

Pida a DCS que revise su caso de manutención de menores para modificarlo

Author

Northwest Justice Project

Last Review Date

February 13, 2025

Si la División de Manutención de Menores (DCS, por sus siglas en inglés) del Estado de Washington está cobrando (haciendo cumplir) la manutención de menores para sus hijos, usted podría lograr que cambien (modifiquen) el monto o algún otro aspecto de su orden de manutención de menores. El proceso depende de si tiene una orden judicial o administrativa.

1. Datos claves

Esta información corresponde tanto a las órdenes administrativas como a las órdenes judiciales de manutención de menores.

Si tiene una orden de manutención de menores de un tribunal del estado de Washington o de la División de Manutención de Menores de Washington (DCS) (<https://www.dshs.wa.gov/esa/division-child-support>), puede utilizar los procedimientos que describimos a continuación para solicitar un cambio en el monto de la manutención de menores. También puede usarlos para pedir a DCS que añada órdenes sobre cómo los padres se harán cargo del seguro y los gastos médicos de los menores, si su orden no los incluye.

¿Cómo sé si tengo una orden judicial o una orden administrativa?

En el estado de Washington, una orden judicial es una **Orden de manutención de menores** de un **Tribunal Superior**. Se identificará como tal en la parte superior de la primera página.

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

Una orden administrativa es un “Aviso y determinación de responsabilidad financiera”, un “Aviso y determinación de responsabilidad parental” o una “Decisión y orden inicial”. Así es como podría verse la parte superior de la primera página (el título o epígrafe):

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

¿Cuándo revisará DCS mi orden de manutención de menores para ver si es necesario modificarla?

Si está recibiendo servicios de DCS, o recibe beneficios públicos como TANF (<https://www.dshs.wa.gov/office-of-the-secretary/spanish>) o Medicaid (también llamado Apple Health) (<https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid>), la orden de manutención de menores que desea modificar se emitió hace 35 meses o más, DCS la revisará.

Aunque no hayan pasado 35 meses, es posible que DCS revise su caso para modificarlo en determinadas situaciones:

- DCS revisará su orden si esta dice que puede ser revisada con mayor frecuencia. **O**
- Aún puede pedir una revisión si ha habido un cambio real en las circunstancias de uno de los padres o de los menores.

¿Tengo derechos ante DCS para recibir servicios de interpretación y traducción?

Sí. Lea Intérpretes para personas con conocimientos limitados del inglés para obtener más información.

¿Cómo decide DCS si va a modificar mi orden de manutención de menores?

Estas son algunas de las cosas que DCS considera cuando decide aceptar su caso para modificación. Esta no es una lista completa:

- El cambio previsto por DCS debe ser de al menos un 15% de aumento o disminución.
- Usted (o el otro padre) está en la cárcel o en la prisión.
- Ha habido un **cambio significativo de circunstancias** desde que se emitió la orden o se modificó por última vez.

He aquí algunos ejemplos de “cambio significativo de circunstancias”:

- Usted ahora tiene una discapacidad permanente.
- Usted recibe ahora asistencia pública, como Seguridad de Ingreso Suplementario SSI (<https://www.ssa.gov/es/ssi>) o TANF (<https://www.dshs.wa.gov/esa/community-services-offices/temporary-assistance-needy-families>).
- Usted tiene hijos nuevos a los que también debe mantener.
- Usted ha perdido su empleo y no encuentra trabajo con el mismo salario.

¿Cómo le pido al DCS que revise mi caso?

Debe completar el formulario o formularios necesarios según el tipo de orden de manutención de menores que tenga, ya sea judicial o administrativa, y enviarlos a la oficina del DCS.

Si DCS decide aceptar su caso para modificación, DCS también pedirá a la otra parte las hojas de cálculo de manutención de menores.

Mi caso no cumple los criterios de DCS. ¿Puedo intentar modificar la orden por mi cuenta?

Sí.

