

Ask DCS to review your child support case for modification

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If Washington State's Division of Child Support (DCS) is collecting (enforcing) child support for your children, you might be able to get them to change (to modify) the amount or some other aspect of your child support order. The process depends on whether you have a court order or an administrative order.

1. Fast facts

The information here applies to both administrative orders and court orders of child support.

You can use the procedures we describe here to ask for a change in the amount of child support. You can also use them to ask DCS to add orders about how the parents will provide for the children's health insurance and


medical expenses, if your order doesn't already have these.

How do I know if I have a court order or an administrative order?

In Washington, a court order is a **Child Support Order** from a **Superior Court**. It will say this on the first page, towards the top.

Superior Court of Washington, County of _____	
In re: Petitioner/s (person/s who started this case): _____ And Respondent/s (other party/parties): _____ _____	No. _____ Child Support Order <input type="checkbox"/> Temporary (TMORS) <input type="checkbox"/> Final (ORS) Clerk's action required: WSSR, 1

An administrative order is a "Notice and Finding of Financial Responsibility", a "Notice and Finding of Parental Responsibility" or an "Initial Decision and Order." Here's what the top of the first page (the caption) might look like:

 <p>Washington State Department of Social & Health Services <i>Transforming lives</i></p>	STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)
Notice and Finding of Financial Responsibility	
_____ Noncustodial Parent _____ Custodial Parent / Physical Custodian)))))
DCS CASE NUMBER: _____	
Purpose of This Notice	

If you're getting services from DCS, or you get public benefits such as TANF (<https://www.dshs.wa.gov/esa/community-services-offices/temporary-assistance-needy-families>) or Medicaid (also called Apple Health) (<https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid>), and the child support order you want modified was entered 35 months ago or more, DCS will review it.

Even if it hasn't been 35 months, you might still be able to get DCS to review your case for modification in certain situations:

- DCS will review your order if the order says it can be reviewed more often. **Or**
- You can still ask for review if there's been a real change in the circumstances of a parent or the children.

Do I have rights with DCS for interpretation and translation services?

Yes. Read about interpreters for people with limited English proficiency learn more.

How will DCS decide whether to modify my child support order?

Here are some of the things DCS considers when deciding to take your case for modification. This isn't a complete list:

- The amount of change DCS anticipates must be at least a 15% change up or down.
- There's been a **significant change of circumstances** since the order was entered or last modified.
- You're in jail or prison or the other parent is in jail or prison.

Here are some examples of "significant change in circumstance:"

- You now have a permanent disability.
- You now get public assistance, such as SSI or TANF.
- You have new children you must also support.
- You've lost your job and you cannot find work at the same wage.

How do I ask DCS to review my case?

You must fill out the appropriate form or forms, depending on whether your child support order is a court order or an administrative order, and return them to the DCS office.

My case doesn't meet DCS' criteria. Can I try to modify the order on my own?

Yes.

- **If your order is an administrative order**, you can still object or ask for an administrative hearing. But it might be harder to make your case if it doesn't meet DCS' criteria.
- **If your order is a court order from a Washington state court**, you can file a Petition to Modify Child Support Order. But it might be harder to do on your own than to let DCS do it for you.

2. Step-by-step

1. Fill out the forms. Make a set of copies for your own records.
2. Mail the originals to your local child support office
(https://www.dshs.wa.gov/office-locations?field_geofield_distance%5Bdistance%5D=100&field_geofield_distance%5Bunit%5D=miles)
.
3. DCS will ask the other party for child support worksheets.

3. Forms

Form attached:

Washington State Child Support Schedule Worksheets (WSCSS - Worksheets)

You must fill out proposed worksheets when asking DCS to change an administrative or court order.

Before filling out the Worksheets, you can use the DCS Quick Child Support Estimator (<https://fortress.wa.gov/dshs/dcs/SSGen/Home/QuickEstimator>) to get a rough estimate of the amount of support that DCS might order in your case. For a more accurate calculation, use our Washington Forms Online

interview or DCS' Automated Child Support Worksheets

(<https://fortress.wa.gov/dshs/dcs/SSGen/Home>).

The DCS Quick Estimator may not work if you're asking for a "deviation" from the standard child support calculation. **(Examples:** you might ask for a deviation if you have a 50/50 Parenting Plan, or there are children from other relationships, or each parent has custody of one of the children.)

