

Superior Court of Washington, County of Snohomish_____

In re:

Petitioner/s *(person/s who started this case)*:

Jane Smith

And Respondent/s *(other party/parties)*:

John Smith

No. 55-5-55555-55_____

Child Support Order

☐ Temporary (TMORS)

☒ Final (ORS)

☒ Clerk's action required.

Child Support Order

1. Money Judgment Summary

☐ No money judgment is ordered.

☒ Summarize any money judgments from section **22** in the table below.

Judgment for	Debtor's name <i>(person who must pay money)</i>	Creditor's name <i>(person who must be paid)</i>	Amount	Interest
Past due child support from June 2013 to <u>June 2016</u>	John Smith	Jane Smith	\$2,000	\$300
Past due medical support from _____ to _____			\$	\$
Past due children's exp. from _____ to _____			\$	\$
Other amounts <i>(describe)</i> :			\$	\$
Yearly Interest Rate for child support, medical support, and children's expenses: 12% . For other judgments: ____% <i>(12% unless otherwise listed)</i>				
Lawyer (name): Genesis Law Firm		represents <i>(name)</i> : Jane Smith		
Lawyer (name): Pro Se		represents <i>(name)</i> : John Smith		

➤ Findings and Orders

- 2.** The court orders child support as part of this family law case. This is a (*check one*):
☐ temporary order. ☒ final order.
- 3.** The *Child Support Schedule Worksheets* attached or filed separately are approved by the court and made part of this Order.

4. Parents' contact and employment information

Each parent must fill out and file with the court a *Confidential Information* form (FL All Family 001) including personal identifying information, mailing address, home address, and employer contact information.

Important! If you move or get a new job any time while support is still owed, you must:

- Notify the Support Registry, and
- Fill out and file an updated *Confidential Information* form with the court.

Warning! Any notice of a child support action delivered to the last address you provided on the *Confidential Information* form will be considered adequate notice, if the party trying to serve you has shown diligent efforts to locate you.

5. Parents' Income

Parent (name): Jane Smith _____	Parent (name): John Smith _____
Net monthly income \$ 2,446 _____ (line 3 of the Worksheets) This income is (<i>check one</i>): <input checked="" type="checkbox"/> imputed to this parent. (<i>Skip to 6.</i>) <input type="checkbox"/> this parent's actual income (<i>after any exclusions approved below</i>).	Net monthly income \$ 3935.52 _____ (line 3 of the Worksheets) This income is (<i>check one</i>): <input type="checkbox"/> imputed to this parent. (<i>Skip to 6.</i>) <input checked="" type="checkbox"/> this parent's actual income (<i>after any exclusions approved below</i>).
Does this parent have income from overtime or a 2nd job? <input checked="" type="checkbox"/> No. (<i>Skip to 6.</i>) <input type="checkbox"/> Yes. (<i>Fill out below.</i>) Should this income be excluded? (<i>check one</i>): <input type="checkbox"/> No. The court has included this income in this parent's gross monthly income on line 1 of the <i>Worksheets</i> . <input type="checkbox"/> Yes. This income should be excluded because: ▪ This parent worked over 40 hours per week averaged over 12 months, and ▪ That income was earned to pay for <input type="checkbox"/> current family needs <input type="checkbox"/> debts from a past relationship <input type="checkbox"/> child support debt, and ▪ This parent will stop earning this extra income after paying these debts. The court has excluded \$ _____ from this parent's gross monthly income on line 1 of the <i>Worksheets</i> .	Does this parent have income from overtime or a 2nd job? <input checked="" type="checkbox"/> No. (<i>Skip to 6.</i>) <input type="checkbox"/> Yes. (<i>Fill out below.</i>) Should this income be excluded? (<i>check one</i>): <input type="checkbox"/> No. The court has included this income in this parent's gross monthly income on line 1 of the <i>Worksheets</i> . <input type="checkbox"/> Yes. This income should be excluded because: ▪ This parent worked over 40 hours per week averaged over 12 months, and ▪ That income was earned to pay for <input type="checkbox"/> current family needs <input type="checkbox"/> debts from a past relationship <input type="checkbox"/> child support debt, and ▪ This parent will stop earning this extra income after paying these debts. The court has excluded \$ _____ from this parent's gross monthly income on line 1 of the <i>Worksheets</i> .