- **Si se trata de una orden administrativa**, aún puede oponerse o pedir una audiencia administrativa. Pero puede ser más difícil argumentar en defensa de su caso si no cumple los criterios de DCS.
- **Si su orden es una orden judicial de un tribunal del estado de Washington**, puede presentar una Solicitud para modificar la orden de manutención de menores. Sin embargo, puede ser más difícil hacerlo por su cuenta que dejar que DCS lo haga por usted.

2. Paso por paso

1. Llene los formularios. Haga un juego de copias para sus propios archivos.

2. Envíe los originales por correo a su oficina local de manutención de menores. (https://www.dshs.wa.gov/office-locations?field_geofield_distance%5Bdistance%5D=100&field_geofield_distance%5B)
3. DCS pedirá a la otra parte las hojas de cálculo de manutención de menores.

3. Formularios

Form attached:

Washington State Child Support Schedule Worksheets (WSCSS - Worksheets)

Debe llenar las hojas de cálculo propuestas cuando solicite a DCS que modifique una orden administrativa o judicial.

Antes de llenar las hojas de cálculo, puede usar el Calculador rápido de manutención de menores de DCS (<https://fortress.wa.gov/dshs/dcs/SSGen/Home/QuickEstimator>) para obtener un cálculo aproximado del monto de manutención que DCS podría ordenar en su caso. Para obtener un cálculo más exacto, utilice nuestra entrevista en Washington Forms Online o las Hojas de cálculo automatizadas de manutención de menores de DCS (<https://fortress.wa.gov/dshs/dcs/SSGen/Home/QuickEstimator>).

Es posible que el Calculador rápido de DCS no funcione si usted solicita una “desviación” del cálculo estándar de manutención de menores. **(Ejemplos:** puede pedir una desviación si tiene un plan de crianza 50/50, o hay menores de otras relaciones, o cada padre tiene la tutela de uno de los menores).

Para pedir a DCS que modifique una orden administrativa, también debe presentar un comprobante de ingresos (como talones de pago o declaraciones de impuestos) y llenar este formulario:

Form attached:

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

Para pedir a DCS que modifique una orden judicial, también debe presentar un comprobante de ingresos (como talones de pago o declaraciones de impuestos) y llenar estos tres formularios:

Form attached:

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

Form attached:

Declaración financiera de (nombre): _____ (FNDCLR) (FL All Family 131)

Form attached:

Información confidencial (CIF) (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.

[Pida a DCS que revise su caso de manutención de menores](#)

[para modificarlo](#)

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%;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">CITY</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">()</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">HOME TELEPHONE NUMBER</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">()</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">WORK TELEPHONE NUMBER</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">()</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">FAX NUMBER</div></div><div style="width: 30%;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">STATE</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;"> ()</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">CELL TELEPHONE NUMBER</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;"> ()</div><div style="border-bottom: 1px solid black; margin-bottom: 5px;">MESSAGE TELEPHONE NUMBER</div></div><div style="width: 30%;"><div style="border-bottom: 1px solid black; margin-bottom: 5px;">ZIP CODE</div></div></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;">()</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">MY ATTORNEY'S OR REPRESENTATIVE'S TELEPHONE NUMBER</div>
--	--

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 _____
Tribunal Superior de Washington, Condado de _____

In re:

Con respecto a:

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

Parte(s) demandante(s) (*persona(s) que iniciaron este caso*):

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

Y Parte(s) demandada(s) (*La(s) otra(s) parte(s)*):

No. _____

N.º _____

Financial Declaration of
(*name*): _____

(FNDCLR)

Declaración financiera de
(*nombre*): _____

(FNDCLR)

Financial Declaration Declaración financiera

1. Your personal information

1. Su información personal

Name: _____

Nombre: _____

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

Último año de estudios que completó: _____ Su empleo/su profesión: _____

Are you working now?

¿Está empleado actualmente?

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

☐ Sí. Indique la fecha en que le contrataron (*mes / año*): _____

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

☐ No. Indique la última fecha en la que trabajó (*mes / año*): _____

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

Cuál era su sueldo mensual *antes* de que le dedujeran los impuestos: \$ _____

Why are you not working now? _____

¿Por qué no está trabajando actualmente? _____

2. Summary of your financial information

2. Resumen de su situación financiera

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

(Complete esta sección **después** de llenar el resto de este formulario.)

