



## Court Assistance Office

### Forms Packet Instructions:

## RESPOND AND COUNTERCLAIM To Family Law Case With Children

### 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 these CAO videos **BEFORE** filling out your forms:

-  ▶ [IMPORTANT Overview for Self-Represented Parties](#)
-  ▶ [Child Support](#)
-  ▶ [How to fill out a 'Parenting Plan'](#)
-  ▶ [Important: Custody - 'Joint vs Sole'](#)

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

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

**\$136**  
**Filing**  
**Fee**

### ☑ Scan the forms & email them back for review:

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

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

## **NOTICE:**

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

# CAO Online Form Review

## COVER SHEET



Please select the type of form review you are submitting:

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

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NAME

DATE

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EMAIL

PHONE

**CAO FL INSTRUCTION 3-5  
FAMILY CASE RESPONSE AND COUNTERCLAIM (WITH CHILD/REN)**

**Talk to an attorney, if possible.**

WARNING: 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/>.

You will be signing a statement that you have read the Petition, know what it says, and believe it's true. Be sure to read the entire completed form.

You may be responding to (answering) a Complaint, Petition, Counterclaim, Petition to Modify or a document with some other name. The procedure for responding is the same. To simplify these instructions, we will use the term "Petition" in referring to the document you are answering.

**Instructions.**

Fill in the forms by typing or by printing neatly and legibly in **black ink**. Fill in "N/A" or in "none" if a section doesn't apply. The documents have a boldface "**or**" at the start of optional sections. If the section does not contain a boldface "**or**" it is necessary and you should type in the appropriate information (which might be the word "none"). Always keep a copy of the completed form for your records.

**Completing the RESPONSE Portion of the Form**

**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 the court heading the same way they are on the Petition you were served.

**The Caption.** Fill in the names of Petitioner and Respondent exactly as they are in the Petition. **The Case No.** Write in the case number shown on the Petition.

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

Review the Petition carefully. You must admit or deny each paragraph in the Petition individually, using paragraphs 1-5 of the Response form. If you only agree with some of the facts in any paragraph, you must state specifically which facts you admit and which facts you deny. There is a **prayer** portion of the Petition that you do not have to specifically answer. It usually starts with "Wherefore Petitioner prays for judgment as follows:" You **do not** have to respond to any of the numbered paragraphs in the prayer of the Petition.

After filling in your name, complete the next blank by filling in the name of the document you are answering.

Note: There are several options for answering the document.

**Paragraph 1:** Decide the numbered Petition paragraphs you completely agree with. Fill in those paragraph numbers, letters, or Roman numerals (as used in the Petition). If you can only admit some of the facts in any numbered paragraph, you must use paragraphs 2 and 3.

**Paragraphs 2 & 3:** If you disagree with only a portion of a paragraph in the Petition, state the paragraph number, letter or Roman numeral (as used in the Petition) plus specifically what you admit.

**Paragraph 4:** Decide the paragraphs of the Petition you don't have enough information to answer. Fill in those paragraph numbers, letters, or roman numerals (as used in the Petition). If the information is something you can easily find out, you should try to find out before you deny it.

**Paragraph 5** is a general denial of any statements made in the Petition that you did not specifically admit.

**Paragraph 6** is where you list information about the minor children involved in the case.

**Paragraph 7** is for listing the places the child/ren has lived for the past 5 years, plus anyone a child has lived with.

**Paragraphs 8-10** are where you let the court know if there are other court cases involving the children, or other people who claim rights with the children.

**Paragraph 11** gives you the option of asking that the Petition be dismissed. Check the box if that is what you want.

**Affirmative Defense(s) Paragraph:** Rule 208(C) I.R.F.L.P. lists the following affirmative defenses: accord and satisfaction, arbitration and award, assumption of risk, contributory or comparative negligence, discharge in bankruptcy, duress, estoppel, failure of consideration, fraud, illegality, injury by fellow servant, laches, license, payment, release, res judicata, statute of frauds, statute of limitations, waiver and any other matter constituting an avoidance or affirmative defense. You can use a legal dictionary to find out what the terms mean. You should talk to an attorney to determine whether any of these affirmative defenses are available to you. Fill in those affirmative defenses that apply to your case, listing each as a separate numbered paragraph.

### **Completing the COUNTERCLAIM Portion of the Form**

**1. Residence of the Parties.**

Fill in the state where you live and the state where your spouse lives.