To ask DCS to change an administrative order, you must also provide proof of income (such as pay stubs or tax returns) and fill out this form:

Form attached:

Petition for Modification – Administrative Order (DSHS 09-280b)

To ask DCS to change a court order, you must also provide proof of income (such as pay stubs or tax returns) and fill out these 3 forms

Form attached:

Request for Review of Child Support Order (DSHS 09-741)

Form attached:

Financial Declaration of (name): _____ (FL All Family 131)

Form attached:

Confidential Information (FL All Family 001)

WashingtonLawHelp.org gives general information. It is not legal advice.

Find organizations that provide free legal help on our [Get legal help](#) page.

Washington State Child Support Schedule Worksheets

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

County _____ Case No. _____

Child/ren and Age/s: _____

Parents' names: _____

	(Column 1)	(Column 2)
	Column 1	Column 2
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	\$	\$
b. Interest and Dividend Income	\$	\$
c. Business Income	\$	\$
d. Maintenance Received	\$	\$
e. Other Income	\$	\$
f. Imputed Income	\$	\$
g. Total Gross Monthly Income (add lines 1a through 1f)	\$	\$
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$	\$
b. FICA (Soc. Sec.+ Medicare)/Self-Employment Taxes	\$	\$
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)	\$	\$
3. Monthly Net Income (line 1g minus 2i)	\$	\$
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	\$	
5. Basic Child Support Obligation Number of children: _____ x \$ _____ per child (enter total amount in box →)	\$	

	Column 1	Column 2
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.	.
Part II: Basic Child Support Obligation (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5.)	\$	\$
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the federal poverty guideline for a one-person family.)	\$	
a. Is Combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child.	\$	\$
b. Is Monthly Net Income Less Than Self-Support Reserve? If yes, for that parent enter the presumptive \$50 per child.	\$	\$
c. Is Monthly Net Income equal to or more than Self-Support Reserve? 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.	\$	\$
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)	\$	\$
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$	\$
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	\$	
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)	\$	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$	\$

	Column 1	Column 2
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$	\$
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)	\$	\$
d. Total Support Credits (add lines 16a through 16c)	\$	\$
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)	\$	\$
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)	\$	\$
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$	\$
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated present 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.)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action)		
Name _____	\$	\$
Name _____	\$	\$

	Column 1	Column 2
b. Income Of Other Adults In Household Name _____ Name _____	\$ \$	\$ \$
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8 _____ _____	\$	\$
d. Income Of Child(ren) (if considered extraordinary) Name _____ Name _____	\$ \$	\$ \$
e. Income From Child Support Name _____ Name _____	\$ \$	\$ \$
f. Income From Assistance Programs Program _____ Program _____	\$ \$	\$ \$
g. Other Income (describe) _____ _____	\$ \$	\$ \$
23. Non-Recurring Income (describe) _____ _____	\$ \$	\$ \$
24. Monthly Child Support Ordered for Other Children		
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
26. Other Factors For Consideration		

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

Petition for Modification - Administrative Order

RE:) CASE NUMBER:
Noncustodial Parent)
)
)
)
Custodial Parent)

Instructions

Except for your signature, print all responses. Use blue or black ink.

WAC 388-14A-3925 requires you to:

1. Enter a proposed (new) child support amount.
2. State a reason for your request for modification.
3. Sign the form.

You must complete and return to DCS the documents listed on page 2 of this form.

Note: If you do not complete all of the required actions on this form, an Administrative Law Judge (ALJ) may dismiss this petition.

Petition

I, _____, ask the Office of Administrative Hearings to direct the Division of Child Support (DCS) and the above-named parties to appear and show why my administrative child support order should not be modified. My administrative child support order was entered on _____.

I believe the current support amount for this case should be \$ _____ per month.

I believe the current support amount should be modified because:

See pages 2 and 3 for additional requirements and your signature section.

