



Court Assistance Office

Forms Packet Instructions:

Petition for Paternity, Custody & Support

FILING FEE \$166

Court Assistance Officer

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

Email: d6cao@bannock.idcourts.gov

Phone: 208-236-7067

Text: 208-538-4816

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

☒ 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

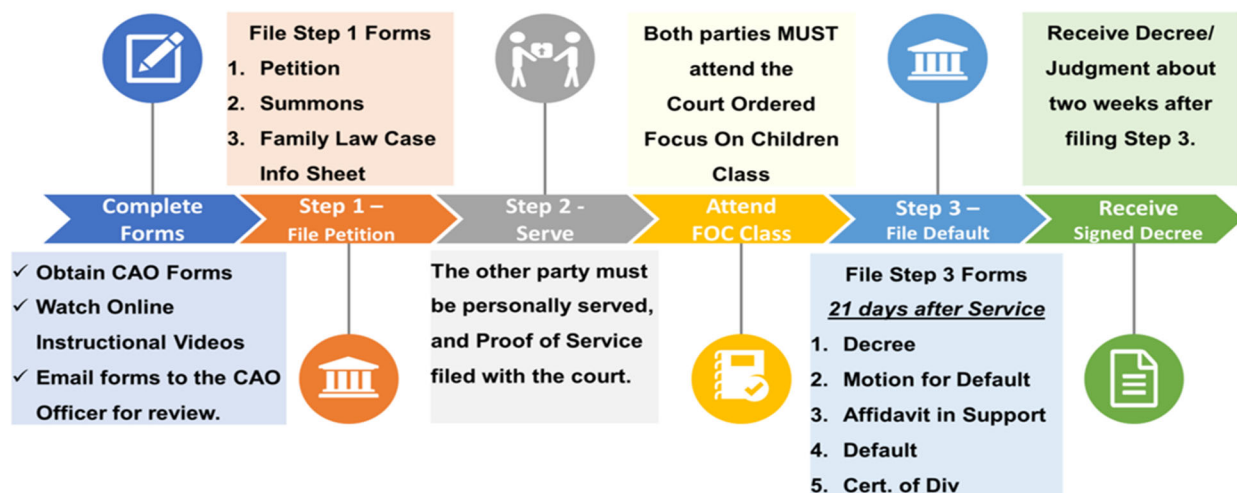
☒ Complete **All** of the included Step 1 forms:

- Family Law Case Information Sheet
- Petition for Paternity, Custody, Visitation & Child Support
- Child Support Calculations Worksheet
- Parenting Plan
- Summons

☒ Email the forms back for review: **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:

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

I understand these forms will be scanned into electronic format and emailed to the Bannock County Court Assistance Officer who will perform a form review and respond to me directly within 48 hours.

The Court Assistance Office assigned to my form review is: Arianne or Trey

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.

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

- | | |
|---|---|
| <ul style="list-style-type: none">• 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. | <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ 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

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• 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. | <ul style="list-style-type: none">• 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. | <ul style="list-style-type: none">• 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 P INSTRUCTION 1-2
PETITION FOR PATERNITY, CUSTODY, VISITATION OR SUPPORT

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. If you cannot afford to hire an attorney to represent you, you may be able to pay a lawyer to give you advice and review your paperwork for a lesser cost. Contact the Idaho State Bar Lawyer Referral Service (208-334-4500) for the name of an attorney in your area who will provide an initial half-hour consultation for \$35. 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/>.

You will be signing a sworn statement that you have read the Petition, know what it says, and believe it's true.

Instructions.

Fill in the forms by typing or by printing neatly and legibly in **black ink**. Always keep a copy of the completed form for your records.

At the top left-hand corner of page 1, fill in your full legal name, mailing address, telephone number, and email address (if you have one).

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

The Caption. Fill in your full legal name on the line above Petitioner and the other parent's full legal name on the line above Respondent.

The Case No. The case number will be assigned by court personnel when you file the Petition. You should write in the case number on all other documents.

The **Court Heading**, **Caption** and **Case Number** will be the same on all other documents you prepare for this case.

The Name of the Document. Check the boxes to indicate the orders you want.

