



# Court Assistance Office

## Forms Packet Instructions:

### Petition for Modification of a Previous Order

**FILING FEE \$154**

## Court Assistance Office

Available Monday-Friday

Email: [d6cao@bannock.idcourts.gov](mailto:d6cao@bannock.idcourts.gov)

Phone: 208-236-7067

Text: 208-538-4816

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

### ☒ Watch the Court Assistance videos **BEFORE** filling out your forms:



SCAN the QR Code To Access Videos From Your Phone

OR

CLICK the QR Code To Access Videos From Your Computer

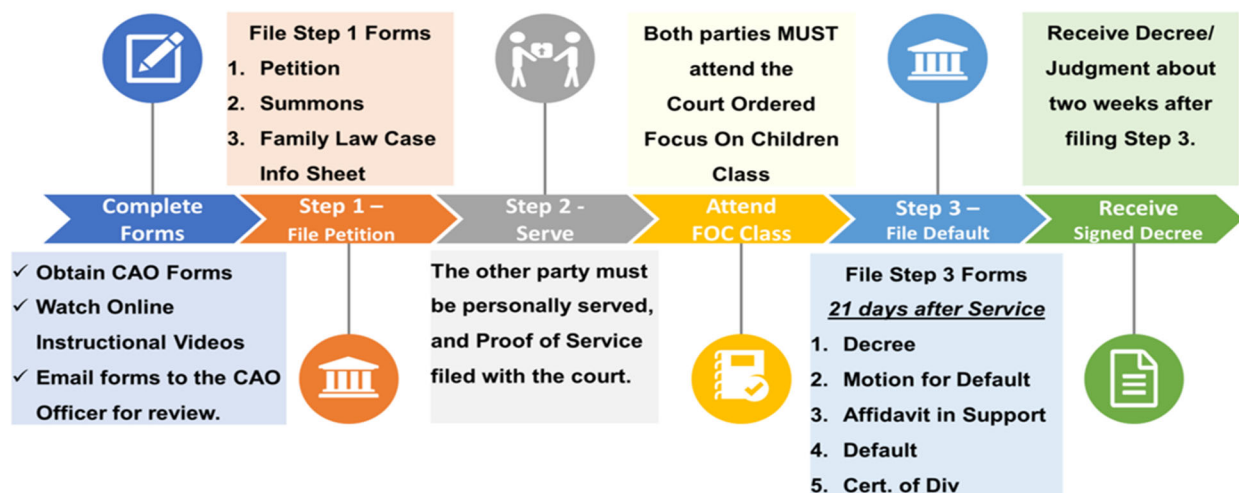
### ☒ Complete **All** of the included Step 1 forms:

- Family Law Case Information Sheet
- Petition for Modification
- Child Support Calculations Worksheet
- Parenting Plan
- Summons

### ☒ Email the forms back for review: [d6cao@bannock.idcourts.gov](mailto:d6cao@bannock.idcourts.gov)

- If you printed your forms and need to scan them back to me, they must be in PDF format. We cannot accept phone images. **If you don't have access to a scanner, please visit the Bannock County Court Assistance Website for a list of scanning resources**

## Timeline for Filings Involving Minor Children: Divorce, Custody, Modification



# CAO Online Form Review

## COVER SHEET



Please select the type of form review you are submitting:

- |                                                                  |                                                              |
|------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Divorce <b>NO</b> Minor Children        | <input type="checkbox"/> Mandatory Child Support Disclosures |
| <input type="checkbox"/> Divorce <b>WITH</b> Minor Children      | <input type="checkbox"/> Eviction                            |
| <input type="checkbox"/> Custody, Paternity, & Child Support     | <input type="checkbox"/> Forcible Detainer                   |
| <input type="checkbox"/> Modification of Custody & Child Support | <input type="checkbox"/> Name Change- <b>ADULT</b>           |
| <input type="checkbox"/> Family Case Response                    | <input type="checkbox"/> Name Change- <b>MINOR</b>           |
| <input type="checkbox"/> Family Case Response & Counterclaim     | <input type="checkbox"/> Civil Case Answer                   |
|                                                                  | <input type="checkbox"/> _____                               |
|                                                                  | <input type="checkbox"/> _____                               |

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.

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NAME

DATE

---

EMAIL

PHONE

# STEPS FOR FAMILY LAW CASES WITH CHILDREN

## STEP 1: File

Petitioner (person filing for divorce):

- Complete a) Family Law Case Information Sheet, b) Petition with Parenting Plan, Affidavit Verifying Income, and Child Support Worksheet, and c) Summons.
- Sign and date Petition certifying that the information is true and accurate.
- Make 2 copies of Petition and Summons. Make 1 extra copy of Parenting Plan and Property and Debt Schedule (to attach later to Decree).
- Have forms reviewed at full-service Court Assistance Office.
- File originals and copies with Clerk and pay the filing fee. The Clerk will keep the original Petition, stamp your copies and return them to you (1 for you, 1 for Respondent). Some courts issue temporary orders and orders to attend parent education (1 for each of you). If the Clerk gives you the original Summons, keep it safe to return after Service.
- Pick up Certificate of Divorce to complete and return to the Clerk.

## STEP 2: Serve

Respondent Will Sign and Date.

or

Third Party Will Deliver to Respondent

- Fill out Acknowledgment of Service and deliver it to Respondent with 1 copy of the Petition with Exhibits, Summons, any order to attend parent education class and any temporary orders.
- Respondent completes and signs Acknowledgment of Service and returns the form to you.
- Make 2 copies of the Acknowledgement of Service.
- Keep 1 copy, mail 1 copy to Respondent, file original with the court. Return original Summons if you have it.

- Fill out Affidavit of Service and deliver it with 1 copy of the Petition with attachments, Summons, any order to attend parent education class and temporary orders to:
  - A person 18 or older not a party to the case; professional process server; or the County Sheriff; for service.
- Server completes and signs Affidavit of Service.
- Make 2 copies of the form.
- Keep 1 copy, mail 1 copy to the Respondent, file original with the court. Return original Summons if you have it.

