

# HOW TO OBTAIN IMMEDIATE EX PARTE RESTRAINING ORDERS (Married Parents)

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Final documents are provided to you on your Status Conference date, OR you can print final documents to fill out in advance.

\*The necessary final documents are listed on the checklists included in this packet.\*

*Forms are from [www.courts.wa.gov](http://www.courts.wa.gov) and packets are created by IELA staff.*



# HOW TO OBTAIN IMMEDIATE EX PARTE RESTRAINING ORDERS

(Married Parents)

(Effective for a Maximum of Fourteen Days  
Or Until Hearing Within Fourteen Day Time-Period)

SPOKANE COUNTY FAMILY COURT FACILITATOR

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If you have an emergency situation you may need to seek an IMMEDIATE order restraining the other party. You must be able to assure the court that irreparable harm WILL occur if the immediate order is NOT granted without notice to the other party. Examples of such situations include restraints against an abuser in a domestic violence situation when there are threats to snatch the child(ren) of the parties, or financial harm may be likely.

These orders are effective as soon as the Court signs the order. But the order is only good for a **MAXIMUM OF FOURTEEN DAYS**. The order must be served on the other party and a hearing scheduled within the 14-day time-period.

## Checklist of Steps to Complete:

\_\_\_\_\_ 1. Fill out the following papers completely and sign. Print clearly in black ink or type.

( ) *Motion for Immediate Restraining Order (Ex Parte) (FL Divorce 221)*

*(Be sure to clearly state with details, dates, places, what the problem is and what the court must do to help. You must clearly show your fear or the harm you are trying to prevent and that notifying the other party could cause increased harm or fear.)*

( ) *Immediate Restraining Order (Ex Parte) and Hearing Notice (FL Divorce 222)*

( ) Law Enforcement and Confidential Information (LECIF) (PO 003) PLUS the

following forms, as these will be needed after the 14-day period:

(You **must** schedule any hearings before the Commissioner assigned your case. To determine if your case has been assigned to a Court Commissioner and/or to determine which day your assigned Commissioner is scheduled to hear motions, please see the Court's web page: <http://www.spokanecounty.org/DocumentCenter/View/4266> and search for the commissioner's rotation schedule;

**OR** call the Superior Court Clerk's Office at 509-477-2211.

(You must choose the day that is appropriate for your matter. The date should be at

least 14 days from the date you file the documents in court and serve them on the other party, not including the date of service on the other party.)

- ( ) *Motion for Temporary Family Law Order and Restraining Order (FL Divorce 223)*
- ( ) *Information for Temporary Parenting Plan (FL All Family 139)* (if children and placement/contacts are at issue)
- ( ) Your *Declaration (FL All Family 135)* and those of others who can support your position, if needed. Be specific in providing details, avoid stating what someone else has told you, and be certain everything has been personally observed. You should type or print very clearly in black ink.
- ( ) Your *Financial Declaration (FL All Family 131)* if there are finances at issue, such as payment of bills, appointment of a Guardian ad Litem, payment of attorney fees.
- ( ) *Proposed Parenting Plan (FL All Family 140)*, *Child Support Worksheets (SCSS Worksheets)* and *Proposed Child Support Order (FL All Family 130)*, if these are issues needing to be addressed and have not already been filed.

\_\_\_\_\_2. Make two copies (original plus two copies) of documents before going to court and staple each separate document. Copies may be made on the public copy machine on the first floor of the courthouse near the security station.

\_\_\_\_\_3. Take the original of each document to Courtroom 202, (the Ex Parte Courtroom) Monday from 10:30 a.m. to 12:00 p.m. and 1:30 p.m. to 4:00 p.m. or Wednesday or Friday between 9:00 a.m. - 12:00 p.m. and 1:30 p.m. - 4:00 p.m., to have the Court sign the *Immediate Restraining Order (Ex Parte) and Hearing Notice (FL Divorce 222)*. After the Court has signed the Order, take your copies to Room 300, between the hours of 8:30 a.m. – 12:00 noon and 1:00 p.m. – 4:00 p.m., Monday through Friday and stamp the name of the Judge/Commissioner who signed the Order and put the date stamp on the top, front page of each of your copies.

\_\_\_\_\_4. If the restraining order provides for your personal safety or that of the child(ren), you should request a **CERTIFIED** copy of the Order to carry with you in the event police may need to enforce this order. The fee is \$5.00 for the first page and \$1.00 for each additional page.

\_\_\_\_\_5. A copy of all documents filed with the court must be personally served on the opposing party by a third person. **YOU** cannot serve the opposing party. The person who serves the opposing party, must complete and sign the *Proof of Personal Service (FL All Family 101)* form. Make a copy for yourself.

\_\_\_\_\_6. After the opposing party has been served, file the *Proof of Personal Service* form with the Superior Court Clerk. Put the date stamp on your copy.