**2. Marriage of Parties.**

Fill in the city and state (or country if you were married outside the USA) and the month, day and year of your marriage.

**3. Grounds.**

This paragraph states the reason for the divorce is irreconcilable differences. If you want to state other grounds for the divorce, you should talk to an attorney.

#### **4. 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 talk to an attorney to determine if there may be other grounds for jurisdiction under Idaho’s laws.

- Check the first box if Wife is NOT now pregnant **or**
- Check the second box if Wife IS now pregnant with Husband’s child **and**
  - Fill in the expected date of birth for the child. (A Modification will need to be filed after the birth of the child to establish custody and child support.)

#### **5. UCCJEA Jurisdiction.**

This is your statement that each child has resided in Idaho for at least the past 6 uninterrupted months. In paragraph 5a you must list the places the child/ren has lived for the past 5 years, plus anyone a child has lived with. Additionally, you are required to inform the court if there have been any other cases involving your child/ren in any other court, or if there are any other people claiming custody or visitation rights with the child/ren. **In paragraphs 5b, c, and d,** check the appropriate box and provide all requested information.

**6. Legal Custody.** “Joint legal custody” means the parents are required to share the decision-making rights, responsibilities and authority relating to the health, education and general welfare of the child/ren. The court will award 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 share the decision-making rights.

- Check the first box if both parents are fit persons to share the 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**
  - Write in the name of the parent who should be awarded sole legal custody **and**
  - State why the other parent should NOT be allowed to share legal custody.

**7. 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**
  - 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**. Attach (staple) it to the Response and Counterclaim. **IMPORTANT: The Parenting Plan must be attached to make it a part of the Response and Counterclaim.** Make an extra copy of the Parenting Plan to attach (staple) to the final Order or Decree. **or**
  - 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**

- Write in the name of the parent should be given sole physical custody **and**
- 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.
- 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**
- State specifically what you want the court to order.

## **8. 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 Response and Counterclaim. Then proceed directly to Section 9 of the Counterclaim. **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 8a, 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 will provide for collection of child support from your wages and from your real estate or personal property. The Order 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 8b, 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 8c. Otherwise,

- Check the second box in paragraph 8b 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 Family Law 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 8c 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 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 8f 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 8g 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 8 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 Response and Counterclaim.

### **9. Wife's Child/ren of Another Relationship.**

Complete this paragraph if any child/ren born or conceived during the marriage was not fathered by the Husband.

### **Paragraphs 10, 11, and 12**

**WARNING:** The rules of separate property (owned by only one of you) and community property (owned by both of you) can be extremely complex and technical. The following general principles may not apply to your situation. For example, some separate property may have been improved with community funds (or vice versa). Also, interest or other income from separate property is considered to be community property. If you have a lot of property or have any questions about whether it is separate or community property, please talk to an attorney.

**Separate property** is property either of you owned before the marriage or received during the marriage by gift or inheritance or in exchange for other separate property.

**Community property** is property acquired by one or both of you during the marriage unless the property was given to either of you separately as a gift, inheritance or in exchange for other separate property.

**Real property** or real estate is land with or without buildings. If the property you list is real estate, include legal descriptions from the deeds to the property. It is important that your description be exactly the same as that in the deed. If the legal description is lengthy, you may want to photocopy the deed, cut out the legal description and paste it on a separate sheet of paper to use as an attachment to the Property and Debt Schedule. Attach (staple) the Schedule to the Petition and refer to the Schedule in the Petition.

**Personal property** is all property that is not real estate. Personal property includes furniture, clothing, vehicles, cash, bank accounts, securities and debts owed to you. It also includes retirement accounts; but, if either of you have retirement accounts you definitely should talk to an attorney before proceeding.

**10. Separate Property.**

- If you do not want any order about ownership of separate property, check the first box.
- If you want the court to order that specific separate property belongs to the Husband and/or an order that Husband's separate property, now in the possession of the Wife, be returned to the Husband, check the second box and describe the property in the Property and Debt Schedule.
- If you want the court to order that specific separate property belongs to the Wife and/or an order that Wife's separate property, now in the possession of Husband, be returned to the Wife, check the third box and describe the property in the Property and Debt Schedule.