## STEP 2.5 : Attend Parent Education Class (if required).

## STEP 3: Finalize

You and Respondent Agree on Everything and Completed Parent Education

or

Respondent Does Not File a Response (Default)

or

Respondent Files a Response

- Fill out Stipulation for Entry of Decree, and Decree. Make 1 extra copy of the Decree to attach to the Stipulation.
- Fill out Child Support Order Summary Form.
- Each sign the Stipulation.
- Make 2 copies of Stipulation and 3 copies of Decree. The third copy is for the child support office.
- File Stipulation. Deliver Decree with copies, Certificate of Divorce and CS Order Summary Form to the Clerk. Provide pre-addressed pre-stamped envelopes, 1 addressed to you and 1 to the Respondent.

- Wait 21 days (including weekends and holidays) after date of service.
- Fill out Motion and Affidavit for Default, Default, Affidavit in Support of Default Decree, (2 copies each) Child Support Order Summary Form (no copies) and Decree of Divorce (3 copies).
- Sign default motion. Make copies.
- File default forms. Deliver Decree with copies, Certificate of Divorce and CS Order Summary Form to the Clerk. Provide pre-addressed pre-stamped envelopes, 1 addressed to you and 1 to the Respondent.
- Attend hearing if required.

- Respondent files a response before 21 days (includes weekends and holidays) after date served.
- Consult with an attorney about your options or schedule mediation to see if you both can agree. If you can't agree, your case will go to trial.

## CAO M INSTRUCTION 1 FILING A PETITION FOR MODIFICATION

The court may grant a modification (change) of child custody, visitation, or child support if there has been a substantial and material change in your circumstances and if it is in the best interest of your minor child/ren to do so. However, if there has only been a brief period of time since the entry of the last order, judgment or decree, or if the child/ren has/have not lived in Idaho for at least six months, the court may not grant your Petition unless there was a clerical mistake in the earlier order, judgment or decree, or if an emergency exists. The minimum time required may depend on these factors: the individual judge, the type of modification sought, whether the parties are in agreement as to the modification, whether the previous order, judgment or decree was entered in Idaho or another jurisdiction and other circumstances. These instructions outline the process for modifying an Idaho order, judgment or decree.

YOU WILL BE SIGNING A STATEMENT THAT YOU HAVE READ THE PETITION FOR MODIFICATION, KNOW THE CONTENTS AND BELIEVE THE CONTENTS TO BE TRUE. TO AVOID MAKING ANY MISSTATEMENTS, BE SURE TO READ THE ENTIRE FORM.

### **Step 1. Talk to an Attorney, if Possible.**

**WARNING:** When you represent yourself in a court case you are held to the same standard as an attorney. 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 an attorney 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. Complete the Required Forms.**

Before you begin to complete the forms, make a copy of the entire set of forms to use as a "working copy". Additional forms cannot be provided without charge. You will complete the forms by typing or neatly printing in **black ink**.

If the other parent agrees to the change and will sign both documents, you may complete and file a Stipulation for Modification, CAO M 6-1, and the Judgment of Modification, CAO 8-2, may be issued without a hearing and without the twenty-one (21) day wait. (See CAO M Instruction 2, Agreed Modification of Child Custody, Visitation or Support. )

If the other parent does not agree with the change, or will not sign documents to make the change, you will need to complete and file the following forms to begin the modification procedure:

- Petition to Modify an Order, Judgment or Decree, CAO M 1-1
- Summons with Orders, CAO FL 1-3

If you are asking the judge to change the custody arrangements, you may need to complete a proposed Parenting Plan Agreement which you will attach to the Petition.

If you are modifying child support or you are filing your Petition to Modify Custody and the new custody arrangement will require a modification of child support, you will also need:

- Affidavit Verifying Income, CAO FL 1-11
  - Child Support Worksheet, CAO FL 1-12 **or** FL 1-13
  - Child Support Transmittal Form, CSS 809
- A Court Assistance Officer can help you generate the Affidavit Verifying Income and Child Support Worksheet if you provide the required information.
- If you do not know where the other parent lives, you will also need CAO Cv Instruction 7 **and**
- Motion and Affidavit for Service by Publication, CAO FLPI 1-5
  - Order for Service by Publication, CAO FLPI 1-6
  - Summons by Publication, CAO FLPI 1-4
  - Affidavit of Mailing per Order for Publication, CAO FLPI 2-3
- Complete the required forms listed above.
- At the top left-hand corner of page 1 of each form fill in your full legal name, address, telephone number, and email address (if you have one).
  - Fill in the county and judicial district in capital letters in the heading (for example, "IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT IN AND FOR THE COUNTY OF "BANNOCK"") exactly as they appear in the Order, Judgment or Decree you want to change.
  - Fill in your names in the caption exactly as they appear in the Order, Judgment or Decree you want to change.
  - Fill in the case number, exactly as it appears in the Order, Judgment or Decree you want to change.
  - Complete the remainder of each individual form, providing the information requested. If specific instructions are provided for a particular form, follow those instructions.
  - Make 2 copies of the Parenting Plan (if you are using it), so you can attach one to your Petition and still have one to attach to the Judgment.
  - Sign and date the form certifying that the information is true and accurate, subject to the penalty of perjury if it is not.

### **Step 3: Make Copies and File with the Clerk.**

- Make copies of the Petition to Modify an Order, Judgment or Decree and the Summons with Orders for each party in the case.  
Go to the window in the Clerk's Office and give the Deputy Clerk:
- The signed original Petition to Modify and copies for each party (with copies of Parenting Plan and child support documents stapled to each copy)
- The original Summons with Orders and copies for each party
- The appropriate filing fee or Motion and Affidavit for Fee Waiver and two copies of a proposed Judgment Re: Fee Waiver (CAO FW 1-9 & CAO FW 1-10).
- The Clerk will "conform" the copies by stamping and dating them. This will provide proof of the filing of the documents in case they become misplaced from the court file.

### **Step 4: Obtain Service on the Other Party/s.**

You now need to serve the Petition to Modify, and Summons with Orders (and Order to Attend Parenting Workshop, if applicable) on the other party/ies. There are three different ways you can do this. You only need to serve the other party/ies one of these ways.