\_\_\_\_\_ 7. The party seeking temporary orders must call in the case as “ready,” **three court days prior to the hearing**, by using the Family Law Coordinator’s Office main line of 509-477-5702 extension 0, or by emailing [familylaw@spokanecounty.org](mailto:familylaw@spokanecounty.org), and provide a copy of the signed mandatory local form Family Law/Paternity Motion Status Report

<https://www.spokanecounty.org/DocumentCenter/View/3675/Family-Law-Paternity-Motion-Status-Report-PDF>

Please see the court’s local rules:

<https://www.spokanecounty.org/DocumentCenter/View/34440/2020-Local-Court-Rules-Effective-912020?bidld>

\_\_\_\_\_ 8. Attend your scheduled hearing in person or via Zoom for temporary orders.

Be prepared to tell the Court why the proposed temporary orders are necessary.

If you are participating in the hearing via Zoom, instructions can be found on the Superior Court’s website at:

<https://www.spokanecounty.org/DocumentCenter/View/33364/Participant-Instructions-for-Zoom---Family-Law>

\_\_\_\_\_ 9. If you and the other party reach agreement on a *Temporary Family Law Order (FL Divorce 224)* or *Continuance*: 1) Complete the *Temporary Family Law Order* or *Continuance* and both parties sign it; 2) Copies can be made for a fee in the Clerk’s Office on the third floor of the courthouse; 3) The original *Temporary Family Law Order* (by agreement) or *Continuance* should be handed to the courtroom clerk in courtroom 202 and when it has been signed by the Court, you should return to Room 300, between the hours of 8:30 a.m. – 12:00 noon and 1:00 p.m. – 4:00 p.m., to stamp your copies with the name of the Commissioner/Judge who signed the order and place the filing stamp in the upper right hand corner of the documents; 4) Provide a copy to the other party.

\_\_\_\_\_ 10. At your hearing:

You should take notes when the decision is stated so you do not forget any of the provisions ordered when you write out the order; You will need to complete the *Temporary Family Law Order (FL Divorce 224)* form to show what the Court ordered or decided, and follow the judicial officer’s instructions on submitting the order.

**NOTE:** All of the above-mentioned forms can be found on the Washington State Court website: [www.courts.wa.gov/forms](http://www.courts.wa.gov/forms).

Superior Court of Washington, County of \_\_\_\_\_

In re the marriage/domestic partnership of:

Petitioner (*person who started this case*):

\_\_\_\_\_

And Respondent (*other spouse/partner*):

\_\_\_\_\_

No. \_\_\_\_\_

Motion for Immediate Restraining Order  
(Ex Parte)  
(MTIRO)

**Motion for Immediate Restraining Order (Ex Parte)**

**Use this form** in marriage/domestic partnership cases only. For other cases, use FL Parentage 321 or FL Modify 621, depending on the type of case.

**To both parties:**

**Deadline!** Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at [www.courts.wa.gov](http://www.courts.wa.gov).

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

The court may not allow you to testify at the motion hearing. Read your county's Local Court Rules, if any.

Bring proposed orders to the hearing.

**To the person filing this motion:**

You must ask the court to sign the *Immediate Restraining Order (Ex Parte) and Hearing Notice* (FL Divorce 222). This Order may be signed "ex parte" (without the other party there). Contact the Superior Court Clerk's office for the procedure in your county. You must have this *Motion* and the *Immediate Restraining Order* personally served (by someone else) on the other party.

**To the person receiving this motion:**

If you do not agree with the requests in this motion, file a statement (using form FL All Family 135, *Declaration*) explaining why the court should not approve those requests. You may file other written proof supporting your side, and propose your own *Parenting Plan* or *Child Support Worksheets*.

If the court grants an *Immediate Restraining Order* without notice to you, you can file a motion to change or terminate it before the hearing date. (Civil Rule 65(b).) There is no pattern form for that motion.

1. I am the (*check one*):  Petitioner.  Respondent. I am asking for an *Immediate Restraining Order* against my spouse/domestic partner.

I want my children under 18 to be protected by the order:

Child's name	Age	Child's name	Age
1.		2.	
3.		4.	

2. I ask the court to approve an *Immediate Restraining Order* to protect me and/or my children. Without this Order, my children or I could be hurt or suffer damage or loss immediately. This harm could be irreparable. (*Explain how you or your children could be harmed beyond repair*): \_\_\_\_\_

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(*If you need additional space use the Declaration form FL All Family 135.*)

3. **Notice** (*check one*):

I should **not** have to notify the other side in advance that I am filing this *Motion* because my children or I could be harmed beyond repair if I gave any advance notice. (*Explain why you or the children could be harmed by providing advance notice*): \_\_\_\_\_

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I **have** notified the other side that I am asking for an *Immediate Restraining Order*. (*Describe any steps taken to give your spouse/domestic partner or their lawyer notice of this Motion*): \_\_\_\_\_

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**4. Court hearing request**

I ask the court to approve an *Immediate Restraining Order* now, and hold a hearing within 14 days to consider all of my requests for temporary orders listed below. I will have my spouse/domestic partner served with notice of the hearing so the court can hear their side.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Active duty military**

*(The federal Servicemembers Civil Relief Act covers:*

- *Army, Navy, Air Force, Marine Corps, and Coast Guard members on active duty;*
- *National Guard or Reserve members under a call to active service for more than 30 days in a row; and*
- *commissioned corps of the Public Health Service and NOAA.*

