



Court Assistance Office

Forms Packet Instructions:

Divorce With Minor Children Step 3

Step 3:

You need these forms:

1. Motion and Affidavit for Entry of Default
2. Affidavit in Support of Default
3. Default
4. Decree (fill this out to match the Petition you filed in Step 1)
5. Child Support Order Summary Form
6. Certificate of Divorce

Download forms FREE at: <https://courtsselfhelp.idaho.gov/>

OR Send request for FREE forms packet to cao@bannockcounty.us

Please complete your Step 3 forms to the best of your ability, then scan them into PDF form and email them to: cao@bannockcounty.us

A CAO officer will review your forms and contact you with further instructions. Thank you, we look forward to assisting you!

Tip!

Regarding the Certificate of Divorce Form: You will need an original of this form. You can go to the courthouse to pick one up and fill it out there.

You will also need to provide 3 large manila envelopes with 4 stamps each:

- One addressed to you
- One addressed to the other party
- One addressed to: Child Support Mail Distribution Unit, P.O. Box 83720, Boise, ID 83720

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 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: _____

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:

Name

Date of Birth

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: _____

(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)**

Property and Debt Schedule

Separate Property.

(your name) _____ Separate Property:

None. or (list separate property below)

(spouse's name) _____ Separate Property:

None. or (list separate property below)

Community Real Property.

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

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

Community Personal Property.

(your name) _____ Community Personal Property:

None. or (list community personal property below)

(spouse's name) _____ Community Personal Property:

None. or (list community personal property below)

Community Debts.

Creditor Name (your name) _____ shall pay Spouse shall pay

Creditor Name	(your name) shall pay	Spouse shall pay
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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.
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. _____

Court 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 §§24111 & 29-274

* PETITIONER	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)
* RESPONDENT	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)
* MARRIAGE	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
* ATTORNEY	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
* DECREE	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
	20. COUNTY OF DECREE				21. SIGNATURE OF CLERK OF DISTRICT COURT
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+)
PETITIONER	23a.	24a.	24b.	25a. <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	26a.	27a.	
RESPONDENT	23b.	24c.	24d.	25b. <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	26b.	27b.	

HWH-0611 (5-2015)

Please Note: This is a scanned copy of a certificate you must get at the courthouse and fill out. This scanned copy will not be accepted, you will need the original form. 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

**FORMS MUST BE
APPROVED BY CAO PRIOR
TO FILING.**

Email Rebekah Gruel at:

cao@bannockcounty.us

OR Text 208-446-2450