NOTE: If one of the parties is the State of Idaho, Department of Health and Welfare, you will need to serve a Deputy Attorney General, Department of Health and Welfare Division, or the attorney of record for the Department in the case. (There is a different form set you can use in these cases.) Your local Court Assistance Office can tell you whom to serve for the Department. See CAO GCSM Instruction 1, Filing a Modification (H&W)

A. If the other party/ies will cooperate by accepting service:

1. Fill out the Acknowledgment of Service, for each party and make two copies.
2. Take or mail to each other party the original and one copy of the Acknowledgment of Service form, a conformed copy of the Petition for Modification (with all appropriate Exhibits attached), and Summons with Orders, and the Order to Attend Workshop if any.
3. Have each other party sign the original Acknowledgment of Service form.
4. Have each party return to you the original Acknowledgment of Service form. The other party is to keep the copy of the Acknowledgment of Service, the conformed copies of the Petition to Modify and Summons with Orders, and the Order to Attend Workshop if any.
5. Take the original and your copy of the Acknowledgment/s of Service, plus the original Summons with Orders back to the Clerk at the courthouse. Ask to have your copy of the Acknowledgment of Service conformed, the conformed copy will then be returned to you. The Clerk will keep and file the original Summons with Orders and Acknowledgment/s of Service.

B. If the other party will not cooperate:

1. Deliver or mail the original and a copy of the Summons with Orders, a copy of the Petition for Modification and Order to Attend Workshop, plus the original Affidavit/s of Service, if any, to a sheriff, professional process server or other person over eighteen (18) who will serve the papers in the county where the other party/ies live/s. If you are using the sheriff or a profession process server, call first to find out what they charge for serving papers, and include a money order or check for the correct amount when you send the papers. Include a letter stating where the other party/ies can be served, a description or photograph of the other parent, a description of the vehicle the other parent usually drives, and any other information that may help the process server locate and identify the other parent. Don't forget to include your address and a self-addressed postage paid envelope so the Affidavit/s of Service can be returned to you when service is complete. If you are serving outside of Idaho, tell the sheriff or process server that Idaho requires a Notarized Return of Service.
2. The person who serves the forms must send the completed Affidavit/s of Service back to you. You should make a copy of the Affidavit/s of Service for yourself, file the original Affidavit/s of Service and the original Summons with Orders with the Court and have your copy of the Affidavit/s conformed.

C. If you do not know where the other parent is: See the separate instructions and forms for Service By Publication, CAO FL Instruction 1-4.

### **Step 5. Wait 21 Days.**

The other party/ies has/have twenty-one (21) days from the date of service to respond to your Petition for Modification. If there is no response filed within that period, you may make an application for "default" to be entered and to have your Judgment signed. For this purpose, the date the other party/ies was/were served was either 1) the date he/she signed the Acknowledgment of Service form; or 2) the date the process server delivered the papers to the other party; or 3) the last date the papers were published in a newspaper.

You may need to attend the court's "Focus on the Children Parenting Workshop" or other parent education class before you can finalize your modification if you are asking the court to modify the Custody Decree.

If the other parent indicates agreement and will sign both documents, you may complete and file a Sworn Stipulation for Entry of Order, Judgment or Decree (CAO FLPI 6-1) and Judgment of Modification (CAO M-8-1), and the Modification Judgment may be issued without a hearing and without the twenty-one (21) day wait. For cases in which the Department of Health and Welfare is a party, you can use CAO GCS 6-9, Stipulation for Order, Judgment or Decree (HW), and obtain the signatures of the other parent and a Deputy AG for Health and Welfare. See CAO GCSM Instruction 1.

If another party/ies do/es not respond to the court in writing within twenty-one (21) days of receiving service, you may finalize your modification by default.

**Step 6. Complete Default paperwork, make Copies and File with the Clerk.**

When twenty-one (21) days have ended, if there has been no response from the other party complete the following forms, make one copy for your records and file the original with the court:

- Motion and Affidavit for Entry of Default
- Default

**Step 7. Complete the Final Forms, Have Them Reviewed, Make Copies and Prepare Envelopes.**

- Judgment of Modification with all necessary supporting documents attached (Parenting Plan or Child Support Order). Make copies for each party.
- Stamped envelopes addressed to yourself and the other party(s) for the Clerk to mail a copy of the Judgment of Modification with all attachments.
- Child Support Order Transmittal Form (this is required only if child support is modified).
- Make an appointment with the Court Assistance Office to have all of your paperwork reviewed before it is presented to the judge.

The Clerk will submit your Judgment of Modification to the judge for signature and the clerk will "conform" the extra copies you provide. The judge will not sign these copies, but the Clerk will stamp the judge's name on them. One of the copies is for you. One copy is/are for the other party(s) and will be mailed to him/her/them by the court in the envelope(s) you provide. A copy will also be mailed by the court to the Department of Health and Welfare, Child Support Services, so they will be aware of any changes in the Child Support Order.

Some judges will want you to attend a hearing to have your Judgment signed. The court clerk or Court Assistance Officer will be able to tell you if a hearing is required. On the day of the hearing, make sure you go to the correct courtroom. Dress appropriately and address the judge as "Your Honor." (See "Guidelines for Courtroom Behavior", CAO Cv Instruction 4-1 for more information). The judge will call the name and the number of your case. Go to the clerk's table by the judge's bench. Then the clerk will swear you in and you will take a seat at the witness stand and give your testimony which is an outline of the things you asked for in the Petition for Modification. If what you are asking the judge to give you is in any way different from what you've asked for in your Petition, then you must have a signed agreement with the other party (see the Court Assistance Officer or see a private attorney to amend your Petition). If the judge has no further questions, you are finished. The judge will sign the Judgment of Modification.

**If another party do/es respond in writing, follow the steps below:**

**Step 8: Read the Response.**

Read the other party's response carefully. If the other party's response is a statement of agreement, you will not have to prepare for a contested hearing. But if the other party disagrees with your Petition or you are unsure about any of the allegations or terms in the response, you should talk to an attorney as soon as possible to learn what your rights are and what course of action to take.

