

Ask DCS to review your child support case for modification

Author

Northwest Justice Project

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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



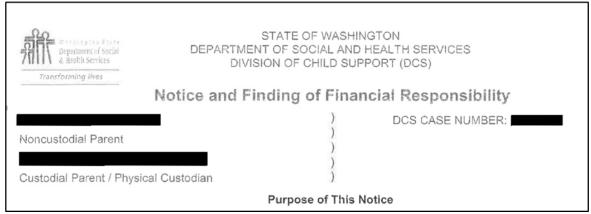
medical expenses, if your order doesn't already have these.

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 Washingto	n, County of
In re:	No.
Petitioner/s (person/s who started this case):	NO.
	Child Support Order
	[] Temporary (TMORS) [] Final (ORS)
And Respondent/s (other party/parties):	Clerk's action required: WSSR, 1
	- Cierk'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:





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 <u>if there's been a real change in the</u> circumstances of a parent or the children.

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

Yes. Read about <u>interpreters for people with limited English proficiency</u> 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 <u>ask for</u> 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.
- 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%
- 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 <u>DCS Quick Child Support</u>

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



<u>interview</u> or <u>DCS' Automated Child Support Worksheets</u> (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 <u>administrative order</u>, 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 <u>court order</u>, 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 <u>Get legal help</u> page.

Washington State Child Support Schedule Worksheets

[] Proposed by [] (name)		[] State of WA (CSWP
Or, [] Signed by the Judicial/Revie	ewing 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)		
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 \rightarrow)	\$	

	Col	umn 1	Colu	mn 2
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 Expense	s (see	Instructio	ns, page	e 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)	\$		\$	
Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	Ŧ	\$	Ŧ	
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 (se		1 '
17. Standard Calculation (line 15 minus line 16d or \$50 per child	e manuchona, pa	ge <i>a)</i>
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 1)	age 9)	
 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.)	1	
	\$	\$
	\$	\$
	\$	\$
	\$	\$
22. Other Household Income	Ψ	<u> 4</u>
 a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action) 		
Name	\$	\$
	\$	L

	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)		
	 s	\$
	\$	\$
24. Monthly Child Support Ordered for Other Children	1	
Name/age: Paid [] Yes [] No	\$	\$
Name/age: Paid [] Yes [] No	\$	\$
Name/age: Paid [] Yes [] No	\$	\$
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
(
	1	
26. Other Factors For Consideration	1	

Other Factors for Consideration (continu	ued) (attach additional p	ages as necessary)
Signature and Dates		
I declare, under penalty of perjury under the in these Worksheets is complete, true, and o	laws of the State of Wash correct.	nington, the information contained
Parent's Signature (Column 1)	Parent's Signatu	re (Column 2)
Date City	Date	City
udicial/Reviewing Officer	Date	

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



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

Petition for Modification - Administrative Order

RE: Noncustodial Parent Custodial Parent) CASE NUMBER:))))
Ins	structions
Except for your signature, print all responses. Use blue	or black ink.
WAC 388-14A-3925 requires you to:	
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 lis	sted on page 2 of this form.
Note: If you do not complete all of the required actions of this petition.	on this form, an Administrative Law Judge (ALJ) may dismiss
ī	Petition
	the Office of Administrative Hearings to direct the Division of pear and show why my administrative child support order should was entered on
I believe the current support amount for this case should I	be \$ per month.
I believe the current support amount should be modified by	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.).
- 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:

- 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.
- 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:
 - 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 28.18.170.
 - 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

DATE	MY SIGNATURE
P.O. BOX OR STREET ADDRESS	MY ATTORNEY'S OR REPRESENTATIVE'S NAME
CITY STATE ZIP CODE	MY ATTORNEY'S OR REPRESENTATIVE'S ADDRESS
() () HOME TELEPHONE NUMBER CELL TELEPHONE NUMBER	MY ATTORNEY'S OR REPRESENTATIVE'S CITY, STATE, ZIP CODE
() () WORK TELEPHONE NUMBER MESSAGE TELEPHONE NUMBER	() MY ATTORNEY'S OR REPRESENTATIVE'S TELEPHONE NUMBER
()	
FAX NUMBER	
BEST HOURS TO CALL ME	
NUMBER I PREFER TO USE FOR THE HEARING	

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

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.

<u>Sign</u> 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.
- 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.
- 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.
- 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):
 My income changed.
 The other parent's income changed.
 At least one of the children in my case is:

 Living in a different home.
 Not going to school or living at home.

 A health insurance requirement needs to be added to my order.
 I am disabled, institutionalized, or incarcerated.

6. Other (give details):

I understand and agree that:

- If I do not give DCS all the information needed, DCS will not review the order.
- 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.
- 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.
- 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.

- 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.
- 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.
- My modified or adjusted support order can result in higher or lower support payments.

I have the right to ask a court to modify or adjust my support order on my own.