1. Minor Child/ren of the Parties.

- Fill in the name and date of birth for each minor child and the city and state where each child has lived for the last five years. **Warning:** If any of your children have not resided in Idaho for at least six uninterrupted months before the filing of the Petition (or for their entire lives if they are less than six months of age), the Idaho court may lack authority ("jurisdiction") to determine custody of that child. In that event you should consult an attorney to determine if there may be other grounds for jurisdiction and venue under Idaho's laws.
- Check the first box if paternity has NOT been established. **or**
- Check the second box if an Order of Filiation (a court order stating the name of the father) has been signed by a judge in some other court case (this may be a Child Support Order filed by the Department of Health & Welfare).
 - o Fill in the state, county and case number of that order and fill in the name of the father.
 - o Make a copy of that order, mark the copy as **Exhibit C** at the bottom of the first page of

the order and staple it to your Petition. **or**

- Check the third box if both parents have signed a verified Voluntary Acknowledgement of Paternity for the child/ren. A Voluntary Acknowledgement of Paternity cannot be rescinded after the Petition is filed.
 - o Make a copy of the Voluntary Acknowledgement for each child.
 - o Mark the copy as **Exhibit C** at the bottom of the first page of the Acknowledgment and staple it to your Petition.

2. The Parties.

Fill in the city, county and state where each parent lives and check the box to indicate if you, the Petitioner, are the mother or father and if the Respondent is the mother or father.

3. Jurisdiction to Establish Paternity.

If you did not check either the second or third box in paragraph 1, you need to obtain a court order to establish the paternity (father) of your child/ren.

- Check the box(es) that apply to your situation. **Warning:** If none of the statements apply to your situation, the Idaho court may lack authority ("jurisdiction") to determine paternity of the child/ren. In that event you should talk to an attorney to determine if there may be other grounds for jurisdiction and venue under Idaho's laws. The court cannot order custody or support for the child/ren until paternity has been established.

4. Venue.

This is your statement that this county is the correct place to file the Petition.

5. Jurisdiction.

This is your statement that each child has resided in Idaho for at least the past 6 uninterrupted months. Additionally, you are required to inform the court if there have been any other cases involving your child/ren in any court or if there are any other people claiming custody or visitation rights with the child/ren.

In **paragraphs 5a, b, c and d**, select the appropriate check box and provide all requested information.

6. Paternity.

If you want the court to enter a paternity order, check the box and fill in the father's name.

7. Legal Custody.

"Joint legal custody" means each parent has decision-making rights, responsibilities and authority relating to the health, education and general welfare of the child/ren. The court will order joint legal custody unless you can prove it would not be in the best interest of the minor child/ren for the other parent to have decision-making rights.

- Check the first box if both parents are fit persons to have decision-making rights, responsibilities and authority relating to the health, education and general welfare of the child/ren. **or**
- Check the second box if you are declaring that one parent should have sole legal custody of the child/ren, **and**
 - o Write in the name of the parent who should be given sole legal custody and
 - o State why the other parent should NOT be allowed to share legal custody.

8. Physical Custody.

“Joint physical custody” means each parent has significant periods of time in which a child resides with or is under his/her care and supervision. Joint physical custody assures the child/ren frequent and continuing contact with both parents but does not necessarily mean the child spends exactly the same amount of time with each parent. The court will award joint physical custody unless you can prove it would not be in the best interest of the minor child/ren.

- Check the first box if both parents should be given physical custody of the child/ren **and**
 - o Check the second box if you are using a Parenting Plan to describe the plan you want the court to order. Complete the **Parenting Plan**. (Both parents may sign the Parenting Plan, but it is not required). Write **Exhibit A** on the bottom of the first page of the Parenting Plan and attach (staple) it to the Petition. **IMPORTANT: The Parenting Plan must be attached to make it a part of the Petition.** Make an extra copy of the Parenting Plan to attach (staple) to the final Judgment or Decree. **or**
 - o Check the third box if you are not attaching a Parenting Plan and describe the physical custody plan you want the court to order.
- or**
- Check the fourth box if you are asking the court to give sole physical custody of the child/ren to only one parent, **and**
 - o Write in the name of the parent should be given sole physical custody **and**
 - o State why the other parent should NOT be given periods of time when the child/ren resides with or is under his/her care and supervision.
 - o Check the fifth box if you want the court's order to give the other parent restricted or conditional time with the child/ren and write in the parent's name **and**
 - o State specifically what you want the court to order.