1. Total Monthly Net Income (copy from section 3 , line C. 3) 1. Ingreso total neto mensual (cópielo de la sección 3 , renglón C. 3)	\$
2. Total Monthly Expenses After Separation (copy from section 7 , line I) 2. Gasto total mensual después de la separación (cópielo de la sección 7 , renglón I)	\$
3. Total Monthly Payments for Other Debts (copy from section 9) 3. Pago total mensual de otras deudas (cópielo de la sección 9)	\$
4. Total Monthly Expenses + Payments for Other Debts (add line 2 and line 3) 4. Total de gastos mensuales + Pago de otras deudas (sume el renglón 2 y el renglón 3)	\$
Gross Monthly Income of Other Party (copy from section 3. A) Ingreso mensual bruto de la Otra parte (cópielo de la sección 3. A)	\$

3. Income

3. Ingresos

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. Enumere el ingreso mensual y las deducciones de usted y la otra persona en su caso a continuación. Si su caso involucra la manutención del menor, esta misma información se requiere en las *Planillas de manutención*. Si usted desconoce la información financiera de la otra persona, proporcione un estimado.

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

Consejo: Si a usted no le pagan una vez por mes, calcule su ingreso *mensual* de la siguiente manera:

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

Ingreso mensual = una semana x 4.3 **o** 2-semanas x 2.15 **o** dos veces al mes x 2

A. Gross Monthly Income (before taxes, deductions, or retirement contributions) A. Ingreso mensual bruto (antes de impuestos, deducciones o contribuciones para la jubilación)		
	You Usted	Other Party Otra parte
Monthly wage / salary Sueldo/ Salario mensual		
Income from interest / dividends Ingreso proveniente de intereses / dividendos		

Income from business Ingreso del negocio		
Spousal support / maintenance received Pensión alimenticia / manutención recibida (Paid by: _____) (Pagada por: _____)		
Other income Otros ingresos		
Total Gross Monthly Income (add all lines above) Total del ingreso bruto mensual (sume todos los renglones arriba)		
Total gross income for this year before deductions (starting January 1 of this year until now) Ingreso total bruto para este año antes de las deducciones (desde el 1.º de enero de este año hasta ahora)		

B. Monthly Deductions

B. Deducciones mensuales

	You Usted	Other Party Otra parte
Income taxes (federal and state) Impuestos al ingreso (federales y estatales)		
FICA (Soc.Sec. + Medicare) or self-employment taxes FICA (Seg.Soc. + Medicare) o impuestos por concepto de trabajador independiente		
State Industrial Insurance (Workers' Comp.) Seguro industrial estatal (Compensación al trabajador)		
Mandatory union or professional dues Cuotas obligatorias de sindicato o profesionales		
Mandatory pension plan payments Pagos obligatorios del plan de pensiones		
Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g)) Contribuciones de jubilación voluntaria (hasta el límite permitido en el Código enmendado de RCW 26.19.071(5)(g))		
Spousal support / maintenance paid Pensión alimenticia / manutención pagada		
Normal business expenses Gastos normales del negocio		
Total Monthly Deductions (add all lines above) Total de deducciones mensuales (sume todos los renglones arriba)		

C. Net Monthly Income C. Ingreso mensual neto		
	You Usted	Other Party Otra parte
1. Total Gross Monthly Income (from A above) Total del ingreso bruto mensual (de A arriba)		
2. Total Monthly Deductions (from B above) Total de deducciones mensuales (de B arriba)		
3. Net Monthly Income (Line 1 minus Line 2) Ingreso mensual neto (Renglón 1 menos renglón 2)		

4. Other Income and Household Income

4. Otro ingreso e ingreso del hogar

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

Consejo: Si este ingreso no es una vez al mes, calcule la cantidad *mensual* de la siguiente manera:

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

Ingreso mensual = una semana x 4.3 **o** 2-semanas x 2.15 **o** dos veces al mes x 2