*The state Servicemembers' Civil Relief Act covers those service members listed above who are either stationed in or residents of Washington state, and their dependents, except for the commissioned corps of the Public Health Service and NOAA.)*

- My spouse/domestic partner is **not** covered by the state or federal Service Members' Civil Relief Acts.
- My spouse/domestic partner is covered by the  state  federal Service Members' Civil Relief Act.
- For persons covered only by the state act – Military duty may keep the service member or dependent from responding or coming to the hearing on this motion. I ask the court to approve temporary orders even if the covered person asks for a stay or doesn't respond. It would be very unfair (a manifest injustice) not to make temporary orders now because: \_\_\_\_\_*
- \_\_\_\_\_
- \_\_\_\_\_

➤ **I ask the Court to approve these orders immediately (check all that apply):**

**6. Do not disturb**

- No request.
- Order my spouse/domestic partner not to disturb my peace or the peace of any child listed in **1**.

**7. Stay away**

- No request.
- Order my spouse/domestic partner not to go onto the grounds of or enter my home, workplace, vehicle, or school, and the daycare or school of any child listed in **1**.
- Also, not knowingly to go or stay within \_\_\_\_\_ feet of my home, workplace, school, or vehicle, or the daycare or school of any child listed in **1**.

My spouse/domestic partner and I (*check one*):  live together.  do not live together.

**8. Do not hurt or threaten**

- No request.
- Order my spouse/domestic partner not to:
  - Assault, harass, stalk, or molest me or any child listed in **1**; or
  - Use, try to use, or threaten to use physical force against me or the children that would reasonably be expected to cause bodily injury.

**Warning!** If the court extends this order after a full hearing, the court must consider if weapons restrictions are required by state law; federal law may also prohibit the Restrained Person from possessing firearms or ammunition.

**9. Surrender weapons**

- No request.
- Order my spouse/domestic partner to immediately surrender any firearms, other dangerous weapons, and any concealed pistol licenses that they have in their custody, control, or possession to (*check one*):  the police chief or sheriff.  their lawyer.  (*name*): \_\_\_\_\_

**10. Care and safety of children until the hearing**

- No request.
- Order my spouse/domestic partner not to take the children listed in **1** out of Washington State.
- Order that the children listed in **1** will live with (*check one*):  me  my spouse/ domestic partner until the hearing.
- Other (*specify*): \_\_\_\_\_

**11. Protect property**

- No request.
- Order (*check one*):  my spouse/domestic partner  both parties not to move, take, hide, damage, borrow against, sell or try to sell, or get rid of any property, unless it is a usual business practice or to pay for basic necessities. (If the court makes this order, both spouses/domestic partners must notify each other about any expenses that are out of the ordinary.)

**12. Do not change insurance**

- No request.
- Order (*check one*):  my spouse/domestic partner  both parties not to make changes to any medical, health, life, or auto insurance policy that covers either spouse/domestic partner or any child listed in **1**. That means they must not transfer, cancel, borrow against, let expire, or change the beneficiary of any policy.

**13. Other immediate orders**

- No request.
- (*Specify*): \_\_\_\_\_

➤ **I ask the court to approve these temporary orders at the hearing to stay in effect until the case is done (check all that apply):**

**14. Extend immediate orders**

Extend the immediate orders I asked for above to stay in effect until the case is done.

**15. Prohibit weapons and order surrender**

- No request.
- Order my spouse/domestic partner:
  - Not to access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive firearms, other dangerous weapons, or concealed pistol licenses until the Order ends, and to
  - Immediately surrender any firearms, other dangerous weapons, or concealed pistol licenses that they have in their custody, control, or possession to (*check one*):  the police chief or county sheriff.  their lawyer.  other person (*name*): \_\_\_\_\_

**16. Care and safety of children (check all that apply):**

- No request.
- Approve the parenting plan proposed by  me  my spouse/domestic partner.
- Order my spouse/domestic partner not to take the children listed in **1** out of Washington State.
- Appoint a person to investigate and report to the court about what is in the children's best interest, and order who will pay this person's fees. This person should be a/n (*check one*):
  - Guardian ad Litem (GAL) or Evaluator/Investigator as chosen by the court.
  - Guardian ad Litem (GAL).
  - Evaluator/Investigator.
  - (*Name*): \_\_\_\_\_
- Other: \_\_\_\_\_

**17. Provide support**

- No request.
- Order child support according to the *Washington State Child Support Schedule*.
- Order (*check one*):  me  my spouse/domestic partner to pay spousal support (maintenance/alimony) in the amount of: \$\_\_\_\_\_ every month until (*date or event*):\_\_\_\_\_.

**18. Family home**

- No request.
- Stay in the home**
  - I want continue living in the family home.
  - My spouse/domestic partner may continue living in the family home.

**Move out**

Order my spouse/domestic partner to move out of the family home by (*date*): \_\_\_\_\_

**19. Use of property**

No request.

Order that I can possess and use (*specify*):

property in my possession now.

vehicle(s): \_\_\_\_\_

other: \_\_\_\_\_

Order that my spouse/domestic partner can possess and use (*specify*):

property in their possession now.

vehicle(s): \_\_\_\_\_

other: \_\_\_\_\_

**20. Household expenses**

No request.