Acknowledgements

I understand that:

1. DCS will oppose this petition if it does not meet the criteria for modifying an order contained in RCW 74.20A.059.
2. If my order does not now contain these provisions, DCS will ask the ALJ to include provisions in my order requiring each parent to provide health insurance coverage for the children if coverage is now or becomes available through employment or a union and the health insurance premium does not exceed 25 percent of the parent's basic support obligation. DCS considers this requirement satisfied if the children are eligible for Indian Health Services. DCS may enforce this obligation under certain circumstances. The obligated parent must provide proof of accessible coverage for the children to DCS and the other parent within 20 days of the date a final child support order is entered. If the obligated parent does not provide proof of coverage, the obligated parent may be required to satisfy the obligation to provide health insurance by doing one of the following, in order of priority:
 - a. Providing or maintaining health insurance coverage through the obligated parent's employment or union at a cost not to exceed 25 percent of the obligated parent's basic child support obligation.
 - b. Contributing the obligated parent's proportionate share of a monthly premium being paid by the other parent for health insurance coverage for the children named in the support order, not to exceed 25 percent of the obligated parent's basic child support obligation.
3. I must ask for a specific amount of child support, provide a reason for requesting the modification, and sign this form. If I do not, DCS cannot process my petition.
4. I must file the following documents with DCS:
 - a. This completed petition.
 - b. Completed **Washington State Child Support Schedule** worksheets.
 - c. **If I am a parent of the children**, proof of income (pay stubs, tax returns, etc.).
5. I must mail the above documents to the following address or personally deliver them to the DCS office that handles my case.
DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520
6. If I do not provide the above documents to DCS, an ALJ may dismiss my petition.
7. I must tell DCS if I change my address.
8. I must tell DCS of any changes in health insurance coverage for my children.
9. DCS does not represent me or the other party to my child support order in this action.
10. If I do not attend and participate in a scheduled hearing, an ALJ may dismiss my petition.
11. If the other party to my order does not attend and participate in a scheduled hearing, an ALJ may:
 - a. Grant any requests made by DCS or the appearing party to the case without further notice.
 - b. Order a support amount that is higher or lower than the amount proposed in this petition.

Notice to Both Parents

An ALJ may:

1. Order both parents to provide health insurance for the children if coverage is now or becomes available through employment or a union and the health insurance premium does not exceed 25 percent of the parents' basic child support obligations.
2. Order both parents to pay a proportionate share of uninsured medical expenses, including copayments, deductibles, and any part of the proportionate share of a medical insurance premium not enforced through service of a **Notice of Support Owed**.
3. Order that if a parent who is ordered to provide health insurance coverage for the children does not provide proof of accessible coverage, DCS may do one of the following, listed in order of priority:
 - a. Send a notice to the employer or union requiring the employer or union to enroll the children in a health insurance plan as described in RCW 26.18.170.
 - b. Serve a notice on the obligated parent requiring the parent to pay his / her proportionate share of a monthly premium being paid by the other parent for the children, not to exceed 25 percent of the obligated parent's basic child support obligation.
4. Order that if an obligated parent fails to enroll the children in accessible health insurance coverage, or coverage available through the parent's employer or union, DCS may enforce the obligated parent's medical support obligation as provided in RCW 26.18.170.

Declaration

I declare, under penalty of perjury under the laws of the state of Washington, that the foregoing is true and correct.

You must sign this form

<div style="border-bottom: 1px solid black; margin-bottom: 10px;">DATE</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">P.O. BOX OR STREET ADDRESS</div> <div style="display: flex; justify-content: space-between;"><div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 10px;">CITY ()</div><div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 10px;">STATE ()</div><div style="width: 30%; border-bottom: 1px solid black; margin-bottom: 10px;">ZIP CODE</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 10px;">HOME TELEPHONE NUMBER ()</div><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 10px;">CELL TELEPHONE NUMBER ()</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 10px;">WORK TELEPHONE NUMBER ()</div><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 10px;">MESSAGE TELEPHONE NUMBER ()</div></div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">FAX NUMBER ()</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">BEST HOURS TO CALL ME</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">NUMBER I PREFER TO USE FOR THE HEARING</div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">MY SIGNATURE</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">MY ATTORNEY'S OR REPRESENTATIVE'S NAME</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">MY ATTORNEY'S OR REPRESENTATIVE'S ADDRESS</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">MY ATTORNEY'S OR REPRESENTATIVE'S CITY, STATE, ZIP CODE ()</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">MY ATTORNEY'S OR REPRESENTATIVE'S TELEPHONE NUMBER ()</div>
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No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

Child Support Order Review Request

TO:

RE:

CASE NUMBER:

DATE:

Program Information

You asked the Division of Child Support (DCS) to modify (change) or adjust your child support order. You have two options to help you modify or adjust your order.