Parent (name): Jane Smith _____ <input type="checkbox"/> Other Findings: _____ _____ _____	Parent (name): John Smith _____ <input type="checkbox"/> Other Findings: _____ _____ _____
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6. Imputed Income

To calculate child support, the court may **impute** income to a parent:

- whose income is unknown, or
- who the Court finds is unemployed or under-employed by choice.

Imputed income is not actual income. It is an assigned amount the court finds a parent could or should be earning. (RCW 26.19.071(6))

Parent (name): Jane Smith _____ <input type="checkbox"/> Does not apply. This parent's actual income is used. (Skip to 7 .) <input checked="" type="checkbox"/> This parent's monthly net income is imputed because (check one): <input type="checkbox"/> this parent's income is unknown. <input checked="" type="checkbox"/> this parent is voluntarily unemployed. <input type="checkbox"/> this parent is voluntarily under-employed. <input type="checkbox"/> this parent works full-time but is purposely under-employed to reduce child support. The imputed amount is based on the information below: (Options are listed in order of required priority. The Court used the first option possible based on the information it had.) <input type="checkbox"/> Full-time pay at current pay rate. <input type="checkbox"/> Full-time pay based on reliable information about past earnings. <input type="checkbox"/> Full-time pay based on incomplete or irregular information about past earnings. <input type="checkbox"/> Full-time pay at minimum wage in the area where the parent lives because this parent (check all that apply): <input type="checkbox"/> is a high school student. <input type="checkbox"/> recently worked at minimum wage jobs. <input type="checkbox"/> recently stopped receiving public assistance, supplemental security income (SSI), or disability. <input type="checkbox"/> was recently incarcerated. <input checked="" type="checkbox"/> Table of Median Net Monthly Income. <input type="checkbox"/> Other (specify): _____ _____	Parent (name): John Smith _____ <input checked="" type="checkbox"/> Does not apply. This parent's actual income is used. (Skip to 7 .) <input type="checkbox"/> This parent's monthly net income is imputed because (check one): <input type="checkbox"/> this parent's income is unknown. <input type="checkbox"/> this parent is voluntarily unemployed. <input type="checkbox"/> this parent is voluntarily under-employed. <input type="checkbox"/> this parent works full-time but is purposely under-employed to reduce child support. The imputed amount is based on the information below: (Options are listed in order of required priority. The Court used the first option possible based on the information it had.) <input type="checkbox"/> Full-time pay at current pay rate. <input type="checkbox"/> Full-time pay based on reliable information about past earnings. <input type="checkbox"/> Full-time pay based on incomplete or irregular information about past earnings. <input type="checkbox"/> Full-time pay at minimum wage in the area where the parent lives because this parent (check all that apply): <input type="checkbox"/> is a high school student. <input type="checkbox"/> recently worked at minimum wage jobs. <input type="checkbox"/> recently stopped receiving public assistance, supplemental security income (SSI), or disability. <input type="checkbox"/> was recently incarcerated. <input type="checkbox"/> Table of Median Net Monthly Income. <input type="checkbox"/> Other (specify): _____ _____
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7. Limits affecting the monthly child support amount

☒ Does not apply. The monthly amount was not affected by the upper or lower limits in RCW 26.19.065.

☐ The monthly amount has been affected by *(check all that apply)*:

☐ **low-income limits.** The self-support reserve and presumptive minimum payment have been calculated in the *Worksheets*, lines 8.a. - c.

☐ **the 45% net income limit.** The court finds that the paying parent's child support obligations for his/her biological and legal children are more than 45% of his/her net income (*Worksheets*, line 18). Based on the children's best interests and the parents' circumstances, it is *(check one)*: ☐ fair ☐ **not** fair to apply the 45% limit. *(Describe both parents' situations):*

☐ **Combined Monthly Net Income over \$12,000.** Together the parents earn more than \$12,000 per month (*Worksheets* line 4). The child support amount *(check one)*:

☐ is the presumptive amount from the economic table.