Order household expenses to be paid as follows:

<b>Expense</b>	<b>Who should pay</b>
<input type="checkbox"/> First Mortgage	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Second Mortgage/Line of Credit	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Rent or lease payment	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Utilities	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Property Taxes	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Vehicle ( <i>specify</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Vehicle ( <i>specify</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Child Care	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Other:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

**21. Divide debts**

No request.

Order my spouse/domestic partner and me to:

Each be responsible for their own future debts, including debt from credit cards, loans, security interest, and mortgages.

Divide our debts as follows (*list debts and who will pay each one*):

Debt ( <i>describe</i> )	Who should pay
1.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
4.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
5.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
6.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

**22. Pay for insurance**

- No request.
- Pay insurance premiums as follows (*list policies and who should pay each one*):

Policy ( <i>describe</i> )	Who should pay
1.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

**23. Pay fees and costs**

- No request.
- Order my spouse/domestic partner to:
- Pay my lawyer's fees for this case. *Amount:* \$ \_\_\_\_\_  
 Make payments to (*name*): \_\_\_\_\_
- Pay other professional fees and costs for this case. *Amount:* \$ \_\_\_\_\_  
 to (*name*): \_\_\_\_\_  
 for (*purpose*): \_\_\_\_\_

**24. Other temporary orders**

- No request.
- (*Specify*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

➤ **Reasons for my requests:**

**25. Why are you asking the court for the orders you checked above? (*Explain*):**

- If you need additional space use the *Declaration* form FL All Family 135.
- If you are asking for a parenting plan, also fill out the *Information for Temporary Parenting Plan*, form FL All Family 139, and a proposed *Parenting Plan*, form FL All Family 140.
- If you are asking for child support, also fill out the *Child Support Worksheets*. If you have received public assistance for any child in this case, also fill out the *Public Assistance Declaration*, form FL All Family 132.



**Person asking for this order fills out below:**

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: \_\_\_\_\_



\_\_\_\_\_  
*Person asking for this order signs here*                      *Print name here*

I agree to accept legal papers for this case at (*check one*):

- my lawyer's address, listed below.
- the following address (*this does **not** have to be your home address*):

\_\_\_\_\_  
*Street Address or PO Box*                                      *City*                                      *State*                                      *Zip*

Email: \_\_\_\_\_

*(If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information form (FL All Family 001) if this case involves parentage or child support.)*

**Lawyer (if any) fills out below:**



\_\_\_\_\_  
*Lawyer signs here*                                      *Print name and WSBA No.*                                      *Date*

\_\_\_\_\_  
*Lawyer's Street Address or PO Box*                                      *City*                                      *State*                                      *Zip*

Email (*if applicable*): \_\_\_\_\_

**Warning!** Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a *Sealed* cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.

# Law Enforcement and Confidential Information (LECIF)

**Clerk: Do not file in a public access file. In criminal cases, do not file. Give to law enforcement.**

\_\_\_\_\_ Court of Washington

County: \_\_\_\_\_

Case No.: \_\_\_\_\_

**Law Enforcement: Do not serve or show a completed LECIF to the other party.**

**Instructions – Protected Person must** complete this form. Fill out **all** sections as much as you can. If you do not know, write “unknown.” Complete Attachment A if the Restrained Person is under age 18. Type or print clearly! If law enforcement cannot read this form or identify the person, they cannot serve or enforce your order!

## 1. Restrained Person’s Info

<b>Name:</b> First Middle Last			Date of Birth (if unknown give age range)	
Nickname/Alias/AKA (“Also known as”)			Relationship to Protected Person	
Sex	Race		Height	Weight
Eye Color	Hair Color		Skin Tone	Build
Phone/s with Area Code (voice):			Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:	

## 2. Where can the Restrained Person be served? List all known contact information.

Last Known Address. <b>Street:</b>				
City:		State:		Zip:
Cell number (text):			Email:	
Social Media Account/s & User Name/s:				
Other:				
Employer	Employer’s Address			Employer’s Phone
Work Hours	Driver’s License or ID number			State
Vehicle Make and Model	Vehicle License Number	Vehicle Color		Vehicle Year

### 3. Disability, hazard, and weapon info about the Restrained Person

Law enforcement needs this info to serve the order safely

**Does the Restrained Person have a disability, brain injury, or impairment requiring special assistance** when law enforcement serves the order?  No  Yes. If yes, describe (add pages, if needed): \_\_\_\_\_

**Hazard Information** Restrained Person's History includes:

Involuntary/Voluntary Commitment  Suicide Attempt or Threats (How recent?) \_\_\_\_\_  
 Threats to "suicide by cop"  Assault  Assault with Weapons  Alcohol/Drug Abuse  
 Other: \_\_\_\_\_

**Concealed Pistol License:**  Yes  No

**Weapons:**  Handguns  Rifles  Knives  Explosives  Unknown

Other (include unassembled firearms and specify): \_\_\_\_\_

**Location of Weapons:**  Vehicle  On Person  Residence Describe in detail: \_\_\_\_\_

#### Current Status

Is the restrained person a current or former cohabitant as an intimate partner?  Yes  No

Are you and the restrained person living together now?  Yes  No

Does the restrained person know they may be moved out of the home?  Yes  No  N/A

Does the restrained person know you are trying to get this order?  Yes  No

Is the restrained person likely to react violently when served?  Yes  No

#### 4. Protected Person's Info

(If only minors are protected, list them in 5. Provide contact information in this section for the person filing.)

