paragraph 1).

1. Paragraph 1. The Affidavit Verifying Income and Child Support Worksheet must be fully completed. The Affidavit Verifying Income must be signed in front of a notary.

2. Paragraph 2. To provide proof of all sources of income you must:

- Provide W-2, 1099 and K-1 forms for the past 2 years, and
- Provide year-to-date information for the current year for all sources of income, such as:

Year-to-date pay stub	Salaries	Wages	Commissions
Dividends	Severance pay	Pensions	Interest
Annuities	Capital gains	Social Security	Worker's Comp.
Unemployment	Disability	Recurring gifts	Prizes
Bonuses	Trust Income	Benefits	Spousal Maintenance

3. Paragraphs 3-6. You must provide proof of the expenses or costs paid for each item identified in those paragraphs.

4. Certification Under Penalty of Perjury. You must sign and date the disclosure and by doing so you are certifying to the court that all of the information that you provided is true and correct.

PLEASE NOTE: As the case progresses, you are also required to provide updated or corrected information to the other party if any of the information you provided to them changes.

Step 4. Complete CAO Cv 4-5 Certificate of Service You must let the court know that you have given the other party the child support disclosures by completing the Certificate of Service form and filing it with the court. Fill in the form by typing or by printing neatly and legibly in **black ink** and follow the instructions above for completing the court heading and caption.

- **The Form.** Fill in the date that you mailed the information to the other party(ies). Then fill in the name(s) of the documents that you mailed to the other party (i.e. Petitioner's Mandatory Child Support Disclosures). Next, fill in name, mailing address, city, state and zip code for the other party(ies) to the case. Last, sign and date the Certificate of Service, and print your name in the space to the right of your signature.

Step 5. Make copies. Make one copy of Petitioner's/Respondent's Mandatory Child Support Disclosures and Exhibits to keep for your own personal records; do not file it with the court. Make 2 copies of CAO Cv 4-5 Certificate of Service.

Step 6. Mail the copies. Mail the original Petitioner's/Respondent's Mandatory Child Support Disclosures and attached Exhibits to the other party(ies) or their attorney if they have one, and a copy of the Certificate of Service. Keep a copy of the Certificate of Service for your own personal records.

Step 7: File with the Court. Take and file the original CAO Cv 4-5 Certificate of Service with the court clerk in the county where the case is filed.

Do Not file a copy of the child support disclosures with the court.

PLEASE EMAIL THIS WORKSHEET TO THE CAO OFFICER PRIOR TO COMPLETING THE CHILD SUPPORT SECTIONS OF YOUR PETITION.

Child Support Calculations Worksheet		County: Case Number:
Petitioner	Respondent	
<u>Income</u> (YEARLY)	<u>Petitioner</u>	<u>(YEARLY)</u>
Earned Income:	\$	Earned Income:
Potential Income:	\$	Potential Income:
Public Assistance	\$	Public Assistance
Disability Income	\$	Disability Income
<u>Total Income</u>	\$ 0.00	<u>Total Income</u>
<u>Deductions</u>		<u>Deductions</u>
Child Care Costs	\$	Child Care Costs
Health Insurance	\$	Health Insurance
Other Child Support Paid	\$	Other Child Support Paid
<u>Children</u>		
<u>Name</u>	<u>Birthday</u>	<u>Tax Exemption (Check)</u>
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
<u>Overnights</u>		
How many overnights will the child spend with each parent Per Year?	<u>Petitioner</u>	<u>Respondent</u>
Example: 50% - 50% would be 183 overnights for one parent, and 182 overnights for the other parent		
<u>Before Born Children From Another Relationship</u>		
<u>Name</u>	<u>Birthday</u>	<u>Parent (Check)</u>
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐
		Petitioner ☐ / Respondent ☐

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

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

Petitioner,

vs.

Respondent.

Case No. _____

☐ PETITIONER'S ☐ RESPONDENT'S
MANDATORY CHILD SUPPORT
DISCLOSURES

☐ Petitioner ☐ Respondent provides the following disclosures required by IRFLP 401.A:
(check all that apply)

1. ☐ Affidavit Verifying Income and a Child Support Worksheet, see attached Exhibit 1.
2. ☐ Proof of my income from all sources, see attached:
☐ Exhibit 2a: W-2, 1099 and/or K-1 forms for the past two (2) years, and
☐ Exhibit 2b: Proof of year-to-date income from all sources.
3. ☐ Proof of court-ordered child support and spousal maintenance that I pay in other cases, see attached Exhibit 3.
4. ☐ Proof of all medical, dental, and vision insurance premiums that I pay for any child listed or referenced in the petition, see attached Exhibit 4.
5. ☐ Proof of any childcare expense that I pay for any child listed or referenced in the petition; see attached Exhibit 5.
6. ☐ Proof of any expenses that I pay for private or special schools or other particular education needs of any child listed or referenced in the petition, see attached Exhibit 6.

7. ☐ Proof of any expenses that I pay for the special needs of any gifted or handicapped child listed or referenced in the petition, see attached Exhibit 7.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

Email Address (if any)

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

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____
CERTIFICATE OF SERVICE

I certify on (date) _____, I served a copy of the following
documents _____

to: (name all parties or their attorneys in the case, other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

Typed/printed name

- ☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ By email to: _____

(If allowed)

- ☐ By mail
☐ By fax (number) _____
☐ By personal delivery
☐ By email to: _____

(If allowed)

Signature

STOP

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REVIEWED BY THE COURT
ASSISTANT OFFICER?

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d6cao@bannock.idcourts.gov

You may also call 208-236-7067 or
text 208-538-4816 and request an in-
person form review