9. Child Support.

If there is already an order signed by a judge, for example in a different case filed by the Department of Health & Welfare, that sets child support, check the first box, **and**

- If you want that order to continue and control child support instead of getting a new order, check the second box. Then make a copy of that Order, mark it as **Exhibit E** and attach (staple) it to the Petition. Then proceed directly to Section 10 of the Petition. **Or**
- Check the third box if you believe there are substantial and material reasons why the child support set in the other case should be changed by an order issued in this case which would control future child support payments.

Warning: You should be aware that jurisdiction as to child support is a complicated issue and having a child support order in a separate case can create problems for enforcement and future modifications of the order. Also, your judge may require you to join the Department of Health and Welfare as a party in this case, or consolidate the two cases, before a new child support order can be issued in this case.

or

If there is NOT a child support order, check the fourth box.

Note: You will first need to complete an Affidavit Verifying Income and a Child Support Worksheet. A Court Assistance Officer will be able to help you generate these documents if you provide the required information. The Child Support Worksheet will be used to complete this section. If you want the court to enter a support amount that is different from the Idaho Child support Guidelines amount, you must come to court for a court hearing and persuade a judge why that is in the best interests of your children and meets their financial needs.

- Write in the name of the parent who will pay child support and from the child support worksheet, insert the basic monthly child support before any adjustments and the day of the month you want the payments to be made.
- In paragraph 9a, if you have more than one minor child, check the box. You will need to have a separate calculation to reflect the changed amount of support as each child is no longer eligible for support under Idaho law. These calculations are provided if you have used a computer program to calculate child support. A Court Assistance Officer can help you with these calculations if you do not have them.

Warning: If you are the parent paying child support (the “obligor”) you should be aware the Order or Decree will provide for collection of child support from your wages and from your real estate or personal property. It will also provide that if you move to another state, the child support can be enforced directly by courts in other states. Additionally, you should be aware that, according to Idaho law, if unpaid child support equals or exceeds the total support owing for ninety (90) days or the sum of \$2,000, whichever is less, you are subject to suspension of any license to practice or engage in any business, occupation or profession, operate a motor vehicle, carry a concealed weapon, or engage in any recreational activity, including hunting or fishing. Further, the State Tax Commission will withhold and set-off any state tax refund to collect any unpaid child support, or unpaid spousal support, and the Idaho State Lottery will likewise withhold and set-off a prize of a lottery prize-winner.

Extended Visits

In paragraph 9b, check the first box if the child/ren will be living in the home of one parent at least 75% of the time under your proposed parenting plan. If you do not check this box, go directly to paragraph 9c. Otherwise,

- Check the second box in paragraph 9b if you want the court to order a reduction in child support when the parent paying child support has physical custody of the child/ren for 14 or more overnights in a row. Next, check the appropriate box to indicate if the reduction should be 50% or some other percentage.
- Check the next box if you have more than one child, but the parent paying child support will have some, but not all of the children for a period of 14 overnights in a row. If this box is selected, the reduction of support will be applied only to the child/ren who are actually with the parent paying child support during those 14 overnights in a row.

Note: If the child/ren reside with each parent more than 25% of the time (overnights), this is considered shared physical custody and certain adjustments are made in the calculation of child support. Section J(5) of the Idaho Child Support Guidelines, Rule 126 of the Idaho Rules of Civil Procedure, describe “Shared Physical Custody” and computation of child support with that parenting arrangement. The reduction of child support for extended visits is not permitted if child support has been calculated with a shared physical custody adjustment. You can get a copy of the Child Support Guidelines from a Court Assistance Office or the Internet at <http://www.isc.idaho.gov/irflp126>.

Work-Related Child Care Costs

Work related child care costs are separate from the basic monthly child support amount. Check the box in paragraph 9c you want the court to order the parent paying child support to also contribute to the payment of work related child care costs.

- Fill in the percentages each parent will pay.
- Note: Under this section you are asking the court to require each parent to pay their share directly to the care provider if permitted by the provider, otherwise, the parent who pays the

costs must be reimbursed within ten days after the other parent receives a copy of the bill and proof of payment.

Medical Insurance

The cost of medical, dental and/or optical insurance for the child/ren is separate from the basic monthly child support amount. The cost is prorated between the parents in proportion to their Guidelines income. Check the first, second or third box to indicate how health insurance coverage for the child/ren is now being provided. If you select the first paragraph, write in the name of the parent(s) currently providing health insurance.

Warning: The Order or Decree will provide: 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.