Name: First Middle Last			Date of Birth	
Sex	Race		Height	Weight
Driver's license or ID number	Eye Color	Hair Color	Skin Tone	Build

If your information **is not confidential**, you must enter your address and phone number/s below.

Current Address. Street:			Phone(s) w/Area Code	
City:	State:	Zip:		
Email address:			Need interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, language:	

If your info **is confidential**, you must give a name, address, and phone of someone willing to be your "contact."  
If you filed **for someone else**, list your information as the contact.

Contact Name:	
Contact Address	Contact Phone
Contact Email Address	Date of Birth (if you are Petitioner)

How can law enforcement contact you and other protected household members **if firearms are returned** to the restrained person? (Email/s preferred. Update law enforcement with any changes.)

email above  phone number above  address above  other: \_\_\_\_\_



# Attachment A: Restrained Person is a Minor

**Only complete** this attachment if the Restrained Person is under age 18. **If not**, skip or remove this attachment.

<b>1. Restrained Person's PARENT or GUARDIAN's Info</b>			
<b>Name:</b> First                      Middle                      Last			Date of Birth (if unknown give age range)
Nickname/Alias/AKA ("Also known as")			Relationship to Restrained Person <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
Sex	Race		Height
Eye Color	Hair Color		Weight
Phone/s with Area Code (voice):		Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes	Language:
<b>2. Where can the Restrained Person's PARENT or GUARDIAN be served?</b>			
List all known contact information.			
Last Known Address.			
<b>Street:</b>			
City:		State:	Zip:
Cell number (text):			Email:
Social Media Account/s & User Name/s:			
Other:			
Employer	Employer's Address		Employer's Phone
Work Hours	Driver's License or ID number		State
Vehicle Make and Model	Vehicle License Number	Vehicle Color	Vehicle Year
<b>3. Disability, hazard, and weapon info about Restrained Person's PARENT or GUARDIAN</b>			
Law enforcement needs this info to serve the order safely			
<b>Does the PARENT or GUARDIAN have a disability, brain injury, or impairment requiring special assistance</b> when law enforcement serves the order? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, describe (add pages, if needed): _____			
<b>Hazard Information</b> PARENT or GUARDIAN's history includes:			
<input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats (How recent?) _____			
<input type="checkbox"/> Threats to "suicide by cop" <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse			
<input type="checkbox"/> Other: _____			
<b>Concealed Pistol License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Weapons:</b> <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Unknown			
<input type="checkbox"/> Other (include unassembled firearms and specify): _____			

**Location of Weapons:**     Vehicle     On Person     Residence    Describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_

**Current Status**  
Is the PARENT or GUARDIAN living with the restrained person now?  **Yes**     **No**  
Are you and the PARENT or GUARDIAN living together now?  **Yes**     **No**  
Does the PARENT or GUARDIAN know you are trying to get this order?  **Yes**     **No**  
Is the PARENT or GUARDIAN likely to react violently when served?  **Yes**     **No**

Superior Court of Washington, County of \_\_\_\_\_

In re the marriage/domestic partnership of:

Petitioner (*person who started this case*):

\_\_\_\_\_

And Respondent (*other spouse / partner*):

\_\_\_\_\_

No. \_\_\_\_\_

**Immediate Restraining Order (Ex Parte)  
and Hearing Notice**

(TPROTSC / ORTSC)

Clerk's action required: 2, 10, 11,15

**Immediate Restraining Order (Ex Parte)  
and Hearing Notice**

*Use this form in marriage/domestic partner cases only. For other cases, use FL Parentage 322 or FL Modify 622, depending on the type of case.*

- 1. This Order starts immediately and ends after the hearing listed below.**
- 2. Hearing Notice** – The court will consider extending this order and the other requests made by the protected person at a court hearing:



on: \_\_\_\_\_ at: \_\_\_\_\_  a.m.  p.m.  
*date time*

at: \_\_\_\_\_, \_\_\_\_\_  
*court's address room or department*

\_\_\_\_\_  
*docket/calendar or judge/commissioner's name*

**Warning!** If you do not go to the hearing, the court may make orders against you without hearing your side.

- 3. This Order Restrains (name):** \_\_\_\_\_

**Warning!** You must obey this order or you may be jailed.

- Violation [of sections **6-8**]: You can be arrested even if the protected person or persons invite or allow you to violate the order. You alone are responsible for following the order. Only the court may change the order. Requests for changes must be made in writing. Violation of this order with actual notice of its terms is a **criminal offense** under chapter 7.105 RCW and will subject a violator to arrest.

- Violation of **any** part of this order may result in financial penalties or contempt of court.
- This order is enforceable in all 50 U.S. states, the District of Columbia, and U.S. territories and tribal lands (*18 U.S.C. § 2265*).