A. Other Income (Do not repeat income you already listed on page 2.) A. Otro ingreso (No repita el ingreso que ya ha mencionado en la página 2.)		
	You Usted	Other Party Otra parte
Child support received from other relationships Manutención para niños recibida de otras relaciones		
Other income (From: _____) Otros ingresos (De: _____)		
Other income (From: _____) Otros ingresos (De: _____)		
Total Other Income (add all lines above) Total de otro ingreso (sume todos los renglones arriba)		

B. Household Income (Monthly income of other adults living in the home) B. Ingreso del hogar (Ingreso mensual de otros adultos que viven en el hogar)		
	Your Home Su hogar	Other Party's Home El hogar de la otra parte
Other adult's gross income (Name: _____) Ingreso bruto de otro adulto (Nombre: _____)		

Other adult's gross income (Name: _____) Ingreso bruto de otro adulto (Nombre: _____)		
Total Household Income of other adults in the home (add all lines above) Ingreso total del hogar de otros adultos en el hogar (sume todos los renglones arriba)		

- 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:
- 5. Ingreso disputado** – Si usted está en desacuerdo con las declaraciones de la otra parte con respecto a su ingreso, explique por qué las declaraciones de la otra parte son incorrectas y por qué las de usted son correctas:

- 6. Available Assets**
- 6. Activos disponibles**

List your liquid assets, like cash, stocks, bonds, that can be easily cashed. Enumere sus activos líquidos, tales como dinero en efectivo, acciones o bonos que se pueden convertir en dinero en efectivo fácilmente.	
Cash on hand and money in all checking & savings accounts Dinero en efectivo a la mano y todo el dinero en las cuentas de cheques y de ahorro	\$
Stocks, bonds, CDs and other liquid financial accounts Acciones, bonos, certificados de depósito y otras cuentas financieras líquidas	\$
Cash value of life insurance El valor en dinero en efectivo del seguro de vida	\$
Other liquid assets Otros activos líquidos	\$
Total Available Assets (add all lines above) Total de los activos disponibles (sume todos los renglones arriba)	

7. Monthly Expenses After Separation

7. Gastos mensuales después de la separación

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.

Dígale al juez cuáles son (o serán) su gastos mensuales después de la separación. Si tiene hijos que son dependientes, sus gastos se deben basar en el plan de crianza o el plan que usted espera tener para los menores.

A. Housing Expenses A. Gastos de vivienda		F. Transportation Expenses F. Gastos de transporte	
Rent / Mortgage Payment Pago de alquiler / Hipoteca		Automobile payment (<i>loan or lease</i>) Pago de automóvil (<i>préstamo o arrendamiento</i>)	
Property Tax (if not in monthly payment) Predio (si no está incluido en el pago mensual)		Auto insurance, license, registration Seguro de automóvil, licencia, registro	
Homeowner's or Rental Insurance Seguro del propietario de la vivienda o de inquilino		Gas and auto maintenance Gasolina y mantenimiento del vehículo	
Other mortgage, contract, or debt payments based on equity in your home Otra hipoteca, contrato o pago de deudas basadas en la plusvalía de su casa		Parking, tolls, public transportation Estacionamiento, peaje, transporte público	
Homeowner's Association dues or fees Cuotas y tarifas de la asociación de propietarios de viviendas		Other transportation expenses Otros gastos de transporte	
Total Housing Expenses Total de gastos de vivienda		Total Transportation Expenses Total de gastos de transporte	
B. Utilities Expenses B. Servicios públicos		G. Personal Expenses (not children's) G. Gastos personales (no de los menores)	
Electricity and heating (gas and oil) Luz y calefacción (gas y combustible)		Clothes Vestimenta	
Water, sewer, garbage Agua, drenaje, basura		Hair care, personal care Cuidado de cabello, aseo personal	
Telephone(s) Teléfono(s)		Recreation, clubs, gifts Recreación, clubes, regalos	
Cable, Internet Cable, Internet		Education, books, magazines Educación, libros, revistas	
Other (<i>specify</i>): Otro (<i>especifique</i>):		Other Personal Expenses Otros gastos personales	
Total Utilities Expenses Total de servicios públicos		Total Personal Expenses Total de gastos personales	