1. File an action in court to modify your order. You may do so on your own or through an attorney.
2. Ask DCS to review your order.
 - a. DCS cannot represent or provide legal advice to you or the other party to your order.
 - b. DCS reviews your information.
 - (1) If your order **does not** meet the minimum criteria for a review, DCS will do nothing further.
 - (2) If your order **does** meet the minimum criteria for a review, DCS will refer your case to a Prosecuting Attorney office or another child support agency (as needed) for modification or adjustment. The minimum requirements are:
 - (a) DCS must have current address information for both parties to the order.
 - (b) The state of Washington must have jurisdiction over both parties to the order.
 - (c) At least three years have passed since the support amount was last set **or** you can show a substantial change in circumstances. This requirement does not apply if the review is requested because the noncustodial parent becomes incarcerated.
 - (d) The total support amount in the existing order must be at least 15 percent above or below the amount specified by the most current **Washington State Child Support Schedule**. This requirement does not apply if the review is requested because the noncustodial parent becomes incarcerated.
 - (e) The amount of the difference between the existing support amount and the new amount must be at least \$100.00 per month.
 - (f) The total support amount over the remaining life of the order must change by at least \$2,400.00.

NOTE: An exception to the last two criteria listed above is when the order does not have a requirement to provide health insurance coverage for the children.

If the children listed in the order receive public assistance or medical assistance, special rules apply.

1. DCS will automatically review your order for modification or adjustment every 35 months. DCS may review your support order sooner than 35 months if the noncustodial parent becomes incarcerated.
2. If you want to modify or adjust your order without DCS's help, either the Prosecuting Attorney office or DCS must approve the terms of the order regarding child support assigned to the state of Washington.

If you want DCS to review your order, you must complete and return pages 2 and 3 of this form. See the instructions on page 2 for additional requirements.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

Child Support Order Review Request

REQUESTER'S NAME:

CASE NUMBER:

Instructions

If you want DCS to review your case for possible modification or adjustment, use this form to ask for the review.

Except for your signature, print your responses. Use black or blue ink only.

Sign and return all required forms to the DCS address listed on page 3. If you are a child support agency, an authorized representative must sign the forms.

Complete and return the following forms:

1. **Pages 2 and 3** of this form.
2. **Washington State Child Support Schedule Worksheets** (enclosed). Complete the parts for you and your household. DCS will try to obtain the other party's financial information.
3. **Financial Declaration** (enclosed). Complete this form only if you have a **court order**.
4. **Confidential Information** form (enclosed). Complete this form only if you have a **court order**.
5. **Addendum to Confidential Information** form (enclosed) if you have more than two children. Complete this form only if you have a **court order**.

Attach the following documents. **If you do not have the documents, attach a statement explaining why.**

1. Copies of your last two federal income tax returns
2. Copies of your last three pay stubs.

DCS or the Prosecuting Attorney may share any documents you send to DCS with the other party to your support order and may file the documents in a public court file.

1. The other party to your support order has a right to see your financial information.
2. You must remove your personal identification information (address, birthdate, social security number) from the documents before you send them to DCS.

I want DCS to review my support order for modification or adjustment because: (check the boxes below that apply your case):

1. ☐ My income changed.
2. ☐ The other parent's income changed.
3. ☐ At least one of the children in my case is:
 - a. ☐ Living in a different home.
 - b. ☐ Not going to school or living at home.
4. ☐ A health insurance requirement needs to be added to my order.
5. ☐ I am disabled, institutionalized, or incarcerated.
6. ☐ Other (give details): _____

I understand and agree that:

1. If I do not give DCS all the information needed, DCS will not review the order.
2. DCS only reviews my case for modification or adjustment of the provisions regarding child support or health insurance for the children. DCS does not have authority to review court orders for changes in custody, visitation, or other issues.
3. DCS uses information I provide to establish, modify, or enforce child support.
 - a. DCS shares information with other government agencies only for these purposes.
 - b. DCS releases information only as state and federal laws and regulations allow.
 - c. I can ask DCS for the other parent's personal and confidential information.
4. After reviewing my request, DCS will forward it to a Prosecuting Attorney if:
 - a. DCS receives all the forms and information requested on page 3.
 - b. My case meets the requirements for modification or adjustment.

NOTE: DCS cannot withdraw requests sent to a Prosecuting Attorney.

5. If my order does not meet legal or review requirements, DCS or a prosecuting attorney may decide not to take my support order to court for modification or an adjustment.
6. If a prosecutor decides to proceed with a modification or an adjustment of my support order, the start date of any change may be any date from the date the action is filed in court to the date the judge signs the order. The judge decides the start date.
7. My modified or adjusted support order can result in higher or lower support payments.
8. I have the right to ask a court to modify or adjust my support order on my own.