**Step 9: Comply with Mandatory Disclosures of Information**

If either party has requested a change to child support, you have to provide income information to the other party within 35 days from the day they filed the response. This will include tax returns, W-2 forms, and many other forms, see Instruction CAO FL Inst 5-1 for further details and use forms CAO FLPI 5-1 Petitioner's/Respondent's Mandatory Child Support Disclosures and CAO CvPi 4-5 Certificate of Service.

**Step 10: Follow all Court Orders.**

Ordinarily, you will have a hearing if the other party files a document in response to your Petition. You may need to set the hearing (Notice of Hearing). You may receive various notices and/or orders from the court concerning your modification, e.g., Notice of Status Conference or Pre-trial Conference, Scheduling Order, or a Notice of Hearing. Read all court notices and orders carefully, and note the deadlines and hearing dates contained in them. Failure to meet court deadlines or to appear at scheduled conferences, hearings or at trial may result in punishment for contempt of court or in other sanctions. Such failure may also cause you to lose some or all of your case.

**Step 11: Consider Negotiation, Mediation, or Other Means to Settle Your Case.**

The overwhelming majority of civil cases settle before trial. You should attempt to settle your case with the other parent. You can discuss settlement in person with the other parent or his/her attorney, or you may submit a written settlement offer. You might also consider mediation to resolve your dispute. Mediation is a process in which a neutral third party (called a mediator) assists the parties in their settlement negotiations. Mediation is often successful in resolving disputes concerning parenting schedules or child support. Your attorney, the court clerk or court assistance officer can give you a list of local mediators and more information about the mediation process. There are other alternative means to settle your case without trial. These include arbitration and appointment of a special master. If negotiation or mediation does not resolve your case, you should consult an attorney about these alternative dispute resolution mechanisms.

If you do settle your case before trial, fill out form Sworn Stipulation For Entry Of An Order, Judgment or Decree (CAO FLPI 6-1) (or Stipulation for Order, Judgment or Decree CAO GCS 6-9 H&W), and an appropriate Judgment of Modification. See CAO GCSM Instruction 8-2.

If your case does not settle before trial, see "Guidelines for Courtroom Behavior", CAO Cv Instruction 4-1, for general information on how to proceed. The hearing will be conducted according to formal rules of evidence and procedure. You should talk to an attorney to learn how to comply with those evidentiary and procedural rules and requirements.

# 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<br>(or date requested) | County / State | For which children? | Type of case                                                                                                                                 |
|-------------|--------------------------------------|----------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1.          |                                      |                |                     | <input type="checkbox"/> Support <input type="checkbox"/> Custody<br><input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship |
| 2.          |                                      |                |                     | <input type="checkbox"/> Support <input type="checkbox"/> Custody<br><input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship |
| 3.          |                                      |                |                     | <input type="checkbox"/> Support <input type="checkbox"/> Custody<br><input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship |
| 4.          |                                      |                |                     | <input type="checkbox"/> Support <input type="checkbox"/> Custody<br><input type="checkbox"/> Adoption <input type="checkbox"/> 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<br>(or date requested) | County / State | Type of case                                                                                                                    |
|-------------|----------------------------|----------------------------|--------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------|
| 1.          |                            |                            |                                      |                | <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Child Abuse<br><input type="checkbox"/> No Contact Order |
| 2.          |                            |                            |                                      |                | <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Child Abuse<br><input type="checkbox"/> No Contact Order |
| 3.          |                            |                            |                                      |                | <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Child Abuse<br><input type="checkbox"/> No Contact Order |
| 4.          |                            |                            |                                      |                | <input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Child Abuse<br><input type="checkbox"/> No Contact Order |

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

|                                             |                   |                         |
|---------------------------------------------|-------------------|-------------------------|
| <b>Child Support Calculations Worksheet</b> |                   | County:<br>Case Number: |
| <b>Petitioner</b>                           | <b>Respondent</b> |                         |

|                               |                          |                            |                          |
|-------------------------------|--------------------------|----------------------------|--------------------------|
| <b><u>Income</u></b> (YEARLY) | <b><u>Petitioner</u></b> | <b><u>(YEARLY)</u></b>     | <b><u>Respondent</u></b> |
| Earned Income:                | \$                       | Earned Income:             | \$                       |
| Potential Income:             | \$                       | Potential Income:          | \$                       |
| Public Assistance             | \$                       | Public Assistance          | \$                       |
| Disability Income             | \$                       | Disability Income          | \$                       |
| <b><u>Total Income</u></b>    | \$ 0.00                  | <b><u>Total Income</u></b> | \$ 0.00                  |
| <b><u>Deductions</u></b>      |                          | <b><u>Deductions</u></b>   |                          |
| Child Care Costs              | \$                       | Child Care Costs           | \$                       |
| Health Insurance              | \$                       | Health Insurance           | \$                       |
| Other Child Support Paid      | \$                       | Other Child Support Paid   | \$                       |

|                        |                 |                                                                           |
|------------------------|-----------------|---------------------------------------------------------------------------|
| <b><u>Children</u></b> |                 |                                                                           |
| <b>Name</b>            | <b>Birthday</b> | <b>Tax Exemption (Check)</b>                                              |
|                        |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                        |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                        |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                        |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                        |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                        |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                        |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |

|                                                                                                                   |                          |                          |
|-------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b><u>Overnights</u></b>                                                                                          | <b><u>Petitioner</u></b> | <b><u>Respondent</u></b> |
| How many overnights will the child spend with each parent Per Year?                                               |                          |                          |
| <small>Example: 50% - 50% would be 183 overnights for one parent, and 182 overnights for the other parent</small> |                          |                          |

|                                                              |                 |                                                                           |
|--------------------------------------------------------------|-----------------|---------------------------------------------------------------------------|
| <b><u>Before Born Children From Another Relationship</u></b> |                 |                                                                           |
| <b>Name</b>                                                  | <b>Birthday</b> | <b>Parent (Check)</b>                                                     |
|                                                              |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                                                              |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                                                              |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |
|                                                              |                 | Petitioner <input type="checkbox"/> / Respondent <input type="checkbox"/> |