☐ is **more** than the presumptive amount from the economic table because *(specify)*:

8. Standard Calculation

(Check one):

☒ **All children living together** – All of the children are living with *(name)*: Jane Smith____ most of the time. The other parent must pay child support. The standard calculation from the *Child Support Schedule Worksheets* line 17 for the parent paying support is \$798.31_____.

☐ **Residential Split** – Each parent has at least one of the children from this relationship living with him/her most of the time. *(Do not use this for 50/50 schedules.)*

These children <i>(names and ages)</i> :	These children <i>(names and ages)</i> :
Live with <i>(parent's name)</i> :	Live with <i>(parent's name)</i> :

The standard calculation for the parent paying support is \$_____. This is from *(check one)*:

☐ the *Attachment for Residential Split Adjustment*, line G (form WSCSS–Attachment for RSA). This *Attachment* to the *Child Support Schedule Worksheets* is approved by the court and made part of this order.

☐ other calculation *(specify method and attach Worksheet/s)*: _____

9. Deviation from standard calculation

Should the monthly child support amount be different from the standard calculation?

- ☒ **No** – The monthly child support amount ordered in section **10** is the **same** as the standard calculation listed in section **8** because (*check one*):
- ☐ Neither parent asked for a deviation from the standard calculation. (*Skip to 10.*)
 - ☐ There is no good reason to approve the deviation requested by (*name/s*): _____.
The facts supporting this decision are (*check all that apply*):
 - ☐ detailed in the *Worksheets*, Part VIII, lines 20 through 26.
 - ☐ the parent asking for a deviation:
 - ☐ has a new spouse or domestic partner with income of \$_____.
 - ☐ lives in a household where other adults have income of \$_____.
 - ☐ has income from overtime or a 2nd job that was excluded in section **5** above.
 - ☐ other (*specify*): _____
- ☐ **Yes** – The monthly child support amount ordered in section **10** is **different** from the standard calculation listed in section **8** because (*check all that apply*):
- ☐ A parent or parents in this case has:
 - ☐ children from other relationships.
 - ☐ paid or received child support for children from other relationships.
 - ☐ gifts, prizes or other assets.
 - ☐ income that is not regular (non-recurring income) such as bonuses, overtime, etc.
 - ☐ unusual unplanned debt (extraordinary debt not voluntarily incurred).
 - ☐ tax planning considerations that will not reduce the economic benefit to the children.
 - ☐ very different living costs, which are beyond their control.
 - ☐ The children in this case:
 - ☐ have extraordinary income.
 - ☐ have special needs because of a disability.
 - ☐ have special medical, educational, or psychological needs.
 - ☐ spend significant time with the parent who owes support. The non-standard amount still gives the other parent's household enough money for the children's basic needs. The children do not get public assistance (TANF).
 - ☐ There are (or will be) costs for court-ordered reunification or a voluntary placement agreement.
 - ☐ The parent who owes support has shown it is not fair to have to pay the \$50 per child presumptive minimum payment.
 - ☐ The parent who is owed support has shown it is not fair to apply the self-support reserve (calculated on lines 8.a. – c. of the *Worksheets*).
 - ☐ Other reasons: _____

The facts that support the reasons checked above are (check all that apply):

- ☐ detailed in the *Worksheets*, Part VIII, lines 20 through 26.
- ☐ the parent asking for a deviation:
- ☐ has a new spouse or domestic partner with income of \$_____.
- ☐ lives in a household where other adults have income of \$_____.
- ☐ has income from overtime or a 2nd job that was excluded in section **5** above.
- ☐ as follows: _____
- _____
- _____

10. Monthly child support amount (transfer payment)

After considering the standard calculation and whether or not to apply a deviation, the court orders the following monthly child support amount (transfer payment).