DATE

PARENT'S SIGNATURE

DATE

PARENT'S REPRESENTATIVE'S SIGNATURE

PARENT'S REPRESENTATIVE'S PRINTED NAME

DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

Within _____ calling area _____

Outside _____ calling area _____

TTY/TDD services available for the speech or hearing impaired.

Visit our web site at: www.dshs.wa.gov/dcs

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.

For Child Support Agency Use Only

AGENCY REPRESENTATIVE'S SIGNATURE

DATE

AGENCY P.O. BOX OR STREET ADDRESS

CITY

STATE

ZIP CODE

Superior Court of Washington, County of _____

In re:

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

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

No. _____

Financial Declaration of
(name): _____

(FNDCLR)

Financial Declaration

1. Your personal information

Name: _____

Highest year of education you completed: _____ Your job/profession is: _____

Are you working now?

☐ Yes. List the date you were hired *(month / year)*: _____

☐ No. List the last date you worked *(month / year)*: _____

What was your monthly pay *before* taxes: \$ _____

Why are you not working now? _____

2. Summary of your financial information

(Complete this section after filling out the rest of this form.)

1. Total Monthly Net Income <i>(copy from section 3, line C. 3.)</i>	\$
2. Total Monthly Expenses After Separation <i>(copy from section 7, line I.)</i>	\$
3. Total Monthly Payments for Other Debts <i>(copy from section 9)</i>	\$
4. Total Monthly Expenses + Payments for Other Debts <i>(add line 2 and line 3)</i>	\$
Gross Monthly Income of Other Party <i>(copy from section 3. A.)</i>	\$

3. Income

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your *Child Support Worksheets*. If you do not know the other person's financial information, give an estimate.

Tip: If you do not get paid once a month, calculate your *monthly* income like this:

Monthly income = Weekly x 4.3 **or** 2-week x 2.15 **or** Twice a month x 2

A. Gross Monthly Income (before taxes, deductions, or retirement contributions)		
	You	Other Party
Monthly wage / salary		
Income from interest / dividends		
Income from business		
Spousal support / maintenance received (Paid by: _____)		
Other income		
Total Gross Monthly Income (add all lines above)		
Total gross income for this year before deductions (starting January 1 of this year until now)		

B. Monthly Deductions		
	You	Other Party
Income taxes (federal and state)		
FICA (Soc.Sec. + Medicare) or self-employment taxes		
State Industrial Insurance (Workers' Comp.)		
Mandatory union or professional dues		
Mandatory pension plan payments		
Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g))		
Spousal support / maintenance paid		
Normal business expenses		
Total Monthly Deductions (add all lines above)		

C. Net Monthly Income		
	You	Other Party
1. Total Gross Monthly Income (from A above)		
2. Total Monthly Deductions (from B above)		
3. Net Monthly Income (Line 1 minus Line 2)		

4. Other Income and Household Income

Tip: If this income is not once a month, calculate the *monthly* amount like this:

Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

A. Other Income (Do not repeat income you already listed on page 2.)		
	You	Other Party
Child support received from other relationships		
Other income (From: _____)		
Other income (From: _____)		
Total Other Income (add all lines above)		

B. Household Income (Monthly income of other adults living in the home)		
	Your Home	Other Party's Home
Other adult's gross income (Name: _____)		
Other adult's gross income (Name: _____)		
Total Household Income of other adults in the home (add all lines above)		

5. Disputed Income – If you disagree with the other party's statements about anyone's income, explain why the other party's statements are not correct, and your statements are correct:

6. Available Assets

List your liquid assets, like cash, stocks, bonds, that can be easily cashed.	
Cash on hand and money in all checking & savings accounts	\$
Stocks, bonds, CDs and other liquid financial accounts	\$
Cash value of life insurance	\$
Other liquid assets	\$
Total Available Assets (add all lines above)	

7. Monthly Expenses After Separation

Tell the court what your monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

