



# Court Assistance Office

## Forms Packet Instructions:

# Divorce With Children: Step 1

PETITION FILING FEE \$207

## 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 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

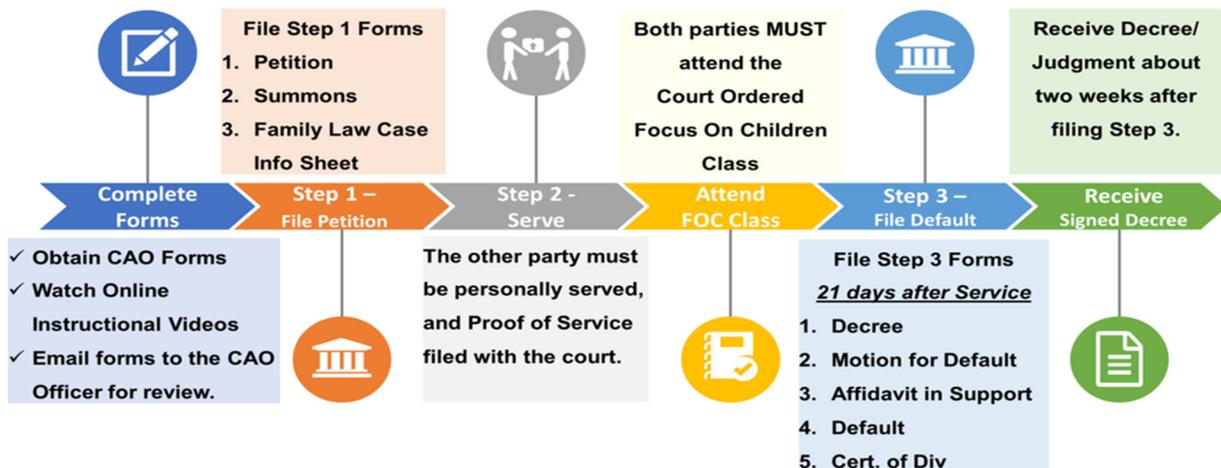
Complete **All** of the included Step 1 forms:

- Family Law Case Information Sheet
- Petition for Divorce with Minor Children
- 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 checked="" 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 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 DIVORCE WITH MINOR 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 D INSTRUCTION 1-1

### **Summary of Steps**

- Step 1: Talk to an Attorney, if Possible
- Step 2: Obtain and Complete the Required Forms
- Step 3: Make Copies and File With the Clerk
- Step 4: Obtain Service on your Spouse
- Step 5: Wait 21 Days
- Step 6: Determine if a Reply is necessary
- Step 7: Comply with Mandatory Disclosures of Information
- Step 8: Follow Notice of Status Conference, Scheduling Order or other Court Orders
- Step 9: Consider Negotiation, Mediation, or other means to Settle your Case

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

These instructions are not a substitute for legal advice. The laws and court rules are complex and following these instructions will not guarantee you a favorable result. We always recommend you talk to a lawyer about your problem before filing your 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/>.

### **Step 2: Obtain and Complete the Required Forms.**

You will need to obtain the following forms to file for Divorce:

- Petition for Divorce, CAO D 1-5 (with Minor Child/ren); or Petition for Divorce CAO D 1-6 (No Minor Child/ren)
- Summons, CAO FL 1-3 (with Minor Child/ren)
- Certificate of Divorce or Annulment, HWH-611, available from Court Clerk or at the Court Assistance Office, not available on-line
- Family Law Case Information Sheet, CAO FL 1-1

If you have minor children of this marriage you will also need:

- Order to Attend Divorce Orientation/ Parenting Workshop
- Affidavit Verifying Income (Child Support), CAO FL 1-11
- Child Support Worksheet, CAO FL 1-12 or 1-13
- Parenting Plan, CAO FL-3

If you do not know where your spouse lives, you will also need:

- Motion and Affidavit for Service by Publication, CAO FLPi 1-5
- Order for Service, CAO FLPi 1-6
- Summons by Publication, CAO FLPi 1-4
- Affidavit of Mailing Per Order for Publication, CAO FLPi 2-3

Complete the forms you need. At the top left-hand corner of page 1 of each form fill in your name, address, telephone number, and email address (if you have one). Fill in the county and judicial district in the heading in capital letters (for example, "IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT IN AND FOR THE COUNTY OF CASSIA"). Fill in your names in the caption (for example, "John Doe , Petitioner vs. Mary Doe, Respondent"). Fill out

the remainder of each individual form, providing the information requested. If specific instructions are provided for a particular form, follow those instructions.