**11. Community Real Property.**

- If you have not acquired community real property during the marriage, check the first box.
- If you have acquired community real property during the marriage, check the second box **and** in the Property and Debt Schedule
  - Fill in the residential address of the property (house number and street name),
  - The name of the city and county, and
  - The legal description for the property (use the legal description in the deed).

**Disposition of Real Property.** A “**lien**” is a legal right or interest that a creditor has in another's property (for example the mortgage loan). The mortgage loan and any other lien against the property should be listed in the Debt Section of the Petition. We recommend you discuss your mortgage loan or any other lien on your property with your lending institution or lien holder and talk to an attorney before proceeding. As long as both of your names are on the loan, you will both continue to be responsible for payment until the loan is paid in full. If the payment isn't paid by the one assigned to make it, the creditor may collect from either of you. Also, if the property is foreclosed, both of you could be held responsible for any deficiency in paying off the loan after foreclosure sale. “**Equity**” is the difference between the value of the property and all encumbrances (liens) upon the property.

- Check one of the first three boxes to indicate what will be done with the community real property and any equity, and fill in the blanks **or**
- Check the fourth box and write in your own words what will be done with the property and any equity in the property.

**Note:** If the amount of the equity payment is large and will be spread out into periodic payments, you should talk to an attorney about the right way to insure the payments are made.

## **12. Community Personal Property.**

- If you have not acquired any community personal property, check the first box **or**
- If you have already divided your community personal property and each of you has the property in your possession, check the second box **and/or**
- If you want the court to order that specific property be given to the Husband and the property is already in Husband's possession, check the third box and list the property in the Property and Debt Schedule **and/or**
- If you want the court to order that specific property be given to the Wife and the property is already in Wife's possession, check the fourth box and list the property in the Property and Debt Schedule.
- If there is property that the Husband should have given to him which is still in the possession of the Wife, check the third box **and** list the property in the Property and Debt Schedule.
- If there is property that the Wife should have given to her which is still in the possession of the Husband, check the fourth box **and** list the property in the Property and Debt Schedule.

**Note:** The Decree of Divorce can be used to transfer titles or deeds; but only if the description of the property is first listed in the Petition and is complete and accurate (example: for vehicles, include all identifying information on the title; for real property, include a legal description of the property from the deed and not just the residential address of the property).

## **Paragraphs 10, 11, and 12 Reminder.**

If you have listed any property on the Property and Debt Schedule, the Schedule must be attached (stapled) to every copy of the Petition.

## **13. Debts.**

Generally, separate debts are debts incurred by either of you prior to marriage, or during marriage if incurred to improve or maintain separate property (see the description of community and separate property above). Community debts are all other debts incurred during marriage.

- If you do not know of any unpaid debts, check the first box **or**
- If there are debts the Husband should be ordered to pay, check the second box and list each creditor in the Property and Debt Schedule.
- If there are debts the Wife should be ordered to pay, check the third box and list each creditor in the Property and Debt Schedule.

**Note:** If both of you are going to pay a part of the same debt, also put in the amount each of you should be ordered to pay.

**Note:** A divorce is between you and your spouse. Your debts are between you and your creditors and, if a bill doesn't get paid, the creditor may be able to collect from either of you, especially if both of your names are on a loan contract. However, if the debt is listed in the divorce papers and either of you is assigned and ordered to pay a debt and does not make payment, the other party may have some remedy before the court; however, if the bill doesn't get paid, the creditor may be able to collect from either of you.

## **14. Debts Incurred Since Separation.**

If you want the judge to order that each party will pay any debt incurred by them after the separation date, check the box and fill in the date you stopped living together.

**15. Name Change.**

Check the box if either party wants to stop using the last name of the spouse and go back to using their former last name (any name legally used). Fill in the current name of the person wanting the name change and fill in the former last name. (Accurate spelling is very important.)

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

**Certificate of Service**

You are required to deliver a copy of any document you file in this case to your spouse (or her/his attorney if s/he is represented by an attorney). Because your spouse has already “appeared” in the case by filing the Petition, you can serve him/her your response by mailing, hand-delivery or fax.

- Fill in the name and address for the other party (or his/her attorney) exactly as it appears in the upper left corner of page one of the Petition. If you are going to serve the Response by fax or personal delivery, write in the address you will use.
- Check the box to indicate how you are getting a copy to the other party (or his/her attorney).
- Fill in the date and sign the Certificate of Service.