Health Care Costs Not Paid by Insurance

The actual cost incurred for health care expenses for the child/ren not paid in full by insurance is separate from the basic monthly child support amount and is also prorated between the parents in proportion to their Guidelines income. Insert the correct percentages for the division of these costs. (Refer to the child support worksheets for these percentages)

Next, check the appropriate box indicating how insurance and health care costs should be paid.

Income Tax Exemption

Both parents are entitled to share in the benefits of income tax credits and exemptions for the child/ren regardless of which parent actually claims those benefits in a tax return.

- Check the first box in paragraph 9f to divide the value of tax benefits and exemptions for the child/ren according to the Child Support Guidelines. Insert the name of the parent who will claim each child as a dependent on their income tax return(s). (If you do not agree otherwise, the parent with the most income will claim the children.) Note: The child support calculation must reflect the same designation.
- Check the second box if both parents want to agree to a different division of these benefits. Note: If you select this option you will be required to provide the judge a written document signed by both parties showing your agreement. Do not select this option unless you have, or are sure you can obtain that written document. If you select the first check box option, you may always agree later to a different division by filing a written stipulation with the court.

Summary of Basic Child Support and Adjustments

Paragraph 9g is a summary of all of the choices on child support you have selected in the prior sections. Refer to all of the sections of paragraph 9 and your Affidavit Verifying Income and Child Support Worksheets, then insert the correct percentages and amounts in the summary. The options, amounts and percentages you insert in the summary, must be exactly the same as those you selected or inserted in the prior sections. Attach (staple) a copy of your Affidavit Verifying Income and Child Support Worksheets to the Petition, marking each as **Exhibit B**.

10. Name Change.

If you want to change the legal last name of the child/ren, mark the box and write in the last name as it should be. (Accurate spelling is very important.)

11. Amend Birth Certificate.

If your child/ren's birth certificate(s) do/does not include the name of the father, the Bureau of Vital Statistics in the state where your child/ren was/were born will add the father's name to the birth certificate(s).

Date and Signature: Sign and date where indicated certifying that the information is true and accurate, subject to the penalty of perjury if it is not.

Exhibits (attachments):

- Complete the Parenting Plan. Mark it as **Exhibit A**.
- **Exhibit B** will be either a copy of the Child Support Order already in effect **or** the Affidavit Verifying Income and Child Support Worksheet(s).
- If paternity has already been established, **Exhibit C** will be either a copy of the Order of Filiation entered in another court case (if this is the same order as the Child Support Order – **Exhibit B** – just mark it as **Exhibit B** and **C**, you don't need to attach two copies) **or** a copy of the Voluntary Acknowledgement(s) of Paternity.

The Decree you will be preparing will have the same Parenting Plan, Child Support Order and Order of Filiation. **Make an extra copy** of these Exhibits so you will have them to attach to the Decree.

The exhibits must be stapled to the Petition (and all copies you are required to make).

Make two more copies of the Petition with Exhibits attached, one copy for each party. (Continue to read the general Instructions on Filing for Custody to file and serve your Petition.)

Family Law Case Information Sheet

Case Number (Clerk fills in case #):

Exempt from Public Disclosure

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

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

2. Information about Petitioner

Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Email address: _____

Employer's name: _____

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

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

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

3. Information about Respondent

Name: _____
First Middle Last

Any other names used: _____

Address: _____
Street City State Zip

Phone numbers: _____
Home Work Cell

Email address: _____

Employer's name: _____

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

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

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

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

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

List Respondent's natural and adopted children under 18:

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

5. Other Cases Involving Children

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

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

6. Any Cases Involving Violence or Abuse

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

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

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

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

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

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

_____, Petitioner, vs. _____, Respondent.	Case No. _____ PETITION FOR ☐ PATERNITY ☐ CUSTODY, VISITATION ☐ SUPPORT Fee Category: _____ Filing Fee \$ _____
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The Petitioner says:

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

Name

Date of Birth

Current Address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ Paternity has not been established. **or**
- ☐ An Order of Filiation was entered in the State of _____, County of _____, in Case No. _____, establishing that _____ is the natural father of the child/ren. A copy of the Order is attached to this Petition as Exhibit C. **or**
- ☐ A verified Voluntary Acknowledgement of Paternity for the child/ren, executed by both parents, was filed with the Vital Statistics Unit of the Department of Health and Welfare and has not been rescinded. A copy of the Voluntary Acknowledgment of Paternity for each child is attached as "Exhibit C".

2. The Parties. Petitioner is the ☐ mother ☐ father and resides at (city, county, state) _____. Respondent is the ☐ mother ☐ father and resides at (city, county, state) _____. The parties are not now married and have not been married to each other.