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 \_\_\_\_\_

|                                                     |                                                                                                                          |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| _____<br>Petitioner,<br>vs.<br>_____<br>Respondent. | Case No. _____<br><br>PETITION TO MODIFY AN ORDER,<br>JUDGMENT OR DECREE<br><br>Fee Category: _____<br>Filing Fee: _____ |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

I, (your name) \_\_\_\_\_, ask the court to enter a Judgment as permitted by Rule 201(C) of the Idaho Rules of Family Law Procedure, modifying a previous Order, Judgment, or Decree entered in this case, and state:

**1.** 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:

| <u>Name</u> | <u>Date of Birth</u> | <u>Addresses for last 5 years</u><br>(city & state beginning with most recent) |
|-------------|----------------------|--------------------------------------------------------------------------------|
| _____       | _____                | _____                                                                          |
| _____       | _____                | _____                                                                          |
| _____       | _____                | _____                                                                          |
| _____       | _____                | _____                                                                          |

**2.** I reside at (city, county, state) \_\_\_\_\_.  
The other parent resides at (city, county, state) \_\_\_\_\_.

**3. UCCJEA Jurisdiction.** This court has jurisdiction to modify custody of our child/ren under the Uniform Child Custody Jurisdiction and Enforcement Act, Idaho Code § 32-11-

101, et seq.

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

☐ I have participated as a party or witness in the following case involving our children (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): \_\_\_\_\_

b. ☐ I do not know of any other case that could affect our child/ren. **or**

☐ I know of the following court case that 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): \_\_\_\_\_

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

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

d. ☐ Our child/ren live(s) only with both parents. **or**

☐ If our child/ren lives(s) with someone other than a parent, the name(s) and present address(es) of the person(s) with whom our child/ren live(s) is/are: \_\_\_\_\_

**4. Child Custody.** ☐ No change. **or**

☐ There have been substantial and material changes with respect to child custody since the date of the last Order, Judgment or Decree. The changes that justify a modification are (list the facts, events and details that have changed and explain why those changes are significant enough to justify a modification). \_\_\_\_\_

I request the court modify the Order, Judgment or Decree entered (date of last custody Order, Judgment or Decree) \_\_\_\_\_ as follows:

a. **Legal Custody.** ☐ No change. **or**

☐ Both parties are fit to act as parents. It is in the best interest of our child/ren that we be awarded joint legal custody. **or**

☐ It is in the best interest of our child/ren that \_\_\_\_\_ be awarded sole legal custody because \_\_\_\_\_

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b. **Physical Custody.** ☐ No change. **or**

☐ It is in the best interest of our child/ren that we be awarded joint physical custody of our child/ren as described in the Parenting Plan attached as Schedule A. **or**

☐ \_\_\_\_\_ should be awarded sole physical custody of our child/ren because \_\_\_\_\_

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☐ \_\_\_\_\_ should spend time with our child/ren

☐ as follows:

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**or**

☐ As described in the Parenting Plan attached as Schedule A.

**5. Child Support.**

a. List all child support orders for any of the child/ren listed in Section 1.

Provide the following:

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

**b. 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 section 6, and sign at the end.)
- ☐ 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.)

**Section 6. Complete all of Section 6 below to change child support.**

**6. a. 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) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**b. New Child Support Amount.**

- ☐ Child support should be paid by (full 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 should 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.)

**c. Effective Date and Duration.**

Child support payments should begin (select one option):

- ☐ the month after petition is filed. **or**
- ☐ the month after the Judgment 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.

#### **d. Multiple Children.** (if applicable)

☐ We have more than one minor child. If this child support judgment 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.

#### **e. 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

eighteen (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.

**f. Work-Related Childcare Expenses.**

Child support does not include work-related childcare. The net out-of-pocket costs for work-related child care 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.)

Payment should be made directly to the child care 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.

**g. 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.

☐ **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 parents.

**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.

**h. Out-of-Pocket Health Care Costs.**

☐ The out-of-pocket-cost 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.)

All out-of-pocket health care costs are in addition to the basic child support award and should be promptly paid or reimbursed directly between the parents.

**i. Tax Benefits & Exemptions.**

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

☐ (your name) \_\_\_\_\_ shall claim:  
(child/ren's names) \_\_\_\_\_  
\_\_\_\_\_

☐ (other parent's name) \_\_\_\_\_ shall claim:  
(child/ren'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.

7. All terms of the Court's prior Order(s), Judgment(s) or Decrees(s) not modified by this Judgment remain in full force and effect.

**WHEREFORE**, the petitioning party asks that the court enter its Judgment of Modification after appropriate notice.

**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

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

**1. If you are changing the custody or schedule?**

Attach the Parenting Plan, and write SCHEDULE A at the bottom.

**2. If you are changing the child support?**

Attach the Affidavit Verifying Income and Child Support Worksheet(s),  
and write SCHEDULE B at the bottom.

**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.

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 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> 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<br>(Check the box <input type="checkbox"/> for the holidays you want to address). | Day<br>Begin<br>and<br>Time | Day<br>End<br>and<br>Time | Even<br>Years<br>Dad<br>or<br>Mom | Odd<br>Years<br>Dad<br>or<br>Mom |
|------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|-----------------------------------|----------------------------------|
| * <input type="checkbox"/> Martin Luther King                                                  |                             |                           |                                   |                                  |
| * <input type="checkbox"/> Presidents' Day                                                     |                             |                           |                                   |                                  |
| <input type="checkbox"/> Spring Break                                                          |                             |                           |                                   |                                  |
| <input type="checkbox"/> Easter                                                                |                             |                           |                                   |                                  |
| <input type="checkbox"/> Mother's Day                                                          |                             |                           |                                   |                                  |
| * <input type="checkbox"/> Memorial Day                                                        |                             |                           |                                   |                                  |
| <input type="checkbox"/> Father's Day                                                          |                             |                           |                                   |                                  |
| <input type="checkbox"/> Fourth of July                                                        |                             |                           |                                   |                                  |
| * <input type="checkbox"/> Labor Day                                                           |                             |                           |                                   |                                  |
| <input type="checkbox"/> Halloween                                                             |                             |                           |                                   |                                  |
| <input type="checkbox"/> Thanksgiving Break                                                    |                             |                           |                                   |                                  |
| <input type="checkbox"/> December 24                                                           |                             |                           |                                   |                                  |
| <input type="checkbox"/> December 25                                                           |                             |                           |                                   |                                  |
| <input type="checkbox"/> New Year's Day                                                        |                             |                           |                                   |                                  |
| <input type="checkbox"/> 1st Part Christmas                                                    |                             |                           |                                   |                                  |
| <input type="checkbox"/> 2 <sup>nd</sup> Part Christmas                                        |                             |                           |                                   |                                  |
| <input type="checkbox"/> 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)

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☐ **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.