The Child Support Affidavit and Worksheet can be generated for you if you use the "Support" software at the Court Assistance Office, some Divorce Parenting Workshops, or elsewhere. You will need to bring information with you about your family income, work-related childcare expenses, and health insurance premiums.

Make 2 copies of the Parenting Plan so you can attach one to your Petition, and have the original to attach to the decree.

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

Assemble the forms following the instructions with the Petition. Make two copies of each completed set of CAO forms. (You will not need copies of the Certificate of Divorce nor of the Family Law Case Information Sheet.) Place the copies underneath each original.

Go to the window in the Clerk's Office. Give the Clerk the following:

\*Filing fee (visit <http://www.courtselfhelp.idaho.gov/filingfees> for current filing fees), or a "Motion and Affidavit for Fee Waiver,

CAO FW 1-9", and the original and a copy of a proposed "Order Re: Fee Waiver, FW 1-10".

\*The completed originals and copies of the your forms.

If you have minor children of this marriage the Clerk will give you an Order to Attend a parenting program, which may be called "Divorce Orientation", "Mediation Orientation" or "Parenting Workshop", depending on the district you are in. You will need to serve this Order on your spouse, along with the Summons and Petition. Once your case has been filed, the Clerk will "conform" your copies by stamping and dating them. This will save you paying \$1.00 per page for copies of these documents from the court file later on, and will provide proof of the filing of the documents in case they become misplaced from the court file. The Clerk will hand you the Original Summons and the conformed copies of the Petition packet and Summons.

### **Step 4: Obtain Service on Your Spouse.**

You now need to serve the Summons, Petition (with attachments), (and order to attend parenting workshop, if applicable) on your spouse. There are three different ways you can do this. You only need to serve your spouse one of these ways.

#### **A. If your spouse will cooperate by accepting service:**

1. Fill out an Acknowledgment of Service, form CAO FL 2-1, and make two copies.
2. Take or mail to your spouse the original and one copy of the Acknowledgment of Service, a conformed copy of the Petition, and a conformed copy of the Summons (and parent workshop order, if any).
3. Have your spouse sign and date the original Acknowledgment of Service.
4. Have your spouse return to you the original Acknowledgment of Service. Your spouse is to keep the copy of the Acknowledgment of Service, the conformed copy of the Petition, and the conformed copy of the Summons.
5. Take the original and your copy of the Acknowledgment of Service, plus the original Summons 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 and Acknowledgment of Service.

#### **B. If your spouse will not cooperate:**

1. Deliver or mail the original Summons plus a copy of the Summons, a copy of the Petition and an original Affidavit of Service to a sheriff, professional process server or other person over 18 in the county where your spouse lives, who will serve the papers. The sheriff or professional process server will need a letter stating where your spouse can be served, a description or photograph of your spouse, a description of the vehicle your spouse usually drives, and any other information that may help the process server locate and identify your spouse.
  2. If using the sheriff or a professional process server, call first to find out what they charge for serving a Summons and Petition in a divorce case, and include a money order or check for the correct amount when you send the papers.
  3. The person who serves the forms will send the completed Affidavit of Service back to you with the original Summons. You should make a copy of the Affidavit of Service for yourself, file the original Affidavit of Service and the original Summons with the Court and have your copy of the Affidavit of Service conformed.
- C. If you do not know where your spouse is:  
There are separate instructions and forms for Service By Publication, CAO FL Instruction 1-4. Follow those instructions.

**Step 5: Wait 21 Days.**

Idaho has a mandatory 21-day waiting period between the time your spouse was served and the time you finalize your divorce. The date your spouse was served was either 1) the date s/he signed the acknowledgment of service form, or 2) the date the process server delivered the papers to your spouse, 3) the last date the papers were published in a newspaper. If you have minor children, you will need to attend the court's Parenting Workshop before you can finalize your divorce. The waiting period and attendance at the parenting workshop (if applicable) are required for you to obtain a default divorce even if you and your spouse agree on all the issues in your divorce.