- ☒ **All children living together** – (Name): John Smith_____ must pay child support to (name): Jane Smith_____ each month as follows for the children listed below (add lines for additional children if needed):

Child's Name	Age	Amount
1. Johny Jr.	6	\$399.15
2. Bethany	3	\$399.16
3.		\$
4.		\$
5.		\$
Total monthly child support amount:		\$798.31

- ☐ Child turning twelve years old – The monthly amount for (child's name) _____ will change to \$_____ starting with the month this child turns twelve (month, year): _____.
- ☐ **Residential Split** – Each parent has at least one of the children from this relationship living with him/her most of the time. (Name): _____ must pay child support to (name): _____ each month as follows:

Total monthly child support amount: \$

11. Starting date and payment schedule

The monthly child support amount must be paid starting (month, year): October 1, 2016____ on the following payment schedule:

- ☒ in one payment each month by the 1st day of the month.
- ☐ in two payments each month: ½ by the _____ and ½ by the _____ day of the month.
- ☐ other (specify): _____
- _____

12. Step Increase (for modifications or adjustments only)

- ☒ Does not apply.
- ☐ **Approved** – The court is changing a final child support order. The monthly child support amount is increasing by more than 30% from the last final child support order. This causes significant financial hardship to the parent who owes support, so the increase will be applied in two equal steps:
- For six months from the Starting Date in section **11** above, the monthly child support amount will be the old monthly amount plus $\frac{1}{2}$ of the increase, for a total of \$_____ each month.
 - On (date): _____, six months after the Starting Date in section **11**, the monthly child support amount will be the full amount listed in section **10**.
- ☐ **Denied** – The court is changing a final child support order (check one):
- ☐ but the monthly payment increased by less than 30%.
 - ☐ and the monthly payment increased by more than 30%, but this does not cause a significant hardship to the parent who owes support.

13. Periodic Adjustment

- ☒ Child support may be changed according to state law. The Court is not ordering a specific periodic adjustment schedule below.
- ☐ Any party may ask the court to adjust child support periodically on the following schedule **without** showing a substantial change of circumstances:
- The *Motion to Adjust Child Support Order* may be filed:
- ☐ every _____ months.
 - ☐ on (date/s): _____
 - ☐ other (describe condition or event): _____

Important! A party must file a *Motion to Adjust Child Support Order* (form FL Modify 521), and the court must approve a new *Child Support Order* for any adjustment to take effect.

- ☐ Deadlines, if any (for example, deadline to exchange financial information, deadline to file the motion): _____

14. Payment Method

Send payment to the (check one):

- ☒ **Washington State Support Registry.** The Division of Child Support (DCS) will forward the payments to the person owed support and keep records of all payments.

Address for payment: Washington State Support Registry
PO Box 45868, Olympia, WA 98504

Important! If you are ordered to send your support payments to the Washington State Support Registry, and you pay some other person or organization, you will **not** get credit for your payment.

DCS Enforcement (*check one*):

- ☒ DCS will **enforce** this order because (*check all that apply*):
- ☐ this is a public assistance case.
 - ☒ one of the parties has already asked DCS for services.
 - ☐ one of the parties has asked for DCS services by signing the application statement at the end of this order (above the *Warnings*).
- ☐ DCS will **not** enforce this order unless one of the parties applies for DCS services or the children go on public assistance.

☐ **Other parent or non-parent custodian by:**

- ☐ mail to: _____
street address or PO box *city* *state* *zip*
- or any new address the person owed support provides to the parent who owes support. *(This does not have to be his/her home address.)*
- ☐ other method: _____

15. Enforcement through income withholding (garnishment)

DCS or the person owed support can collect the support owed from the wages, earnings, assets or benefits of the parent who owes support, and can enforce liens against real or personal property as allowed by any state's child support laws without notice to the parent who owes the support.

*If this order is **not** being enforced by DCS and the person owed support wants to have support paid directly from the employer, the person owed support must ask the court to sign a separate wage assignment order requiring the employer to withhold wages and make payments. (Chapter 26.18 RCW.)*

Income withholding may be delayed until a payment becomes past due if the court finds good reason to delay.