\_\_\_\_\_  
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 \_\_\_\_\_

|                                                                                                  |                                      |
|--------------------------------------------------------------------------------------------------|--------------------------------------|
| <p>_____<br/>Petitioner,</p> <p style="text-align: center;">vs.</p> <p>_____<br/>Respondent.</p> | <p>Case No. _____</p> <p>SUMMONS</p> |
|--------------------------------------------------------------------------------------------------|--------------------------------------|

NOTICE: You have been sued. The court may enter judgment against you without further notice unless you respond. Read the information below.

Served with this Summons is/are copy/copies of the Petition

- ☐ Order to Attend parent education program
- ☐ Joint Preliminary Order

If you want to defend this lawsuit, you must file a written response (Response to the Petition or appropriate Rule 206 I.R.F.L.P. Motion) to the Petition at the Court Clerk's office for the above-listed District Court at: [mailing address, physical address (if different from the mailing address) and telephone number of the district court clerk]\_\_\_\_\_

\_\_\_\_\_  
within 21 days from the service of this  
Summons.

If you do not file a written response the court may enter a judgment against you without further notice. A letter to the Judge is not an appropriate written response.

The written response must comply with Rule 205 and other Idaho Rules of Family Law Procedure and include: your name, mailing address and telephone number; or your attorney's name, mailing address and telephone number; and the title and number of this case.

If your written response is a Response to the Petition, it must state the things you agree with and those you disagree with that are in the Petition. You must also state any defenses you have.

You must mail or deliver a copy of your response to the moving party or the moving party's attorney (at the address listed above), and prove that you did.

To determine whether you must pay a filing fee with your response, contact the Clerk of the District Court.

If you are considering talking to an attorney, you should do so quickly to protect your legal rights.

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

CLERK OF THE DISTRICT COURT

By: \_\_\_\_\_  
Deputy Clerk

# STOP

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

Scan & Email your forms to  
[d6cao@bannock.idcourts.gov](mailto: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:

### SERVING THE OTHER PARTY

## Court Assistance Office

Available Monday-Friday

Email: [d6cao@bannock.idcourts.gov](mailto:d6cao@bannock.idcourts.gov)

Phone: 208-236-7067

Text: 208-538-4816

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

### ☒ Watch this quick Step 2 Video Refresher:

SCAN the QR Code To Access The Video From Your Phone

OR

CLICK the QR Code To Access The Video From Your Computer



### ☒ Complete ONE of the included service processes:

- **Acknowledgment of Service**– This would be signed by the other party in front of a notary acknowledging they received the paperwork on a specific day.

OR

- **Affidavit of Service**– This would be signed by an uninterested party, 18 years or older, who would personally hand the documents to the other party, and then sign the Affidavit certifying that they did so. This document does NOT need to be notarized.

⇒ Alternatively, you can pay the **Sheriff or a professional process server** to serve the other party for you. They will have their own form for their process. Contact them directly for information on their process.

### ☒ Email the service form back for review [d6cao@bannock.idcourts.gov](mailto:d6cao@bannock.idcourts.gov)

- If you printed your forms and need to scan them back to me, they must be in PDF format. We cannot accept phone images. **If you don't have access to a scanner, please visit the Bannock County Court Assistance Website for a list of scanning resources**

## LOOKING AHEAD:

Once you know what day the other party was served, you are now ready to begin Step 3 (waiting the mandatory 21 day waiting period, and preparing the finalizing paperwork).

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. \_\_\_\_\_

**AFFIDAVIT OF SERVICE**

1. I am a resident of \_\_\_\_\_ County, State of \_\_\_\_\_,  
over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On (date) \_\_\_\_\_ I personally served copies of the Summons, Petition,  
(check all that apply, if any)

☐ Order to attend the parent education program

☐ Joint Preliminary Order

on: (name of person served) \_\_\_\_\_, the  
above-named ☐ Petitioner ☐ Respondent, in \_\_\_\_\_ County, State  
of \_\_\_\_\_ at (address) \_\_\_\_\_.

**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

\_\_\_\_\_  
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 \_\_\_\_\_

|                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| <p>_____<br/>Petitioner,<br/>vs.<br/>_____<br/>Respondent.</p> | <p>Case No. _____<br/>ACKNOWLEDGMENT OF SERVICE</p> |
|----------------------------------------------------------------|-----------------------------------------------------|

I, \_\_\_\_\_, the ☐ Respondent ☐ Petitioner,  
admit and acknowledge that service of a copy of the Petition, Summons, ☐ Order to  
Attend parent education program ☐ Joint Preliminary Order ☐ other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ was made on me because I received  
them on (date received) \_\_\_\_\_.

I certify that: I am over the age of eighteen, I am mentally competent, I read and write the  
English language; and:

**[check all that apply]:**  
☐ am NOT in the uniformed services as defined by the Servicemembers Civil Relief Act.

or

☐ I am in the uniformed services as defined by the Servicemembers Civil Relief Act. I understand and waive my rights under the Act.

☐ I submit to this court's jurisdiction, decline to plead, waive hearing, and agree that a final decree be entered.