A. Housing Expenses		F. Transportation Expenses	
Rent / Mortgage Payment		Automobile payment (<i>loan or lease</i>)	
Property Tax (if not in monthly payment)		Auto insurance, license, registration	
Homeowner's or Rental Insurance		Gas and auto maintenance	
Other mortgage, contract, or debt payments based on equity in your home		Parking, tolls, public transportation	
Homeowner's Association dues or fees		Other transportation expenses	
Total Housing Expenses		Total Transportation Expenses	
B. Utilities Expenses		G. Personal Expenses (not children's)	
Electricity and heating (gas and oil)		Clothes	
Water, sewer, garbage		Hair care, personal care	
Telephone(s)		Recreation, clubs, gifts	
Cable, Internet		Education, books, magazines	
Other (<i>specify</i>):		Other Personal Expenses	
Total Utilities Expenses		Total Personal Expenses	
C. Food and Household Expenses		H. Other Expenses	
Groceries for (<i>number of people</i>): _____		Life insurance (not deducted from pay)	
Household supplies (cleaning, paper, pets)		Other (<i>specify</i>):	
Eating out		Other (<i>specify</i>):	
Other (<i>specify</i>):		Other (<i>specify</i>):	
Total Food and Household Expenses		Total Other Expenses	
D. Children's Expenses		List all Total Expenses from above:	
Childcare, babysitting		A. Total Housing Expenses	
Clothes, diapers		B. Total Utilities Expenses	
Tuition, after-school programs, lessons		C. Total Food and Household Expenses	
Other expenses for children		D. Total Children's Expenses	
Total Children's Expenses		E. Total Health Care Expenses	
E. Health Care Expenses		F. Total Transportation Expenses	
Insurance premium (health, vision, dental)		G. Total Personal Expenses	
Health, vision, dental, orthodontia, mental health expenses not covered by insurance		H. Total Other Expenses	
Other health expenses not covered by insurance		I. All Total Expenses (add A - H above)	
Total Health Care Expenses		Use section 10 below to explain any unusual expenses, or attach additional pages.	

8. Debts included in Monthly Expenses listed in section 7 above

Debt for what expense (mortgage, car loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment made
		\$	Date:
		\$	Date:
		\$	Date:
		\$	Date:

9. Monthly payments for other debts (not included in expenses listed in section 7)

Describe Debt (credit card, loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment (Date and Amount)	
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
Total Monthly Payments for Debts				

10. Explanation of expenses or debts (if any needed):

11. Lawyer Fees

List your total lawyer fees and costs for this case as of today.

Amount paid	\$	Source of the money you used to pay these fees and costs: Describe your agreement with your lawyer to pay your fees and costs:
Amount still owed	\$	
Total Fees/Costs	\$	

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (city and state): _____ Date: _____

► _____
Sign here Print name

Financial Records – You must provide financial records as required by statute and state and local court rules. These records may include:

- Personal Income Tax Returns
- Partnership or Corporate Income Tax Returns
- Pay stubs
- Other financial records

Important! Do not attach financial records to this form. Financial records should be served on the other party and filed with the court separately using the *Sealed Financial Source Documents* cover sheet (FL All Family 011). If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties and lawyers in this case, court personnel and certain state agencies and boards.) See GR 22(c)(2).

Confidential Information (CIF)

**Clerk: Do not file in a
public access file**

Superior Court of Washington,

County: _____

Case No.: _____

Important! Only court staff and some state agencies may see this form. The other party and their lawyer may **not** see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

1. Who is completing this form? (Name): _____
2. Is there a current restraining or protection order involving the parties or children? ☐ No
☐ Yes. If yes, who does the order protect? (Name/s): _____
3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one): ☐ Yes ☐ No
If yes, explain why? _____
4. **Your Information** - This person is a (check one): ☐ Petitioner ☐ Respondent
Interpreter needed? ☐ No ☐ Yes, language: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip):			
Email:		Phone:	

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	
Employer's name:	Employer's phone:
Employer's address:	

5. **Other Party's Information** – This person is a (check one): ☐ Petitioner ☐ Respondent
Interpreter needed? ☐ No ☐ Yes, language: _____

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip):			
Email:		Phone:	

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	
Employer's name:	Employer's phone:
Employer's address:	

➤ **Skip sections 6–9 if your case does not involve children. Sign at the end.**

6. Children's Information (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. No.	Current location: lives with
1.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____

7. Have the children lived with anyone other than you or the other party during the last 5 years? (Check one): ☐ No ☐ Yes. If **yes**, fill out below:

Children lived with (name)	That person's current address
1.	
2.	

8. Do other people (not parents) have custody or visitation rights to the children? (Check one): ☐ No ☐ Yes. If **yes**, fill out below:

Person with rights (name)	That person's current address
1.	
2.	

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): _____

☐ Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (city and state): _____ Date: _____

➤ _____
Petitioner/Respondent signs here

Print name here