DATE PARENT'S SIGNATURE PARENT'S REPRESENTATIVE'S SIGNATURE PARENT'S REPRESENTATIVE'S PRINTED NAME

DATE **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 O	nly	
AGENCY REPRESENTATIVE'S SIGNATURE		DATE	
AGENCY P.O. BOX OR STREET ADDRESS	CITY	STATE	ZIP CODE

Petitioner/s (person/s who started this case): No Financial Declara (name): (name): (FNDCLR)	
(name):	
Financial Declaration	1
Your personal information Name:	
Highest year of education you completed: Your job/p	rofession 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 <i>before</i> taxes: \$ Why are you not working now?	
Summary of your financial information	
(Complete this section after filling out the rest of this form.)	
1. Total Monthly Net Income (copy from section 3, line C. 3.)	\$
2. Total Monthly Expenses After Separation (copy from section 7, line	<i>I.</i>) \$
3. Total Monthly Payments for Other Debts (copy from section 9)	\$
4. Total Monthly Expenses + Payments for Other Debts (add line 2 and	line 3) \$

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 con	tributions)
	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		
B. Monthly Deductions	You	Other Party
Income taxes (federal and state)	100	
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	T	_
	You	Other Party
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

	on page 2.)	Other Dort
	You	Other Party
Child support received from other relationships		
Other income (From:)		
Other income (From:)		
Total Other Income (add all lines above)		T • • •
B. Household Income (Monthly income of other adults livi	ng in the home	e)
· · · ·	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)		•
sputed Income – If you disagree with the other party's sta	atements abou	
·	atements abou	
sputed Income – If you disagree with the other party's statements are not correct:	atements abou ect, and your s	tatements are
sputed Income – If you disagree with the other party's statements are not correct:	atements about sect, and your s	tatements are
sputed Income – If you disagree with the other party's statement, explain why the other party's statements are not correct: vailable Assets List your liquid assets, like cash, stocks, bonds, that ca	atements about sect, and your s	tatements are
sputed Income – If you disagree with the other party's statement, explain why the other party's statements are not correct: vailable Assets List your liquid assets, like cash, stocks, bonds, that can cash on hand and money in all checking & savings accounts.	an be easily c	tatements are
sputed Income – If you disagree with the other party's statement, explain why the other party's statements are not correct: vailable Assets List your liquid assets, like cash, stocks, bonds, that catches on hand and money in all checking & savings accounts	an be easily cates \$	tatements are

5.

6.

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 (loan or lease)			
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 (specify):	Other Personal Expenses			
Total Utilities Expenses	Total Personal Expenses			
C. Food and Household Expenses	H. Other Expenses			
Groceries for (number of people):	Life insurance (not deducted from pay)			
Household supplies (cleaning, paper, pets)	Other (specify):			
Eating out	Other (specify):			
Other (specify):	Other (specify):			
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			
	F. Total Transportation Expenses			
E. Health Care Expenses	G. Total Personal Expenses			
Insurance premium (health, vision, dental)	H. Total Other Expenses			
Health, vision, dental, orthodontia, mental health expenses not covered by insurance	I. All Total Expenses (add A - H above)			
Other health expenses not covered by insurance	Use section 10 below to explain any unusual			
Total Health Care Expenses	expenses, or attach additional pages.			

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

Debts included in Monthly Expenses listed in section 7 above

(mortgage, car loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment made
		\$	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 Monthl (Date and	• •
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		\$	Date:	\$
		Total Monthly F	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:
Amount still owed	\$ Describe your agreement with your lawyer to pay your fees and costs:
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 <i>(city and state):</i>	Date:
•	
Sign here	Print name

8.

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 <u>not</u> file in a public access file				
	Superior Court of Washington,				
	County:				
	Case No.:				
se the	portant! Only court staff and some state age e this form unless a court order allows it. State eir own rules.	e agencies may disclo			
1. 2.	Who is completing this form? (Name Is there a current restraining or pro	• •	ving the parties or children	.2 □ No	
۷.	☐ Yes. If yes, who does the order p	protect? (Name/s):		I: LINO	
3.	Does your address information nee health, safety, or liberty? (Check or If yes, explain why?		al to protect your or your c	hildren's	
4.	Your Information - This person is Interpreter needed? ☐ No ☐ Yes,		•		
	Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:	
	Driver's license/Identicard (No., state):	Race:	Relationship to children in this	s case:	
	Mailing address (This address will not be I	kept private.) (street ac	ddress or P.O. box, city, state zi	ip):	
	Email:		Phone:		
Home address (<i>check one</i>): □same as mailing address □ listed below (<i>street, city, state, zip</i>):					
	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	s case:	
	Mailing address (This address will not be h	kept private.) (street ad	ddress or PO box, city, state zip):	
	Email:		Phone:		

Social Sec. No:					
Employer's name:			Е	mployer's pho	ne:
Employer's address:					
Skip sections 6–9 if your case. Children's Information if your case is only about	(You do not ha	ve to fill		•	
Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. No.	Current location: lives w
1.					☐ You ☐ other party:
2.					☐ You ☐ other party:
3.					☐ You ☐ other party:
4.					☐ You ☐ other party:
Do other people (not p				tion rights	to the children?
(Check one): ☐ No ☐ Y	es. If yes , fill o	ut below:		That pers	son's current address
1.				<u>'</u>	
2.					
declare under penalty of penabout me is true. The information and information on the Attachment of the form.	ation about the object of the	other par other Pe	ty is the	best inform Responde	ation I have or is nts, or children. Put th
Signed at <i>(city and state):</i>				Da	te:
etitioner/Respondent signs he					
			Drint	name here	