If your spouse does not respond to the court in writing within 21 days of receiving service, you may finalize your divorce by default (see Finalizing Divorce By Default, CAO D Instruction 7-1).

**If your spouse does respond in writing, follow the steps below:**

**Step 6: Determine if a Reply is Necessary.**

Read your spouse's response carefully. If the document was a "Response", it is not necessary (or proper) for you to file a written reply. However, If your spouse filed a "Response And Counterclaim", you will have 21 days from the date the counterclaim was served (not received by you) to file a written reply. If the document your spouse filed asks for something different from what you asked for in your Petition, it is a counterclaim even if it doesn't say counterclaim in the title and you will have to prepare and file a reply.

**IF YOU DO NOT RESPOND BY THE APPROPRIATE DEADLINE, THE COURT MAY ENTER AN ORDER OF DEFAULT AGAINST YOU AND THE RESPONDENT MAY RECEIVE EVERYTHING REQUESTED IN THE COUNTERCLAIM.**

If you agree with the Counterclaim, and do not object to the terms of the divorce proposed by your spouse, it is not necessary for you to take any action before the deadline. The court will send you a copy of the divorce Decree after it has been entered. But if you disagree, or are unsure about any of the allegations or terms in the counterclaim, you should consult an attorney as soon as possible to learn what your rights are and what course of action to take.

If you will be unable to see an attorney before the 21-day deadline, you may want to file a Reply to Counterclaim, CAO Cv 3-5. This will at least prevent the entry of an Order of Default against you. Make two copies of your reply, file the original with the court clerk, and mail, fax or hand-deliver a copy to the Respondent or the Respondent's attorney at the address in the upper left corner of the first page of the Response and Counterclaim. Be sure to complete the certificate of service at the end of the Reply form.

## **Step 7. Comply with Mandatory Disclosures of Information**

### **Child Support**

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.

### **Property and Debts**

If the other party disagrees in any way on the division of property and/or debts, you must both provide each other with specific property and/or debt information. You must do this within 35 days from the date that they filed a response. Use forms CAO RFLPPi 1-1 Inventory of Property and Debts and CAO CvPi 4-5 Certificate of Service.

## **Step 8: Follow Notice of Status Conference, Scheduling Order or Other Court Orders.**

Ordinarily, you will have a trial within six months if a Response or Response and Counterclaim have been filed. In the meantime, you will receive various notices and orders from the court concerning your divorce. If you have minor children, you will have already been served with an order to attend a parenting class. Other important papers you will receive may include Notice of Status Conference or Pre-trial Conference, Scheduling Order, or a Notice of Trial Setting. 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 all or part of your case.**

## **Step 9: Consider Negotiation, Mediation, or Other Means to Settle Your Case.**

The overwhelming majority of civil cases, including divorce cases, settle before trial. You should attempt to settle your case with your spouse. You can discuss settlement in person with your spouse or his/her attorney, or you may submit a written settlement offer to your spouse or your spouse's attorney. You might also consider mediation. Mediation is a process in which a neutral third party (called a mediator) assists the parties in settlement negotiations. Mediation is often successful in resolving disputes concerning property and debt division, 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 follow CAO D Instruction 6-1, Finalizing Divorce by Stipulation and complete Sworn Stipulation For Entry Of Decree Of Divorce, CAO D 6-8. Fill out an appropriate Decree of Divorce, CAO D 8-1 (if you have minor children); or Decree of Divorce CAO D 8-3 (no children). You and your spouse must sign the Decree of Divorce to indicate that it's the one you want the judge to sign. There is room for this after the Clerk's

Certificate of Service. Follow the detailed instructions for completing the Decree form. If you have children complete the Child Support Transmittal, CSS 809. You will need to ask the court clerk or court assistance officer whether a hearing will be required by your judge.

**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 trial will be conducted according to formal rules of evidence and procedure, so you should consult an attorney as to how to comply with those evidentiary and procedural rules and requirements.**

For further information, please ask to see the video “**The Idaho State Court System: Family Law**” at your Court Assistance Office or public library.