C. Food and Household Expenses C. Alimentos y gastos del hogar		H. Other Expenses H. Otros gastos	
Groceries for (number of people): _____ Comestibles para (número de personas):		Life insurance (not deducted from pay) Seguro de vida (no deducido de la paga)	
Household supplies (cleaning, paper, pets) Artículos del hogar (limpieza, papel, mascotas)		Other (specify): Otro (especifique):	
Eating out Comer en restaurantes		Other (specify): Otro (especifique):	
Other (specify): Otro (especifique):		Other (specify): Otro (especifique):	
Total Food and Household Expenses Total de alimentos y gastos del hogar		Total Other Expenses Total de otros gastos	
D. Children's Expenses D. Gastos de los menores		List all Total Expenses from above: Escriba los totales de todos los gastos de arriba:	
Childcare, babysitting Guardería, cuidado de niños		A. Total Housing Expenses A. Total de gastos de vivienda	
Clothes, diapers Ropa, pañales		B. Total Utilities Expenses B. Total de servicios públicos	
Tuition, after-school programs, lessons Colegiatura, programas ofrecidos después de la escuela, clases particulares		C. Total Food and Household Expenses C. Total de alimentos y gastos del hogar	
Other expenses for children Otros gastos para los menores		D. Total Children's Expenses D. Total de gastos de los menores	
Total Children's Expenses Total de gastos de los menores		E. Total Health Care Expenses E. Total de gastos de atención médica	
		F. Total Transportation Expenses F. Total de gastos de transporte	
E. Health Care Expenses E. Gastos de atención médica		G. Total Personal Expenses G. Total de gastos personales	
Insurance premium (health, vision, dental) Prima de seguro (salud, visión, dental)		H. Total Other Expenses H. Total de otros gastos	
Health, vision, dental, orthodontia, mental health expenses not covered by insurance Gastos de salud, visión, dental, ortodoncia, salud mental no cubiertos por el seguro		I. All Total Expenses (add A - H above) I. Todos los Totales de gastos (sume de A a H arriba)	
Other health expenses not covered by insurance Otros gastos de salud no cubiertos por el seguro		Use section 10 below to explain any unusual expenses, or attach additional pages. Use la sección 10 a continuación para explicar gastos inusuales o añada páginas adicionales.	
Total Health Care Expenses Total de gastos de atención médica			

8. Debts included in Monthly Expenses listed in section 7 above**8. Deudas incluidas en los gastos mensuales enumerados en la sección 7 arriba**

Debt for what expense (mortgage, car loan, etc.) Deuda por concepto de qué gasto (hipoteca, préstamo de automóvil, etc.)	Who do you owe (Name of creditor) ¿A quién le debe? (Nombre del acreedor)	Amount you owe this creditor now La cantidad que le debe a este acreedor actualmente	Last Monthly Payment made El último pago mensual efectuado
		\$	Date: Fecha:
		\$	Date: Fecha:
		\$	Date: Fecha:
		\$	Date: Fecha:

9. Monthly payments for other debts (not included in expenses listed in section 7)**9. Pagos mensuales por otras deudas (no incluidas en los gastos enumerados en la sección 7)**

Describe Debt (credit card, loan, etc.) Describe la deuda (tarjeta de crédito, préstamo, etc.)	Who do you owe (Name of creditor) ¿A quién le debe? (Nombre del acreedor)	Amount you owe this creditor now La cantidad que le debe a este acreedor actualmente	Last Monthly Payment (Date and Amount) El último pago mensual efectuado (Fecha y cantidad)	
		\$	Date:	\$
		\$	Fecha:	\$
		\$	Date:	\$
		\$	Fecha:	\$
		\$	Date:	\$
		\$	Fecha:	\$
		\$	Date:	\$
		\$	Fecha:	\$
Total Monthly Payments for Debts Total de pagos mensuales por deudas				

10. Explanation of expenses or debts (if any needed):**10. Explicación de los gastos o deudas (si es necesario):**

11. Lawyer Fees**11. Honorarios del abogado**

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

Enumere el total de honorarios de abogado y costos incurridos en este caso hasta la fecha.