- ☒ Does not apply. There is no good reason to delay income withholding.
- ☐ Income withholding will be **delayed** until a payment becomes past due because *(check one)*:
- ☐ the child support payments are enforced by DCS and there are good reasons in the children's best interest **not** to withhold income at this time. If this is a case about changing child support, previously ordered child support has been paid on time.
- List the good reasons here:* _____
- _____
- ☐ the child support payments are **not** enforced by DCS and there are good reasons **not** to withhold income at this time.
- List the good reasons here:* _____
- _____
- ☐ the court has approved the parents' written agreement for a different payment arrangement.

16. End date for support

Support must be paid for each child until (*check one*):

- ☐ the court signs a different order, if this is a temporary order.
- ☒ the child turns 18 or is no longer enrolled in high school, whichever happens last, unless the court makes a different order in section **17**.
- ☐ the child turns 18 or is otherwise emancipated, unless the court makes a different order in section **17**.
- ☐ after (*child's name*): _____ turns 18. Based on information available to the court, it is expected that this child will be unable to support him/herself and will remain dependent past the age of 18. Support must be paid until (*check one*):
 - ☐ this child is able to support him/herself and is no longer dependent on the parents.
 - ☐ other: _____
- ☐ other (*specify*): _____

17. Post-secondary educational support (for college or vocational school)

- ☒ **Reserved** – A parent or non-parent custodian may ask the court for post-secondary educational support at a later date without showing a substantial change of circumstances by filing a *Petition to Modify Child Support Order* (form FL Modify 501). The *Petition* must be filed *before* child support ends as listed in section **16**.
- ☐ **Granted** – The parents must pay for the children's post-secondary educational support. Post-secondary educational support may include support for the period after high school and before college or vocational school begins. The amount or percentage each person must pay (*check one*):
 - ☐ will be decided later. The parties may make a written agreement or ask the court to set the amount or percentage by filing a *Petition to Modify Child Support Order* (form FL Modify 501).
 - ☐ is as follows (*specify*): _____
- ☐ **Denied** – The request for post-secondary educational support is denied.
- ☐ Other (*specify*): _____

18. Claiming children as dependents on tax forms

- ☐ Does not apply.
- ☒ The parties have the right to claim the children as their dependents on their tax forms as follows (*check one*):
 - ☐ Every year – (*name*): _____
has the right to claim (*children's names*): _____;
and (*name*): _____
has the right to claim (*children's names*): _____.

- ☐ Alternating – (name): _____
has the right to claim the children for (check one): ☐ even ☐ odd years. The
other parent has the right to claim the children for the opposite years.
- ☒ Other (specify): *Each parent shall claim one child each year. When only one child
remains, mother shall claim the child in odd tax years and father shall claim the
child in even tax years.* _____

For tax years when a non-custodial parent has the right to claim the children, the
parents must cooperate to fill out and submit IRS Form 8332 in a timely manner.

Warning! Under federal law, the parent who claims a child as a dependent may owe a tax penalty if the
child is not covered by health insurance.

19. Health Insurance

Important! Read the Health Insurance Warnings at the end of this order.

- ☐ The court is not ordering how health insurance must be provided for the children
because the court does not have enough information to determine the availability of
accessible health insurance for the children (insurance that could be used for the
children's primary care). The Division of Child Support (DCS) or either parent can
enforce the duty to provide or pay for health insurance. (Skip to **20**.)

OR

- ☒ (Name): John Smith _____ must pay the premium to provide health
insurance coverage for the children. The court has considered the needs of the
children, the cost and extent of coverage, and the accessibility of coverage.
- ☒ The other parent must pay his/her proportional share* of the premium paid. Health
insurance premiums (check one):
- ☒ are included on the *Worksheets* (line 14). No separate payment is needed.
- ☐ are **not** included on the *Worksheets*. Separate payment is needed. A parent
or non-parent custodian may ask DCS or the court to enforce payment for the
proportional share.
- * Proportional share is each parent's percentage share of the combined net
income from line 6 of the *Child Support Schedule Worksheets*.
- ☐ The other parent is **not** ordered to pay for any part of the children's insurance
because (explain): _____

Neither parent can be ordered to pay an amount towards health insurance premiums
that is more than 25% of his/her basic support obligation (*Worksheets*, line 19) unless
the court finds it is in the best interest of the children.