# 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.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
2.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
3.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship
4.				<input type="checkbox"/> Support <input type="checkbox"/> Custody <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 (or date requested)	County / State	Type of case
1.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
2.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
3.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <input type="checkbox"/> No Contact Order
4.					<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse <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:
		Case Number:
<b>Petitioner</b>	<b>Respondent</b>	
<hr/>		
<b><u>Income</u></b> (YEARLY)	<b>Petitioner</b>	<b>(YEARLY)</b>
		<b>Respondent</b>
Earned Income:	<input type="text"/>	Earned Income:
Potential Income:	<input type="text"/>	Potential Income:
Public Assistance	<input type="text"/>	Public Assistance
Disability Income	<input type="text"/>	Disability Income
<b><u>Total Income</u></b>	<input type="text"/>	<b><u>Total Income</u></b>
<b><u>Deductions</u></b>		<b><u>Deductions</u></b>
Child Care Costs	<input type="text"/>	Child Care Costs
Health Insurance	<input type="text"/>	Health Insurance
Other Child Support Paid	<input type="text"/>	Other Child Support Paid
<b><u>Children</u></b>		
<b>Name</b>	<b>Birthday</b>	<b>Tax Exemption (Check)</b>
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<b><u>Overnights</u></b>		
How many overnights will the child spend with each parent Per Year?	<b>Petitioner</b>	<b>Respondent</b>
	<input type="text"/>	<input type="text"/>
Example: 50% - 50% would be 183 overnights for one parent, and 182 overnights for the other parent		
<b><u>Before Born Children From Another Relationship</u></b>		
<b>Name</b>	<b>Birthday</b>	<b>Parent (Check)</b>
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent
<input type="text"/>	<input type="text"/>	Petitioner / Respondent



(Minor Children - Continued)

<u>Name</u>	<u>Date of Birth</u>	<u>Current Address</u>

Wife **is not** pregnant.

Wife **is** pregnant with a child expected to be born \_\_\_\_\_.

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 § 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. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**7. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**8. 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 9. below)
- Yes.

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

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

**b. Change in Child Support.**

Do you want to change the amount of child support?

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

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

\_\_\_\_\_ in the amount of \$ \_\_\_\_\_

per month, based on the Idaho Child Support Guidelines. This is based on the Affidavit Verifying Income and Child Support Worksheet(s) attached as "Schedule B". (see Recommended Adjusted support in the worksheet)

or

Instead I ask that child support 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 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/ren should be paid by the parents based on the Idaho Child Support Guidelines, \_\_\_\_\_% by (your name) \_\_\_\_\_ and \_\_\_\_\_% by (other parent's name) \_\_\_\_\_.

**or**

Instead I ask that (your name) \_\_\_\_\_ pay \_\_\_\_\_% and (other parent's name) \_\_\_\_\_ pay \_\_\_\_\_% because \_\_\_\_\_.

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

Health care expenses include, but are not limited to, medical, prescription, dental, orthodontic, optical, psychiatric, psychological, special education, addiction treatment, or counseling in any form.

Any health care for the child/ren that would result in an actual out-of-pocket expense of over \$500 to the parent who did not incur or consent to the expense, must be approved in advance, in writing, by both parents or by prior court order. (**Note:** The court may consider whether consent for out-of-pocket expenses in excess of \$500 was unreasonably requested or withheld and order payment of the incurred expense in some percentage other than the Guidelines Income.)

**h. Tax Benefits & Exemptions.**

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

(your name) \_\_\_\_\_ shall claim:  
(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.

**10. Other Minor Child/ren, NOT of Both Parties.**

No party is the parent of any other minor child/ren born during the marriage and Wife **is not** pregnant. **or**

Wife **is** pregnant, but Husband is not the father of the child expected to be born on (date) \_\_\_\_\_ . **and/or**

Husband is not the father of the following child/ren born to Wife during the marriage: (write full name/s and date/s of birth) \_\_\_\_\_

**11. Separate Property. (Land and/or Personal Property)**

None. **or**

Prior to or during the marriage, I, (your name) \_\_\_\_\_ acquired the separate property listed on the attached Schedule. That property should be confirmed as my separate property. (spouse's name) \_\_\_\_\_ should be ordered to return to me any such property in his/her possession. **and/or**

Prior to or during the marriage, (spouse's name) \_\_\_\_\_ acquired the separate property listed on the attached Schedule. That property should be confirmed as spouse's separate property. (your name) \_\_\_\_\_ should be ordered to return to him/her any such property in my possession.