Amount paid Cantidad pagada	\$ \$	Source of the money you used to pay these fees and costs: Fuente de dinero utilizado para pagar estas cuotas y gastos:
Amount still owed Cantidad que se debe todavía	\$ \$	Describe your agreement with your lawyer to pay your fees and costs: Describa el acuerdo que tiene con su abogado para pagar sus cuotas y gastos:
Total Fees/Costs Total de costos y cuotas	\$ \$	

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.

Yo declaro bajo pena de perjurio de acuerdo con las leyes del estado de Washington que las declaraciones en este formulario son verdaderas.

Signed at (*city and state*): _____ Date: _____
Firmado en (*ciudad y estado*): _____ Fecha: _____

► _____
Sign here *Print name*
Firme aquí *Nombre en imprenta*

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

Expedientes financieros – Usted debe proporcionar los expedientes financieros requeridos por ley y las reglas de los tribunales locales y estatales. Estos registros pueden incluir:

- Personal Income Tax Returns
- Declaración de impuestos Personales
- Pay stubs
- Talones de pagos
- Partnership or Corporate Income Tax Returns
- Declaración de impuestos de sociedad o corporación
- Other financial records
- Otros expedientes financieros

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).

¡Importante! No adjunte documentos financieros a este formulario. Los expedientes financieros deberán ser notificados oficialmente a la otra parte y presentados en el tribunal separadamente usando la *Hoja de portada para documentos bajo sello* (FL All Family 011). Si se presentan separadamente usando la hoja de portada, los expedientes serán archivados bajo sello para proteger su privacidad (aún cuando estarán disponibles para los abogados y las partes interesadas del caso, así como el personal del tribunal y ciertas agencias o juntas estatales). Consulte GR 22(c)(2).

**Confidential
Information (CIF)
Información
confidencial
(CIF)**

**Clerk: Do not file in
a public access file
Secretario: No
archivar en un
archivo de acceso
público**

Superior Court of Washington,
Tribunal superior de Washington,

County: _____

Condado: _____

Case No.: _____

Caso civil N.º: _____

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.

¡Importante! Sólo el personal del tribunal y algunas agencias estatales tendrán acceso a este formulario. La otra parte y su abogado no tendrán acceso a este formulario a menos que una orden judicial lo permita. Las agencias estatales podrán divulgar la información de este formulario conforme a sus propias reglas.

- 1.** Who is completing this form? (Name): _____
¿Quién está llenando este formulario? (Nombre): _____
- 2.** Is there a current restraining or protection order involving the parties or children? [] Yes [] No
¿Existe una orden de restricción o de protección actual entre las partes o los menores? [-] Sí [-] No
If yes, who does the order protect? (Name/s): _____
Si marcó Sí, ¿a quién protege la orden? (Nombre/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
¿Es necesario mantener la confidencialidad de la información sobre su domicilio para proteger la salud, la seguridad o la libertad de usted o de sus hijos? (Marque uno): [-] Sí [-] No
If yes, explain why? _____
Si respondió Sí, explique por qué _____

4. Your Information - This person is a (check one): ☐ Petitioner ☐ Respondent

Su información – Esta persona es una (marque una casilla): ☐ Parte demandante ☐ Parte demandada
¿se necesita intérprete?

Interpreter needed? ☐ Yes ☐ No Language, if yes: _____

☐ Sí ☐ No Idioma, en caso de respuesta positiva :

Full name (first, middle, last): Nombre completo (primer nombre, segundo nombre, apellido):		Date of birth (MM/DD/YYYY): Fecha de nacimiento (MM/DD/AAAA):	Sex: Sexo:
Driver's license/Identicard (No., state): Licencia de conducir/tarjeta de identificación (N.º estado):	Race: Raza:	Relationship to children in this case: Relación con los menores en este caso:	
Mailing address (This address will not be kept private.) (street address or P.O. box, city, state zip): Dirección postal (Esta dirección no será confidencial.) (calle o apartado postal, ciudad, estado y código postal):			