**Note:** A copy of every document you file with the court in this case must be sent to the other party, either directly or through the attorney if s/he has an attorney.

Make your copies.

Serve one copy on the person named in the upper left hand corner of page 1 of the Petition by the method specified in your Affidavit of Service.

File your Response and Counterclaim. Take the original (the one you signed) and your copy (with the required filing fee) to the court clerk. The original will be kept in the court’s file and you can ask that the clerk “conform,” or stamp your copy. **(See CAO D Instruction 3-1 “Responding to a Divorce Petition” for complete instructions).**

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

\_\_\_\_\_  
Full Name of Party Filing Document

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

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

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

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.

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

FAMILY CASE RESPONSE AND  
COUNTERCLAIM (WITH CHILDREN)

Fee Categories: \_\_\_\_\_

Filing Fee: \$ \_\_\_\_\_

(Your name) \_\_\_\_\_, for his/her Response to the \_\_\_\_\_  
\_\_\_\_\_, states:

1. I completely agree with and admit the following paragraphs (list each paragraph number):

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

2. I admit the portion of paragraph \_\_\_\_\_, that states: \_\_\_\_\_

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

\_\_\_\_\_ and I deny everything else in that paragraph.

3. I admit the portion of paragraph \_\_\_\_\_, that states: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ and I deny everything else in that paragraph.

4. I deny the following paragraphs because I do not have enough information to admit or deny them (list each paragraph number): \_\_\_\_\_
5. I completely disagree with and deny everything I do not admit.
6. The following child/ren under the age of 18, or 19 and still pursuing a high school education, was/were born to or adopted by the parties:

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

- Wife is not now pregnant.
- Wife is now pregnant with a child expected to be born \_\_\_\_\_

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

\_\_\_\_\_

8. 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 children (provide all specifics including the parent's name, the state, the court, the case number and the date of the child custody order, if any): \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

10. 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): \_\_\_\_\_

\_\_\_\_\_

11.  I want the Petition dismissed.

**AFFIRMATIVE DEFENSE(S).**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COUNTERCLAIM.

The Respondent/Counterclaimant says:

1. **Residence of the Parties.** I am now and have been a resident of the state of Idaho for at least six (6) full weeks prior to the filing of this action. Respondent is currently a resident of the State of \_\_\_\_\_.

2. **Marriage of the Parties.** The parties were married at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (month, day, year) \_\_\_\_\_, and are still married.

3. **Grounds for Divorce.** Irreconcilable differences exist between the parties.

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

<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 paragraph 4?

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 Receiving, 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 \_\_\_\_\_.

**WHEREFORE**, Counterclaimant asks 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

**CERTIFICATE OF SERVICE**

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

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

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

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

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- By email to:

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

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

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

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

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- By email to:

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

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature

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

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

**CAO FL-3  
PARENTING PLAN**

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

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

as follows:

**1. PARENT RESPONSIBILTIES**

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.

# 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: MANDATORY CHILD SUPPORT DISCLOSURES**

### **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/>

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

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

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

#### **Scan the forms & email them back for review:**

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

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

#### **Provide the Mandatory Disclosure forms to the other party**

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

#### **File the Certificate of Service showing proof that you have given the other party the required disclosures**

## CAO FL 5-1 Instructions

### Petitioner's/Respondent's Mandatory Child Support Disclosures

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

#### Step 1. Talk to a Lawyer, if Possible.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Full Name of Party Filing Document

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

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

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

\_\_\_\_\_  
Petitioner,

vs.

\_\_\_\_\_  
Respondent.

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

PETITIONER'S  RESPONDENT'S  
MANDATORY CHILD SUPPORT  
DISCLOSURES

Petitioner  Respondent provides the following disclosures required by IRFLP 401.A:

(check all that apply)

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

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

**CERTIFICATION UNDER PENALTY OF PERJURY**

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

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

\_\_\_\_\_  
Typed/printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name of Party Filing This Document

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

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address (if any)

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

\_\_\_\_\_,  
Petitioner,  
vs.  
\_\_\_\_\_,  
Respondent.

Case No. \_\_\_\_\_  
CERTIFICATE OF SERVICE

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Typed/printed name

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- By email to:

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

- By mail
- By fax (number) \_\_\_\_\_
- By personal delivery
- By email to:

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

\_\_\_\_\_  
Signature