**12. Community Real Property. (Land) During the marriage, the spouses acquired:**

no community real property. **or**

the community real property should be awarded as set out in the attached Schedule.

**13. Community Personal Property. During the marriage, the spouses acquired:**

No community personal property. **or**

Community personal property has already been divided. The property should be awarded to the party who presently has possession. **or**

It would be fair for the court to award to the parties, as their sole and separate property, the community property as set out in the attached Schedule.

The court should order each party to deliver to the other any of the community personal property currently in his/her possession that is awarded to the other party. The court should also order each party to sign and deliver any documents necessary to carry out the property division.

**14. Debts.**

- The Petitioner has no knowledge of any unpaid debts. **or**
- It would be fair for the court to order me, (your name) \_\_\_\_\_, to pay the debts listed in the attached Schedule as or before they become due and to order me to hold spouse harmless for any further liability concerning those debts. **and/or**
- It would be fair for the court to order (spouse's name) \_\_\_\_\_ to pay the debts listed in the attached Schedule as or before they become due and to order him/her to hold me harmless for any further liability concerning these debts.

**15.  Debts Incurred Since Separation.** The parties have been separated since (date): \_\_\_\_\_ . It would be fair for the court to order that each party will assume any debt incurred by that party since the date of separation. The court should order each party to pay those debts as or before they become due and to hold the other party harmless from any obligation concerning those debts.

**16.  Name Change.** \_\_\_\_\_ should be restored to the former last name of \_\_\_\_\_.

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

**WHEREFORE,** Petitioner prays for judgment as 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

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

- 1. If you are using the Parenting Plan, attach it and write SCHEDULE A at the bottom.**
- 2. If you are changing the child support or this is the first time setting child support, attach the following and write SCHEDULE B at the bottom:**
  - a. Affidavit Verifying Income,
  - b. Child Support Worksheet(s), and
  - c. Continued Support Worksheet if there are multiple children.
- 3. If child support was ordered in a different case but is not changing.**  
Attach that Child Support Order and write SCHEDULE B at the bottom.
- 4. If you have listed property, Attach (staple) the Property and Debt Schedule**

**Property and Debt Schedule.**

**Separate Property.**

(your name) \_\_\_\_\_ Separate Property:

None. or (list separate property below)

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(spouse's name) \_\_\_\_\_ Separate Property:

None. or (list separate property below)

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**Community Real Property.**

The real property, located at \_\_\_\_\_  
in the City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of Idaho, and described in the deed as follows:

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shall be sold and the net proceeds divided \_\_\_\_\_ % to (your name) \_\_\_\_\_  
and \_\_\_\_\_ % to (Spouse's name) \_\_\_\_\_

**or**

is awarded to: (Name of party who will own the home) \_\_\_\_\_,  
subject to any liens. Spouse, (spouse's name) \_\_\_\_\_,  
is ordered to convey his/her interest in the property to the other party when (Name of party who will  
own the home) \_\_\_\_\_, pays spouse \$ \_\_\_\_\_.

**or**

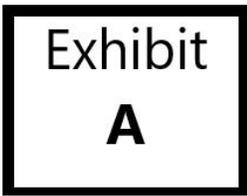
\_\_\_\_\_

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CAO FL-3
PARENTING PLAN

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

Table with 2 columns: Name, Date of Birth. Includes four rows of blank lines for entry.

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 (Check the box <input type="checkbox"/> for the holidays you want to address).	Begin		End		Even Years Dad or Mom	Odd Years Dad or Mom
	Day	and Time	Day	and Time		
* <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 \_\_\_\_\_

\_\_\_\_\_  
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 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



# Court Assistance Office

## Forms Packet Instructions:

# Divorce With Children: Step 2

SERVING THE OTHER PARTY

## 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 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)

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](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:

### Divorce With Children: 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:

- Proposed Decree— See all important information below
- Motion & Affidavit for Default
- Affidavit in Support of Default
- Default
- Child Support Order Summary Form
- Certificate of Divorce—See important information below

### 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**

## 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.

**Regarding the Certificate of Divorce Form:** You will need an original of this form. When you go to the courthouse to file these step 3 forms, ask the clerk for an original certificate of divorce, and fill it out there. It has to be turned in with all this other Step 3 paperwork.