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip): Domicilio (marque una): <input type="checkbox"/> es igual a la dirección postal <input type="checkbox"/> es la siguiente (calle, ciudad, estado, código postal):		
Phone: Teléfono:	Email: Dirección de correo electrónico:	Social Sec. No: N.º Seguridad Social:
Employer's name: Nombre del empleador:		Employer's phone: Teléfono del empleador:
Employer's address: Dirección del empleador:		

5. Other Party's Information – This person is a (check one): ☐ Petitioner ☐ Respondent

Información sobre la otra parte – Esta persona es una (marque una casilla): ☐ Parte demandante ☐ Parte demandada

Interpreter needed? ☐ Yes ☐ No Language, if yes: _____

¿Necesita intérprete? ☐ Sí ☐ No Idioma, en caso de sí:

Full name (first, middle, last): Nombre completo (primer nombre, segundo nombre, apellido):		Date of birth (MM/DD/YYYY): Fecha de nacimiento (MM/DD/AAAA):	Sex: Sexo:
Driver's license/Identicard (No., state): Licencia de conducir/tarjeta de identificación (N.º, estado):	Race: Raza:	Relationship to children in this case: Relación con los menores en este caso:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state zip): Dirección postal (Esta dirección no será confidencial.) (calle o apartado postal, ciudad, estado y código postal):			

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip): Domicilio (marque una): <input type="checkbox"/> es igual a la dirección postal <input type="checkbox"/> es la siguiente (calle, ciudad, estado, código postal):
--

Phone: Teléfono:	Email: Dirección de correo electrónico:	Social Sec. No: N.º Seguridad Social:
Employer's name: Nombre del empleador:		Employer's phone: Teléfono del empleador:
Employer's address: Dirección del empleador:		

- **Skip sections 6–9 if your case does not involve children. Sign at the end.**
- **Saltee las secciones 6–9 si su caso no incluye menores. Firma al final del documento.**

6. Children's Information

Información sobre los otros menores

Child's full name (first, middle, last) Nombre completo del menor (primer nombre, segundo nombre, apellido)	Date of birth (MM/DD/YYYY) Fecha de nacimiento (MM/DD/AAAA)	Race Raza	Sex Sexo	Soc. Sec. No. N.º Seg. Social	Current location: lives with Ubicación actual: vive con
1.					<input type="checkbox"/> You Usted <input type="checkbox"/> other party: _____ otra parte:
2.					<input type="checkbox"/> You Usted <input type="checkbox"/> other party: _____ otra parte:
3.					<input type="checkbox"/> You Usted <input type="checkbox"/> other party: _____ otra parte:
4.					<input type="checkbox"/> You Usted <input type="checkbox"/> other party: _____ otra parte:

- 7. Have the children lived with anyone other than you or the other party during the last five years?** (Check one): ☐ No ☐ Yes If **yes**, fill out below:
¿Han vivido los menores con alguien que no sea la Parte demandante o la Parte demandada durante los últimos cinco años? (Marque uno): ☐ No ☐ Sí. Si marco **sí**, complete abajo:

Children lived with (name) Los menores viven con (nombre)	That person's current address Dirección actual de esa persona
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:
¿Alguna otra persona (aparte de los padres) tiene la tutela o derechos de visitas sobre los menores?
 (Marque uno): ☐ No ☐ Sí. Si marco **sí**, complete abajo:

Person with rights (name) Persona con derechos (nombre)	That person's current address Dirección actual de esa persona
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): _____

Declaro bajo pena de perjurio de conformidad con las leyes del estado de Washington que la información contenida en este formulario sobre mí es verdadera. La información sobre la otra parte es la información más veraz que tengo o no está disponible porque (explique): _____

- ☐ 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.
☐ Marque esta casilla si necesita más espacio para enumerar otras Partes demandantes, Partes demandadas o menores. Escriba esa información en el *Anexo de formulario de información confidencial*, formulario FL All Family 002, y adjúntelo a este formulario.

Signed at (city and state): _____ Date: _____
 Firmado en (ciudad y estado): _____ Fecha: _____

► _____
 Petitioner/Respondent signs here Print name here
 La Parte demandada/Parte demandante firma aquí Nombre en imprenta