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

\_\_\_\_\_  
Signature

STATE OF IDAHO                    )  
                                                  ) ss.  
County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned, a Notary Public in and for the State, personally appeared \_\_\_\_\_, known or identified to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date last above written.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at \_\_\_\_\_  
Commission expires \_\_\_\_\_

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text 208-538-4816 and request an in-  
person form review



# Court Assistance Office

## Forms Packet Instructions:

### Modification: Step 3

**FINALIZING THROUGH DEFAULT**

### Court Assistance Officer

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

Email: [d6cao@bannock.idcourts.gov](mailto:d6cao@bannock.idcourts.gov)

Phone: 208-236-7067

Text: 208-538-4816

<https://www.bannockcounty.us/courts/courtassistance/>

### ☒ Watch this quick Step 3 Default Forms Walkthrough:

SCAN the QR Code To Access The Video From Your Phone

OR

CLICK the QR Code To Access The Video From Your Computer



### ☒ Complete ALL of the included Step 3 documents:

- Judgement of Modification– See all important information below
- Motion & Affidavit for Default
- Default
- Child Support Order Summary Form

### ☒ Email the form back for review: [d6cao@bannock.idcourts.gov](mailto:d6cao@bannock.idcourts.gov)

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**Tip!**

**Regarding Page 7: Certificate of Service:** If you do not indicate “email” on the certificate of service for both you and the other party, you will need to provide 2 large manila envelopes with 3 stamps each so the judge can mail the finalized Decree of Divorce. Please address one envelope to you and one to the other party.

**Wait Mandatory 21 Before Filing Step 3:** Once the other party is served, you will count 21 Calendar days before filing the step 3 default forms.

\_\_\_\_\_  
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. \_\_\_\_\_

DEFAULT

☐ Respondent ☐ Petitioner was served and has failed to plead or otherwise defend  
this case within the time allowed;

THEREFORE, default is entered against \_\_\_\_\_.

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

\_\_\_\_\_  
Judge

\_\_\_\_\_  
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 \_\_\_\_\_

|                                                                |                                                                              |
|----------------------------------------------------------------|------------------------------------------------------------------------------|
| <p>_____<br/>Petitioner,<br/>vs.<br/>_____<br/>Respondent.</p> | <p>Case No. _____<br/><br/>MOTION AND AFFIDAVIT<br/>FOR ENTRY OF DEFAULT</p> |
|----------------------------------------------------------------|------------------------------------------------------------------------------|

☐ Petitioner ☐ Respondent moves this Court for Entry of Default on the grounds that (name of other party) \_\_\_\_\_, **(a)** has received notice by personal service; or **(b)** has been served by publication, and has failed to appear within the time period for answering the Motion/Petition in this case. This motion is based on Rule 301(a) of the Idaho Rules of Family Law Procedure and the pleadings filed in this case.

I certify:

1. I am a parent in this action.
2. Proof of service upon (name of other party) \_\_\_\_\_ is on file in this case.
3. The defaulting party has failed to answer or defend the above-entitled matter as required by law within twenty-one (21) days of the date of service.
4. The defaulting party is mentally competent and over the age of eighteen (18) years.
5. ☐ The defaulting party is not in the uniformed services as defined by the Servicemembers Civil Relief Act; I know this because \_\_\_\_\_

**or** ☐ I am unable to determine whether the defaulting party is in the uniformed services as defined by the Servicemembers Civil Relief Act,  
**or** ☐ The defaulting party is in the uniformed services as defined by the Servicemembers Civil Relief Act, and has waived in writing his/her rights under the Act.

6. I certify the name of the defaulting party is \_\_\_\_\_,  
and the address most likely to give the defaulting party notice of entry of judgment  
of default is (address) \_\_\_\_\_  
\_\_\_\_\_.

**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

\_\_\_\_\_  
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.

State of Idaho, Department of Health and Welfare

Case No. \_\_\_\_\_

JUDGMENT OF MODIFICATION

JUDGMENT IS ENTERED AS FOLLOWS:

For the following minor child/ren:

Name

Year of Birth

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

1. ☐ **Child Custody.** ☐ No change. **or** ☐ The custody Order, Judgment, or Decree entered on \_\_\_\_\_, 20\_\_\_\_ is modified as follows.

**A. Legal Custody of Minor Child(ren).** ☐ No change. **or**

☐ Both parents are awarded joint legal custody of their child/ren. **or**

☐ (name) \_\_\_\_\_ is awarded sole legal custody of the child/ren.

**B. Physical Custody of Minor Child(ren).** ☐ No change. **or**

☐ Both parents are awarded joint physical custody of their child/ren

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

☐ as follows: \_\_\_\_\_

\_\_\_\_\_

**or**

☐ (name) \_\_\_\_\_ is awarded sole physical custody of the child/ren. **And**

☐ (name) \_\_\_\_\_ shall have time with the child/ren

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

☐ as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. ☐ Child Support.**

☐ No change, child support shall continue as set in Case No. \_\_\_\_\_, entered in \_\_\_\_\_ County, State of \_\_\_\_\_, on (Date) \_\_\_\_\_. (If the order was from a different case please attach a copy of that order, judgment, or decree as Schedule B, skip section 3, and complete the Certificate of Service at the end.) **or**

☐ The child support in Case No. \_\_\_\_\_, entered in \_\_\_\_\_ County, State of \_\_\_\_\_, on (Date) \_\_\_\_\_ has been consolidated into this case. The child support is modified and the Decree issued by this Court controls. All terms of the Court's prior Order(s), Judgment(s), or Decrees(s) not modified by this Decree remain in full force and effect. (Complete Section 3 below.) **and/or**

|                                                                            |
|----------------------------------------------------------------------------|
| <b>Section 3. Complete all of Section 3 below to change child support.</b> |
|----------------------------------------------------------------------------|

**3. a. New Child Support Amount**

☐ Child support is modified, it shall be paid by (full name of parent who will pay support) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.

**b. Effective Date and Duration.**

Child support payments shall begin: (select one)

☐ the month after the petition was filed. **Or**

☐ the month after the Judgment is signed.

Child Support shall 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 (18).

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 shall continue until the child discontinues his/her high school education or reaches the age of nineteen (19) years, whichever is sooner. **Payment shall 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)

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

#### **d. Extended Visits.** (if applicable)

☐ When the parent who has custody 25% of the time or less is paying child support and has physical custody of the child/ren for 14 or more overnights in a row, the amount of basic child support shall be reduced for that period of time. However, visitation of two overnights or less with the other parent shall not eliminate the reduction of basic child support during extended visits. The child support reduction for the period of the actual physical custody shall be ☐ 50% **or** ☐ (other percentage) \_\_\_\_\_% of the basic child support obligation. The reduction shall 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 shall first be divided by the number of children under

eighteen (18) years of age. The parent who pays child support can only claim a reduction for the child/ren in that parent's custody.