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

I certify:

1. I am Petitioner in this action.
2. Proof of service upon Respondent is on file in this case.
3. Respondent has failed to answer or defend this case as required by law within twenty-one (21) days of the date of service.
4. Respondent is mentally competent and over the age of eighteen (18) years.
5.  Respondent 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 Respondent is in the uniformed services as defined by the Servicemembers Civil Relief Act.

or  Respondent is in the uniformed services as defined by the Servicemembers Civil Relief Act, and has waived in writing Respondent's rights under the Act.

6. I certify the name of Respondent is \_\_\_\_\_,  
and the address most likely to give Respondent 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. \_\_\_\_\_

AFFIDAVIT IN SUPPORT OF DEFAULT  
DECREE OF DIVORCE (WITH  
CHILDREN) (I. C. 32-703)

I certify:

1. I am the Petitioner.
2. The community property division I asked for in my verified petition is substantially equal, considering debts.
3. The provisions for custody of our child/ren are in his/her/their best interests and enable him/her/them to continue their relationship/s with both parents.
4. The child support amount was calculated using the Idaho Child Support Guidelines.
5. Briefly, the irreconcilable differences I have with my spouse are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. These differences are irreconcilable because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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---

7. A default divorce decree should be entered against my spouse based upon this affidavit and my verified petition.

**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. \_\_\_\_\_

DECREE OF DIVORCE

JUDGMENT IS ENTERED AS FOLLOWS:

**1. Divorce.**

The bonds of matrimony now existing between the Petitioner and the Respondent are dissolved on the grounds of irreconcilable differences, and the Petitioner is awarded an absolute decree of divorce from the Respondent.

**2. Minor Children.**

The parties are the parents of the following child/ren, who is/are under the age of 18 years, or 19 years and still pursuing a high school education:

<u>Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**3. Child Custody.**

**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.

**Section 5. New Child Support Amount.**

5. a.  Child support shall be paid by (full name of parent who will pay support name) \_\_\_\_\_  
\_\_\_\_\_ 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 order 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, 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. Separate Property.**

No separate property is awarded to either party. **Or**

The separate property listed in the attached Schedule is confirmed as (your name) \_\_\_\_\_ separate property, and (spouse's name) \_\_\_\_\_ shall return to him/her any such property in his/her possession. **and/or**

The separate property listed in the attached Schedule is confirmed as (spouse's name) \_\_\_\_\_ separate property, and (your name) \_\_\_\_\_ shall return to him/her any such property in his/her possession.

**7. Community Real Property.**

No community real property is awarded to either party. **Or**

Community real property is awarded as set out in the attached Schedule.

**8. Community Personal Property.**

No community personal property is awarded to either party. **Or**

Each party is awarded the community personal property now in his or her possession.

Community personal property is awarded as set out in the attached Schedule.

Each party shall deliver to the other any of the community personal property currently in his/her possession that is awarded to the other party, and the parties shall execute and deliver any documents necessary to effectuate the property division.

**9. Community Debts.**

No community debt is assigned to either party. **Or**

Each party shall pay the debts as listed in the attached Schedule as or before they become due and each party shall hold the other party harmless for any further liability concerning these debts.

**10. Debts Incurred Since Separation.**

Each party shall assume any debt incurred by that party since (date): \_\_\_\_\_

\_\_\_\_\_, the date of the parties' separation. Each party shall pay those debts as or before they become due and hold the other party harmless for any liability concerning those debts.

**11. Name Change.**

\_\_\_\_\_ is restored to the former last name of \_\_\_\_\_.

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

\_\_\_\_\_  
Magistrate 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-mdu@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.**
- 4. Attach the Property and Debt Schedule (if you are using it)**

\_\_\_\_\_  
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

# 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: \_\_\_\_\_

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK  
FOR INSTRUCTIONS  
SEE HANDBOOK

Vital Statistics  
P.O. Box 83720  
Boise, Idaho 83720-0036

State of Idaho

**CERTIFICATE OF DIVORCE OR ANNULMENT**

State File No. \_\_\_\_\_

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DIVORCE UNDER IDAHO CODE 39-2411(a) & 39-274.