3. Jurisdiction to Establish Paternity, Order Support and Determine Custody. This court has jurisdiction to establish paternity, order support and determine custody in this matter pursuant to Idaho Code Section 7-1102 because:

- ☐ The father resides in Idaho. **or**
- ☐ The father resided with the parties' child/ren in Idaho. **or**
- ☐ The parties' child/ren reside/s in Idaho as a result of the acts or directives of the father. **or**
- ☐ Although the father resides outside of the State of Idaho, the parties' child/ren was/were conceived in Idaho.

4. Venue. Venue is proper because this county is either where the child/ren was/were conceived or born or reside/s or the county where the mother or father resides.

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

a. Living Arrangements Last 5 years. Our child/ren have lived with the following

persons in the following places within the last five years:

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

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

b. Participation in Other Cases: I have NOT participated as a party or witness, in a different case involving our child/ren. **or**

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

c. Other Cases Affecting Child/ren: I do NOT know of a different case that could affect our child/ren. **or**

☐ The following different 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): _____

d. Custody/Visitation: Other than the parents, no one has or claims custody or visitation rights with our child/ren. **or**

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

6. ☐ **Paternity.** The court should enter an order that (name of father) _____ is the natural father of the child/ren named in _____

paragraph 1 of this Petition.

7. Legal Custody.

- ☐ 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 (name) _____ be awarded sole legal custody of the child/ren because _____
- _____
- _____
- _____.

8. Physical Custody.

- ☐ It is in the best interest of our child/ren that we be awarded joint physical custody of our child/ren
- ☐ on the terms and as described in the Parenting Plan, attached as Schedule A. **or**
- ☐ as follows: _____
- _____
- _____
- _____

or

- ☐ (name) _____ should be awarded sole physical custody of our child/ren because _____
- _____
- _____
- _____

and

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

9. Child Support.

a. Existing Child Support Orders

Is there a child support order for any of the child/ren listed in Section 1?

- ☐ No. (Skip to section 10. below)
- ☐ Yes.

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

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

b. Change in Child Support.

Do you want to change the amount of child support?

☐ No. I ask for it to continue. (If the order was from a different case please attach a copy of that order, judgment, or decree as Schedule B, skip section 10, 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.)

(Note: Complete all of Section 10. below to change child support.)

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

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

Section 10. New Child Support Amount.

- 10. a.** ☐ 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.)

b. Effective Date and Duration.

Child support payments should begin (select one option):

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

☐ the month after the Decree is signed.

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

NOTICE

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

c. Multiple Children. (if applicable)

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

d. Extended Visits. (if applicable)

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

☐ When the parent paying child support has physical custody of the child/ren for 14 or more overnights in a row, the amount of basic child support should be reduced for that period of time. However, visitation of two overnights or less with the other parent should

not eliminate the reduction of basic child support during extended visits. The child support reduction for the period of the actual physical custody should be ☐ 50% **or** ☐ (other percentage) _____% of the basic child support obligation. The reduction should be subtracted from the child support payment due the month following the extended visit.

☐ If the parent paying child support has physical custody of some but not all of the children for a period of 14 overnights in a row, before a reduction is made, the basic child support obligation should first be divided by the number of children under 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.

e. 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.

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

A. Pro Rata Share. (select one)

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

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

or

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

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

B. Insurance Currently Provided. (select one)

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

or

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

☐ **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.

g. Out-of-Pocket Health Care Costs.

☐ The out-of-pocket cost for health care expenses for the child/ 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.

h. Tax Benefits & Exemptions.

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

☐ (your name)_____ shall claim:
(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.

11. Name Change. (if applicable)

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

12. ☐ Amend Birth Certificate.

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

I certify I have read this Petition and state that all facts included are true.

I ask the Court to enter the orders requested above.