**e. Work-Related Childcare Expenses.**

☐ The net out-of-pocket costs for work-related child care shall be paid \_\_\_\_\_% by (your name)\_\_\_\_\_ and \_\_\_\_\_% by (other parent's name)\_\_\_\_\_.

Payment shall be made directly to the child care provider by both parents according to arrangements made with the care provider if permitted by the care provider.

Otherwise, the non-paying parent shall 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.**

Any health insurance premiums for the child/ren should be paid by the parents as follows: \_\_\_\_\_% by (your name) \_\_\_\_\_ and \_\_\_\_\_% by (other parent's name) \_\_\_\_\_.

**B. Insurance Currently Provided.**

☐ (name) \_\_\_\_\_ shall continue to provide health insurance for the minor child/ren, so long as it is available at a reasonable cost. If this insurance becomes unavailable, the parent first able to obtain health insurance at a reasonable cost shall do so. **or**

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

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

☐ **1.** The total child support includes an adjustment for each parent's share of the health insurance premiums.

**or**

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

**Notice**

Where medical insurance is provided, each parent shall 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 shall be applied first to unpaid medical bills and then to reimburse the paying parent for any prepaid medical costs. Both parents shall 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 cost for health care expenses for the child/ren shall be paid by the parents as follows: \_\_\_\_\_ % by (your name) \_\_\_\_\_  
and \_\_\_\_\_ % by (other parent's name) \_\_\_\_\_.

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 children 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.

All out-of-pocket health care costs shall be in addition to the basic child support award and shall be promptly paid or reimbursed directly between the parents.

**h. Tax Benefits & Exemptions.**

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

☐ (your name) \_\_\_\_\_ shall  
claim: (child/ren's names) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ (other parent's name) \_\_\_\_\_ shall  
claim: (child/ren's names) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The parent not receiving the exemption(s) is awarded a pro rata share of the value of income tax benefit in proportion to his/her guidelines income which is 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.

3. All terms of the Court's prior Order(s), Judgment(s) or Decrees(s) not modified by this Judgment remain in full force and effect.

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

\_\_\_\_\_  
Judge

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Judgment was served:

State of Idaho, Department of Health  
And Welfare, Division of Child Support  
Enforcement

P.O. Box 83720

\_\_\_\_\_  
(Street or Post Office Address)

Boise, ID 83720-5302

\_\_\_\_\_  
(City, State, and Zip Code)

☐ By United States mail

☐ By personal delivery

☐ By fax (number) \_\_\_\_\_

☒ By email to:  
srcu-mdu@dhw.idaho.gov

\_\_\_\_\_  
(If allowed)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

☐ By United States mail

☐ By personal delivery

☐ By fax (number) \_\_\_\_\_

☐ By email to:

\_\_\_\_\_  
(If allowed)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

☐ By United States mail

☐ By personal delivery

☐ By fax (number) \_\_\_\_\_

☐ By email to:

\_\_\_\_\_  
(If allowed)

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

\_\_\_\_\_  
Deputy Clerk

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

**1. If you are changing the custody Schedule:**

Attach the Parenting Plan, and write SCHEDULE A at the bottom.

**2. If there are multiple children Attach the Continued Support  
Worksheet and write SCHEDULE B at the bottom.**

**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.

# Child Support Order Summary Form

This form must be completed and given to the Clerk of the Court, with a copy of the final order attached.

This form and the conformed copy of the final order must be mailed, emailed or faxed to:

CS Services Mail Distribution Unit, PO Box 83720, Boise, ID 83720-5302

Email: [srcu-mdu@dhw.idaho.gov](mailto:srcu-mdu@dhw.idaho.gov) • Fax: 855-349-2408

**SUPPORT PAYMENTS UNDER THIS ORDER MUST BE SENT TO THE STATE OF IDAHO,  
CHILD SUPPORT RECEIPTING, P.O. BOX 70008, BOISE, ID 83707**

Case # \_\_\_\_\_ County \_\_\_\_\_ Date of Order \_\_\_\_\_

Who is ordered to pay child support? (full name) \_\_\_\_\_

How much? \$ \_\_\_\_\_ How often: \_\_\_\_\_ weekly \_\_\_\_\_ monthly Beginning date: \_\_\_\_\_

Special child support terms in this order (check all that apply): \_\_\_\_\_ Cost of living increases  
\_\_\_\_\_ Modification of a previous order \_\_\_\_\_ Decrease for visitation \_\_\_\_\_ Other \_\_\_\_\_

Is there an order for Wage Assignment? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please attach a copy of the Wage Assignment Order)

**Plaintiff's full name** \_\_\_\_\_ Male \_\_\_\_\_ Female

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing address \_\_\_\_\_

Residence address (if different than mailing) \_\_\_\_\_

Employer name and address \_\_\_\_\_

Plaintiff's attorney: \_\_\_\_\_ Phone \_\_\_\_\_ City/State \_\_\_\_\_

**Defendant's full name** \_\_\_\_\_ Male \_\_\_\_\_ Female

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_ Phone number \_\_\_\_\_

Mailing address \_\_\_\_\_

Residence address (if different than mailing) \_\_\_\_\_

Employer name and address \_\_\_\_\_

Defendant's attorney: \_\_\_\_\_ Phone \_\_\_\_\_ City/State \_\_\_\_\_

## Children for whom support is ordered in this order:

| Child's Full Name | Social Security # | Date of Birth | Sex   |
|-------------------|-------------------|---------------|-------|
| _____             | _____             | _____         | _____ |
| _____             | _____             | _____         | _____ |
| _____             | _____             | _____         | _____ |
| _____             | _____             | _____         | _____ |

If support is ordered for more than four children, please attach a separate sheet of paper with the information.

Print name of person who completed this form: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD SUPPORT ORDER SUMMARY FORM**

CSS 809 (I.C. 32-710A) 11/2017

# STOP

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