**4. This Order Protects (name/s): \_\_\_\_\_ and these children under 18 (if any):**

Child's name	Age	Child's name	Age
1.		2.	
3.		4.	
5.		6.	

**5. Findings**

The court has reviewed the *Motion for Immediate Restraining Order*, supporting documents, and any other evidence considered on the record, including \_\_\_\_\_.

The court finds that there would be irreparable harm as described in the *Motion* if this order is not granted.

- If hearing date is more than 14 days away* – There is good cause to keep this order in effect until the hearing date (which is between 14 and 28 days after this order is issued) because (*describe the good cause*):

\_\_\_\_\_

\_\_\_\_\_

- Other findings: \_\_\_\_\_
- \_\_\_\_\_

➤ **Court Orders to the Restrained Person listed in 3:**

**6. Do Not Disturb**

- No request made.
- Request denied.
- Do not disturb the peace of the Protected Person or of any child listed in **4**.

**7. Stay Away**

- No request made.
- Request denied.
- Do not go onto the grounds of or enter the Protected Person's home, workplace, vehicle, or school, or the daycare or school of any child listed in **4**.
- Do not knowingly go or stay within \_\_\_\_\_ feet of the Protected Person's home, workplace, vehicle, or school, or the daycare or school of any child listed in **4**.

**8. Do Not Hurt or Threaten**

- No request made.

- Request denied.
- Do not:
  - Assault, harass, stalk, or molest the Protected Person or any child listed in **4**; or
  - Use, try to use, or threaten to use physical force against the Protected Person or children that would reasonably be expected to cause bodily injury.

**9. Surrender Weapons**

- Does not apply. No order entered in section **8** and no request made.
- Request denied and surrender of weapons not required.
- The Restrained Person must follow the **Order to Surrender and Prohibit Weapons** (form WS 001) signed by the court and filed separately.

**Findings** – The court finds irreparable injury could result if this order is not issued until the time for response has elapsed.

**10. Service On the Restrained Person**

- Required.** The Restrained Person must be served with a copy of this order.

**Important!** The Protected Person has a right to have law enforcement serve this order free of charge if the “Do not disturb,” “Stay away,” “Do not hurt or threaten,” or “Prohibit weapons and order surrender” boxes are checked above.

- The **law enforcement agency** where the Restrained Person lives or can be served shall serve the Restrained Person with a copy of this order and shall promptly complete and return proof of service to this court.

Law enforcement agency: (*county or city*) \_\_\_\_\_  
 (*check only one*):  Sheriff’s Office or  Police Department

- The **Protected Person** shall make private arrangements for service.  
 (*This is only an option if surrender of weapons is **not** ordered*)

After serving, the server fills out a *Proof of Personal Service* (form FL All Family 101) and gives it to you. File the original *Proof of Personal Service* with the court clerk, and give a copy to the law enforcement agency listed in section **11** below.

**Clerk’s Action.** The court clerk shall forward a copy of this order on or before the next judicial day to the agency and/or person checked above. The court clerk shall also provide a copy to the Protected Person.

- Not required.** The Restrained Person does not have to be served because the Restrained Person or their lawyer signed this order, or was at the hearing when this order was made and the court finds sufficient notice.

**11. Washington Crime Information Center (WACIC) and Other Data Entry**

**Clerk’s Action.** The court clerk shall forward a copy of this order on or before the next judicial day to the following law enforcement agency (*county or city*) \_\_\_\_\_  
 (**check only one**):  Sheriff’s Office or  Police Department.  
 (*List the same agency that entered the temporary order, if any*)

This agency shall enter this order into WACIC and National Crime Info. Center (NCIC).

**12. Care and Safety of Children until the Hearing**

- No request made.
- Request denied.
- The *(check one or both)*:  Petitioner  Respondent must not take the children listed in **4** out of Washington state.
- Until the hearing, the children listed in **4** will live with the *(check one)*:  
 Petitioner  Respondent.
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13. Protect Property**

- No request made.
- Request denied.
- The *(check one or both)*:  Petitioner  Respondent must not move, take, hide, damage, borrow against, sell or try to sell, or get rid of any property, unless it is a usual business practice or to pay for basic needs. Both spouses/domestic partners must notify the other about any expenses that are out of the ordinary.

**14. Do Not Change Insurance**

- No request made.
- Request denied.
- The *(check one or both)*:  Petitioner  Respondent must not make changes to any medical, health, life, property, or auto insurance policy that covers either spouse/domestic partner or any child named in **4**. That means they must not transfer, cancel, borrow against, let expire, or change the beneficiary of any policy.

**15. Bond**

- No bond or security is required.
- The  Petitioner  Respondent must file a bond or post security. *Amount:* \$\_\_\_\_\_

**16. Other Immediate Orders**

- Does not apply.
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Ordered.**

\_\_\_\_\_  \_\_\_\_\_  
*Date* *Time* **Judge/Commissioner**

Presented by:  Petitioner  Respondent



\_\_\_\_\_  
*Sign here*

\_\_\_\_\_  
*Print name (if lawyer, also list WSBA #)*

\_\_\_\_\_  
*Date*

Protected person must complete a *Law Enforcement and Confidential Information* form, PO 003, and give it to the court clerk.