- ☐ A parent has been ordered to pay an amount that is more than 25% of his/her
basic support obligation. The court finds this is in the children's best interest
because: _____

- ☐ Other (specify): _____

20. Health insurance if circumstances change or court has not ordered

If the parties' circumstances change, or if the court is not ordering how health insurance must be provided for the children in section **19**:

- A parent, non-parent custodian, or DCS can enforce medical support.
- If a parent does not provide proof of accessible private insurance (insurance that can be used for the children's primary care), that parent may have to:
 - Get (or keep) insurance through his/her work or union, unless the insurance costs more than 25% of his/her basic support obligation (line 19 of the *Worksheets*),
 - Pay his/her share of the other parent's monthly premium up to 25% of his/her basic support obligation (line 19 of the *Worksheets*), or
 - Pay his/her share of the monthly cost of any public health care coverage, such as Healthy Kids, BHP, or Medicaid, for which there is an assignment.

21. Children's expenses not included in the monthly child support amount

Uninsured medical expenses – Each parent is responsible for a share of uninsured medical expenses as ordered below. Uninsured medical expenses include premiums, co-pays, deductibles, and other health care costs not covered by insurance. A parent can ask DCS to collect those expenses, or a parent or non-parent custodian can ask the court for a judgment.

Children's Expenses for:	Parent (name): <u>Jane Smith</u> pays monthly	Parent (name): <u>John Smith</u> pays monthly	Make payments to:	
			Person who pays the expense	Service Provider
Uninsured medical expenses	<input checked="" type="checkbox"/> Proportional Share* <input type="checkbox"/> _____%**	<input checked="" type="checkbox"/> Proportional Share* <input type="checkbox"/> _____%**	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* *Proportional Share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.*

** *If the percentages ordered are different from the Proportional Share, explain why:*

Other shared expenses (check one):

- ☐ Does not apply. The monthly amount covers all expenses, except health care expenses.
- ☒ The parents will share the cost for the expenses listed below (check all that apply):

Children's Expenses for:	Parent (name): <u>Jane Smith</u> pays monthly	Parent (name): <u>John Smith</u> pays monthly	Make payments to:	
			Person who pays the expense	Service Provider

Children's Expenses for:	Parent (name):	Parent (name):	Make payments to:	
	Jane Smith pays monthly	John Smith pays monthly	Person who pays the expense	Service Provider
<input checked="" type="checkbox"/> Day care (work related): _____ _____	<input checked="" type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____% **	<input checked="" type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____% **	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Education: _____ _____	<input checked="" type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____% **	<input checked="" type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____% **	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Long-distance transportation (between parents' homes): _____ _____	<input checked="" type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____% **	<input checked="" type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____% **	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____% **	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____% **	<input type="checkbox"/>	<input type="checkbox"/>

* Proportional Share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.

** If any percentages ordered are different from the Proportional Share, explain why:

☐ Other (give more detail about covered expenses here, if needed): _____

22. Past due child support, medical support and other expenses

☐ This order does not address any past due amounts or interest owed.

☐ As of (date): _____, neither parent owes (check all that apply):

☐ past due child support

☐ interest on past due child support

☐ past due medical support

☐ interest on past due medical support

☐ past due other expenses

☐ interest on past due other expenses

to (check all that apply): ☐ the other parent or non-parent custodian. ☐ the state.

☒ The court orders the following **money judgments** (summarized in section 1 above):

Judgment for	Debtor's name (person who must pay money)	Creditor's name (person who must be paid)	Amount	Interest
<input checked="" type="checkbox"/> Past due child support from June 2013 to June 2016__	John Smith	Jane Smith	\$2,000	\$300
<input type="checkbox"/> Past due medical support (health ins. & health care costs not covered by ins.) from _____ to _____			\$	\$
<input type="checkbox"/> Past due expenses for: <input type="checkbox"/> day care <input type="checkbox"/> education <input type="checkbox"/> long-distance transp. from _____ to _____			\$	\$
<input type="checkbox"/> Other (describe):			\$	\$

The **interest rate** for child support judgments is 12%.