Court File No. \_\_\_\_\_

**\*  
PETITIONER**

**\*  
RESPONDENT**

**\*  
MARRIAGE**

**ATTORNEY**

**DECREE**

1a. PETITIONER'S NAME (First, Middle, Last, Suffix)		1b. MAIDEN SURNAME (if applicable)		2. PETITIONER'S SEX	
3a. RESIDENCE - STREET ADDRESS OR ROUTE NUMBER		3b. RESIDENCE - CITY, TOWN OR LOCATION		3c. RESIDENCE - COUNTY	
3d. RESIDENCE - STATE OR FOREIGN COUNTRY		4. STATE OR FOREIGN COUNTRY OF BIRTH		5. DATE OF BIRTH (Month, Day, Year)	
6a. RESPONDENT'S NAME (First, Middle, Last, Suffix)		6b. MAIDEN SURNAME (if applicable)		7. RESPONDENT'S SEX	
8a. RESIDENCE - STREET ADDRESS OR ROUTE NUMBER		8b. RESIDENCE - CITY, TOWN OR LOCATION		8c. RESIDENCE - COUNTY	
8d. RESIDENCE - STATE OR FOREIGN COUNTRY		9. STATE OR FOREIGN COUNTRY OF BIRTH		10. DATE OF BIRTH (Month, Day, Year)	
11a. CITY, TOWN OR LOCATION OF THIS MARRIAGE		11b. COUNTY OF THIS MARRIAGE		11c. STATE OR FOREIGN COUNTRY OF THIS MARRIAGE	
12. DATE OF THIS MARRIAGE (Month, Day, Year)		13. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)		14. NUMBER OF CHILDREN UNDER 18 IN THIS HOUSEHOLD AS OF THE DATE IN ITEM 13 Number _____ <input type="checkbox"/> None	
15a. NAME OF PETITIONER'S ATTORNEY (Type/Print)		15b. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
16. I CERTIFY THAT THE MARRIAGE OF THE ABOVE WAS DISSOLVED ON: (Month, Day, Year)		17a. TYPE OF DECREE - Divorce or Annulment (Specify)		17b. LEGAL GROUNDS FOR DIVORCE OR ANNULMENT	
18a. WAS CHILD SUPPORT AWARDED?  <input type="checkbox"/> Yes <input type="checkbox"/> No		18b. NUMBER OF CHILDREN UNDER 18 WHOSE PRIMARY PHYSICAL CUSTODY WAS AWARDED TO: Petitioner _____ Respondent _____ Joint (Petitioner/Respondent) _____ Other _____ <input type="checkbox"/> None (No Children Under 18)		19. TITLE OF COURT	
21. SIGNATURE OF CLERK OF DISTRICT COURT		20. COUNTY OF DECREE			
		22. DATE SIGNED (Month, Day, Year)			

**CONFIDENTIAL INFORMATION FOR STATISTICAL USE ONLY.  
THE INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES OF THE RECORD.**

	23. NUMBER OF THIS MARRIAGE -- First, Second, etc. (Specify below)	24. IF PREVIOUSLY MARRIED, LAST PREVIOUS MARRIAGE ENDED		25. OF HISPANIC ORIGIN? (Specify No or Yes -- If yes, specify Cuban, Mexican, Puerto Rican, etc.)	26. RACE -- Black, White, American Indian, Japanese, etc. (Specify below)	27. EDUCATION (Specify only highest grade completed)	
		By Death, Divorce, Dissolution, or Annulment (Specify below)	Date (Month, Day, Year)			Elementary/Secondary (0-12)	College (1-4 or 5+)
<b>PETITIONER</b>	23a.	24a.	24b.	25a. <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	26a.	27a.	
<b>RESPONDENT</b>	23b.	24c.	24d.	25b. <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	26b.	27b.	

HWH-0611 (5-2015)

**IMPORTANT NOTE:** This is a scanned copy of the certificate of divorce. You will need an original form. When you go to the courthouse to file your step 3 forms, ask the clerk for an original certificate of divorce form & fill it out there. If you need one mailed you please, please reach out to the Court Assistance Officer @ 208-236-7067. This scan is provided for you as a courtesy, to remind you to get the original, and also to give you notice of what information is required to be able to fill it out.

# 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