Superior Court of Washington, County of \_\_\_\_\_

In re the marriage/domestic partnership of:

Petitioner (*person who started this case*):

\_\_\_\_\_

Respondent (*other spouse/partner*):

\_\_\_\_\_

No. \_\_\_\_\_

**Motion for Temporary Family Law Order (MTTO)**

[ ] and **Restraining Order (MTTMO)**

**Motion for Temporary Family Law Order  
[ ] and Restraining Order**

**Use this form** in marriage/domestic partnership cases only. For other cases, use FL Parentage 323 or FL Modify 623, depending on the type of case.

**To both parties:**

**Deadline!** Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at [www.courts.wa.gov](http://www.courts.wa.gov).

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

The court may not allow you to testify at the motion hearing. Read your county's Local Court Rules, if any.

Bring proposed orders to the hearing.

**To the person filing this motion:**

You must schedule a hearing on this motion. You may use the *Notice of Hearing* (form FL All Family 185) unless your county's Local Court Rules require a different form. Contact the court for scheduling information.

**To the person receiving this motion:**

If you do not agree with the requests in this motion, file a statement (using form FL All Family 135, *Declaration*) explaining why the court should not approve those requests. You may file other written proof supporting your side and propose your own *Parenting Plan* or *Child Support Worksheets*.

1. My name is \_\_\_\_\_.

I ask the court (*check one*):

for temporary orders approving the requests listed below.

to **change** the temporary order entered on (*date*): \_\_\_\_\_ as requested below.

**2. Children**

No request.

I want my children under age 18 listed below to be included in the court's orders:

Child's name	Age	Child's name	Age
1.		2.	
3.		4.	
5.		6.	

**3. Active duty military**

(The **federal** Servicemembers Civil Relief Act covers:

- Army, Navy, Air Force, Marine Corps, and Coast Guard members on active duty;
- National Guard or Reserve members under a call to active service for more than 30 days in a row; and
- commissioned corps of the Public Health Service and NOAA.

The **state** Service Members' Civil Relief Act covers those service members listed above who are either stationed in or residents of Washington state, and their dependents, except for the commissioned corps of the Public Health Service and NOAA.)

My spouse/domestic partner is **not** covered by the state or federal Servicemembers Civil Relief Acts.

My spouse/domestic partner is covered by the  state  federal Servicemembers Civil Relief Act.

For persons covered only by the **state** act – Military duty may keep the service member or dependent from responding or coming to the hearing on this motion. I ask the court to approve temporary orders even if the covered person asks for a stay or doesn't respond. It would be very unfair (a manifest injustice) not to make temporary orders now because: \_\_\_\_\_

**4. Care and safety of children (check all that apply):**

No request.

Approve the parenting plan proposed by  me  my spouse/domestic partner.

Order my spouse/domestic partner not to take the children listed in **2** out of Washington state.

Appoint a person to investigate and report to the court about what is in the children's best interest, and order who will pay this person's fees. This person should be a/n (*check one*):

Guardian ad Litem (GAL) or Evaluator/Investigator as chosen by the court.

Guardian ad Litem (GAL).

Evaluator/Investigator.

(Name): \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Provide support**

No request.

Order child support according to the Washington State child support schedule.

Order (*check one*):  me  my spouse/domestic partner to pay spousal support (maintenance/alimony) in the amount of: \$ \_\_\_\_\_ every month until (*date or event*): \_\_\_\_\_.

**6. Family home**

No request.

**Stay in the home**

I want to continue living in the family home.

My spouse/domestic partner may continue living in the family home.

**Move out**

Order my spouse/domestic partner to move out of the family home by (*date*): \_\_\_\_\_  
\_\_\_\_\_.

**7. Use of property**

No request.

Order that I can possess and use (*specify*):

property in my possession now.

vehicle(s): \_\_\_\_\_

other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Order that my spouse/domestic partner can possess and use (*specify*):

property in their possession now.

vehicle(s): \_\_\_\_\_

other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Protect property**

- No request.
- Order (*check one*):  my spouse/domestic partner  both parties not to move, take, hide, damage, borrow against, sell or try to sell, or get rid of any property, unless it is a usual business practice or to pay for basic necessities. (If the court makes this order, both spouses/domestic partners must notify each other about any expenses that are out of the ordinary.)

**9. Household expenses**

- No request.
- Order household expenses to be paid as follows:

<b>Expense</b>	<b>Who should pay</b>
<input type="checkbox"/> First Mortgage	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Second Mortgage/Line of Credit	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Rent or Lease Payment	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Utilities	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Property Taxes	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Vehicle ( <i>specify</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Vehicle ( <i>specify</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Child Care	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Other:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

**10. Divide debts**

- No request.
- Order my spouse/domestic partner and me to:
  - Each be responsible for their own future debts, including debt from credit cards, loans, security interest, and mortgages.
  - Divide our debts as follows (*list debts and who should pay each one*):

<b>Debt (<i>describe</i>)</b>	<b>Who should pay</b>
1.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
4.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
5.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
6.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

**11. Do not change insurance**

- No request.
- Order (*check one*):  my spouse/domestic partner  both parties not to make changes to any medical, health, life, or auto insurance policy that covers either spouse/domestic partner or any child listed in **2**. That means they must not transfer, cancel, borrow against, let expire, or change the beneficiary of any policy.