☐ Other (specify): _____

23. Overpayment caused by change

- ☒ Does not apply.
- ☐ The *Order* signed by the court today or on date: _____ caused an overpayment of \$_____.
- ☐ (Name): _____ shall repay this amount to (Name): _____ by (date): _____.
- ☐ The overpayment shall be credited against the monthly support amount owed each month at the rate of \$_____ each month until paid off.
- ☐ Other (specify): _____

24. Other Orders

All the *Warnings* below are required by law and are incorporated and made part of this order.

☐ Other (specify): _____

Ordered.

Date



Judge or Commissioner

Petitioner and Respondent or their lawyers fill out below:

This document (*check any that apply*):

- ☐ is an agreement of the parties
☒ is presented by me
☐ may be signed by the court without notice to me

This document (*check any that apply*):

- ☐ is an agreement of the parties
☐ is presented by me
☐ may be signed by the court without notice to me

▶ _____
Petitioner signs here or lawyer signs here + WSBA #

▶ _____
Respondent signs here or lawyer signs here + WSBA #

Print Name

Date

Print Name

Date

☐ **If any parent or child received public assistance:**

The state Department of Social and Health Services (DSHS) was notified about this order through the Prosecuting Attorney's office, and has reviewed and approved the following:

- ☐ child support ☐ medical support
☐ past due child support ☐ other (*specify*): _____

▶ _____
Deputy Prosecutor signs here *Print name and WSBA #* *Date*

☒ **Parent or Non-Parent Custodian applies for DCS enforcement services:**

I ask the Division of Child Support (DCS) to enforce this order. I understand that DCS will keep \$25 each year as a fee if DCS collects more than \$500, unless I ask to be excused from paying this fee in advance. (*You may call DCS at 1-800-442-5437. DCS will **not** charge a fee if you have ever received TANF, tribal TANF, or AFDC.*)

▶ _____
Parent or Non-Parent Custodian signs here *Print name* *Date*
(lawyer cannot sign for party)

Warnings!

If you don't follow this child support order...

- DOL or other licensing agencies may deny, suspend, or refuse to renew your licenses, including your driver's license and business or professional licenses, and
- Dept. of Fish and Wildlife may suspend or refuse to issue your fishing and hunting licenses and you may not be able to get permits. (*RCW 74.20A.320*)

If you receive child support...

You may have to:

- Document how that support and any cash received for the children's health care was spent.
- Repay the other parent for any day care or special expenses included in the support if you didn't actually have those expenses. (*RCW 26.19.080*)

Health Insurance Warnings!

Both parents must keep the Support Registry informed whether or not they have access to health insurance for the children at a reasonable cost, and provide the policy information for any such insurance.

* * *

If you are ordered to provide children's health insurance...

You have **20 days** from the date of this order to send:

- proof that the children are covered by insurance, or
- proof that insurance is not available as ordered.

Send your proof to the other parent or to the Support Registry (if your payments go there).

If you do **not** provide proof of insurance:

- The other parent or the support agency may contact your employer or union, without notifying you, to ask for direct enforcement of this order (*RCW 26.18.170*), and

- The other parent may:
 - Ask the Division of Child Support (DCS) for help,
 - Ask the court for a contempt order, or
 - File a Petition in court.

Don't cancel your children's health insurance without the court's approval, unless your job ends and you can no longer get or continue coverage as ordered in section **19** through your job or union. If your insurance coverage for the children ends, you must notify the other parent and the Support Registry.

If an insurer sends you payment for a medical provider's service:

- you must send it to the medical provider if the provider has not been paid; or
- you must send the payment to whoever paid the provider if someone else paid the provider; or
- you may keep the payment if you paid the provider.

If the children have public health care coverage, the state can make you pay for the cost of the monthly premium.

Always inform the Support Registry and other parent if your access to health insurance changes or ends.