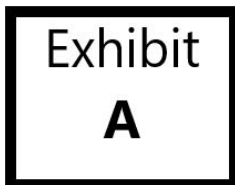
CERTIFICATION UNDER PENALTY OF PERJURY

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

Date: _____

Typed/Printed Name

Signature



**CAO FL-3
PARENTING PLAN**

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

Name

Date of Birth

as follows:

1. PARENT RESPONSIBILITIES

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

2. LOVE AND AFFECTION

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

3. INFORMATION SHARING

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

The parents shall not:

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

4. READINESS

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

5. PARENTING SCHEDULE

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

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

Time in Father's care: _____

Time in Mother's care: _____

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

Time in Father's care: _____

Time in Mother's care: _____

6. EXCHANGES AND TRANSPORTATION

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

☐ _____

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

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

7. HOLIDAY SCHEDULE

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

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

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

(*Holidays that are observed on Monday)

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

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

8. POLICY FOR SCHEDULING CHANGES AND EXTRACURRICULAR ACTIVITIES

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

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

9. VACATION

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

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

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

Holidays have priority over vacation time.

10. RELOCATION BY PARENT

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

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

11. EDUCATION

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

Unless there is a court order stating otherwise:

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

12. SAFETY

Parents shall:

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

13. HEALTH CARE

Parents shall:

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

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

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

☐ Father ☐ Mother (check one).

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

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

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

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

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

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

14. CHILD CARE

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

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

15. OTHER TERMS REGARDING THE CHILD(REN)

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

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

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. _____ SUMMONS
--	--------------------------------------

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 Temporary Restraining Order (Children)
- ☐ Joint Temporary Restraining Order (Property)

If you want to defend this lawsuit, you must file a written response (Response to the Petition or appropriate Rule 502 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 207 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.

Dated this _____ day of _____.

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

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:

Step 2

SERVING THE OTHER PARTY

Court Assistance Officer

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

Email: d6cao@bannock.idcourts.gov

Phone: 208-236-7067

Text: 208-538-4816

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

☒ 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 forms back for review: 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)

☐ Joint Temporary Restraining Order (Property)

☐ Order to attend the parent education program

☐ Joint Temporary Restraining Order (Children) 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 _____

_____ Petitioner, vs. _____ Respondent.	Case No. _____ ACKNOWLEDGMENT OF SERVICE
--	---

I, _____, the ☐ Respondent ☐ Petitioner,
admit and acknowledge that service of a copy of the Petition, Summons, ☐ Order to
Attend parent education program ☐ Joint Temporary Restraining Order (Children) ☐ Joint
Temporary Restraining Order (Property) ☐ 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]:

☐ I 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 _____

STOP

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

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

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



Court Assistance Office

Forms Packet Instructions:

Paternity, Custody & Support: Step 3

FINALIZING THROUGH DEFAULT

Court Assistance Officer

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

Email: d6cao@bannock.idcourts.gov

Phone: 208-236-7067

Text: 208-538-4816

<https://www.bannockcounty.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:

- Decree of Paternity, Custody, Support– See all important information below
- Motion & Affidavit for Default
- Default
- Child Support Order Summary Form

☒ Email the forms back for review: 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**

Tip!

Regarding page 3 of the Decree- 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. _____ MOTION AND AFFIDAVIT FOR ENTRY OF DEFAULT
--	--

☐ 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 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.

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 _____

_____,
Petitioner,
vs.
_____,
Respondent.

Case No. _____

DECREE OF ☐ PATERNITY
☐ CUSTODY, VISITATION
☐ SUPPORT

JUDGMENT IS ENTERED AS FOLLOWS:

1. ☐ **Paternity**

The ☐ Petitioner ☐ Respondent (full legal name) _____
is the natural father of the following child/ren:

Name of Child

Date of Birth

2. **Minor Child/ren of the Parties.** The child/ren listed above, who is/are under the age of 18 years, or under 19 years and still pursuing a high school education, was/were born to or adopted by the parties.

3. Child Custody

Child Custody for the child/ren listed above is awarded as follows:

A. Legal Custody of Minor Child(ren).

☐ 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).

☐ 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

☐ as follows: _____

4. 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 to section 6.)

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. **and/or**

Section 5. New Child Support Amount.

5. a. ☐ Child support 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 option):

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

☐ 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 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 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 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.

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.

6. ☐ Name Change. (if applicable)

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

7. ☐ Amend Birth Certificate.

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

Date: _____
Judge _____

CLERK'S CERTIFICATE OF SERVICE

I certify that a copy of this Decree was served:

(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)

C.S. Services Mail Dist. Unit

(Name)

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-md@dhw.idaho.gov

(If allowed)

Date: _____

Deputy Clerk

REMOVE THIS PAGE AND

- 1. If you are using the Parenting Plan, attach it and write SCHEDULE A at the bottom.**
- 2. 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.
- 3. If there are multiple children attach the Continued Support Worksheet 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 • 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

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

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

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