Washington State Child Support Schedule Worksheets

[] Proposed by [] [] State of WA [] Other (CSWP)
 Or, [X] Signed by the Judicial/Reviewing Officer. (CSW)

County Snohomish

Case No. 55-5-55555-55

Child/ren and Age/s: Johny Jr., 6; Bethany, 3

Parents' Names: Jane Smith (Column 1)

John Smith (Column 2)

	Jane	John
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries (Imputed for Both)	-	-
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Maintenance Received	-	-
e. Other Income	-	-
f. Imputed Income	\$2,446.00	\$5,000.00
g. Total Gross Monthly Income (add lines 1a through 1f)	\$2,446.00	\$5,000.00
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State) Tax Year: Manual	-	\$681.98
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	-	\$382.50
c. State Industrial Insurance Deductions	-	-
d. Mandatory Union/Professional Dues	-	-
e. Mandatory Pension Plan Payments	-	-
f. Voluntary Retirement Contributions	-	-
g. Maintenance Paid	-	-
h. Normal Business Expenses	-	-
i. Total Deductions from Gross Income (add lines 2a through 2h)	-	\$1,064.48
3. Monthly Net Income (line 1g minus 2i)	\$2,446.00	\$3,935.52
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)		\$6,381.52
5. Basic Child Support Obligation (Combined amounts →) Johny Jr. \$709.00 Bethany \$709.00 - - -		\$1,418.00
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.383	.617

	Jane	John
Part II: Basic Child Support Obligation (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations (Each parent's Line 6 times Line 5.)	\$543.09	\$874.91
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the Federal Poverty Guideline.)	\$1,238.00	
a. <u>Is combined Net Income Less Than \$1,000?</u> If yes , for each parent enter the presumptive \$50 per child .	-	-
b. <u>Is Monthly Net Income Less Than Self-Support Reserve?</u> If yes , for that parent enter the presumptive \$50 per child .	-	-
c. <u>Is Monthly Net Income equal to or more than Self-Support Reserve?</u> If yes , for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive \$50 per child, whichever is greater.	-	-
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child.	\$543.09	\$874.91
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	-	\$200.00
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	-	-
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	-	\$200.00
d. Combined Monthly Health Care Expenses (add both parent's totals from line 10c)	\$200.00	
11. Day Care and Special Expenses		
a. Day Care Expenses	-	-
b. Education Expenses	-	-
c. Long Distance Transportation Expenses	-	-
d. Other Special Expenses (describe)		
	-	-
	-	-
	-	-
e. Total Day Care and Special Expenses (Add lines 11a through 11d)	-	-
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	-	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	\$200.00	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$76.60	\$123.40
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$619.69	\$998.31

	Jane	John
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	-	\$200.00
b. Day Care and Special Expenses Credit	-	-
c. Other Ordinary Expenses Credit (describe)	-	-
	-	-
	-	-
d. Total Support Credits (add lines 16a through 16c)	-	\$200.00
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$619.69	\$798.31
Part VII: Additional Informational Calculations		
18. 45% of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$1,100.70	\$1,770.98
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$135.77	\$218.73
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated value of all major household assets.)		
a. Real Estate	-	-
b. Investments	-	-
c. Vehicles and Boats	-	-
d. Bank Accounts and Cash	-	-
e. Retirement Accounts	-	-
f. Other: (describe)	-	-
	-	-
	-	-
	-	-
21. Household Debt (List liens against household assets, extraordinary debt.)		
a.	-	-
b.	-	-
c.	-	-
d.	-	-
e.	-	-
f.	-	-
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action)		
Name	-	-
Name	-	-
b. Income Of Other Adults in Household		
Name	-	-
Name	-	-

Other Factors For Consideration (continued) (**attach additional pages as necessary**)

Signature and Dates

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.

Parent's Signature (Column 1)

Parent's Signature (Column 2)

Date

City

Date

City

Judicial/Reviewing Officer

Date

**This Worksheet has been certified by the State of Washington Administrative Office of the Courts.
Photocopying of the worksheet is permitted.**