Pay insurance premiums as follows (*list policies and who should pay each one*):

Policy ( <i>describe</i> )	Who should pay
1.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

**12. Pay fees and costs**

- No request.
- Order my spouse/domestic partner to:
- Pay my lawyer's fees for this case. *Amount:* \$ \_\_\_\_\_  
 Make payments to (*name*): \_\_\_\_\_
- Pay other professional fees and costs for this case. *Amount:* \$ \_\_\_\_\_  
 to (*name*): \_\_\_\_\_  
 for (*purpose*): \_\_\_\_\_

**13. Restraining Order**

- No request.
- The Court already signed a *Restraining Order* on (*date*): \_\_\_\_\_ in this case.
- I am not asking the Court to make any changes to this *Restraining Order*.
- I ask the Court to remove (terminate) this *Restraining Order*.
- I ask the Court to change this *Restraining Order* as follows (*specify*):  
 \_\_\_\_\_  
 \_\_\_\_\_

I ask the Court for a *Restraining Order* (form FL All Family 150) that orders my spouse/domestic partner to obey the restraints and orders checked below. (*Check all that apply; also check the "and Restraining Order" boxes in the form titles on page 1*):

- Do not disturb** – Do not disturb my peace or the peace of any child listed in **2**.
- Stay away** – Do not go onto the grounds of or enter my home, workplace, vehicle, or school, or the daycare or school of any child listed in **2**.
- Also, do not knowingly go or stay within \_\_\_\_\_ feet of my home, workplace, vehicle, or school, or the daycare or school of any child listed in **2**.
- Do not hurt or threaten**
- Do not assault, harass, stalk, or molest me or any child listed in **2**; and
  - Do not use, try to use, or threaten to use physical force against me or the children that would reasonably be expected to cause bodily injury.

**Warning!** If the court makes this order, the court must consider if weapons restrictions are required by state law; federal law may also prohibit the Restrained Person from possessing firearms or ammunition.

**Prohibit weapons and order surrender**

- Not to access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive firearms, other dangerous weapons, or concealed pistol licenses until the Order ends, and
- Immediately surrender any firearms, other dangerous weapons, and any concealed pistol licenses that they have in their custody, control, or possession to (*check one*):  the police chief or sheriff.  their lawyer.  
 other person (*name*): \_\_\_\_\_.

**Other:** \_\_\_\_\_

**14. Other temporary orders**

No request.

I also request (*specify*): \_\_\_\_\_

➤ **Reasons for my requests**

**15. Why are you asking the court for the orders you checked above? (Explain):**

- If you need additional space use the *Declaration* form FL All Family 135.
- If you are asking for a parenting plan, also fill out the *Information for Temporary Parenting Plan*, form FL All Family 139, and a proposed *Parenting Plan*, form FL All Family 140.
- If you are asking for child support, also fill out the *Child Support Worksheets*. If you have received public assistance for any child in this case, also fill out the *Public Assistance Declaration*, form FL All Family 132.
- If you are asking for any order involving money (including child support), also fill out the *Financial Declaration*, form FL All Family 131, and file the required financial records.
- If you are asking to prohibit weapons or order surrender, give your reasons at the end of this section.
- If you are asking to change an earlier temporary order, give the date of the earlier order and explain how circumstances have changed since then.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



(Name): \_\_\_\_\_'s possession of firearm presents a serious and imminent threat (harm that may happen immediately) to public health or safety, or to the health or safety of any individual. (Describe):

\_\_\_\_\_  
\_\_\_\_\_

**Person asking for this order fills out below:**

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: \_\_\_\_\_



\_\_\_\_\_  
*Person asking for this order signs here*                      *Print name here*

I agree to accept legal papers for this case at (check one):

my lawyer's address, listed below.

the following address (*this does **not** have to be your home address*):

\_\_\_\_\_  
*Street Address or PO Box*    *City*    *State*    *Zip*

Email: \_\_\_\_\_

*(If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information form (FL All Family 001) if this case involves parentage or child support.)*

**Lawyer (if any) fills out below:**



\_\_\_\_\_  
*Lawyer signs here*    *Print name and WSBA No.*    *Date*

\_\_\_\_\_  
*Lawyer's Street Address or PO Box*    *City*    *State*    *Zip*

Email (if applicable): \_\_\_\_\_

**Warning!** Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a *Sealed* cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.

Superior Court of Washington, County of \_\_\_\_\_

In re:

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

\_\_\_\_\_

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

\_\_\_\_\_

No. \_\_\_\_\_

**Information for Temporary Parenting Plan  
(DCLSPP)**

**Information for Temporary Parenting Plan**

The court needs the information below to order a temporary parenting plan. You may attach pages to this form if you need more space. You may fill out a separate form for each child if the information is different for each child.

1. My name is: \_\_\_\_\_.
2. The information on this form is about:

Child's name	Age	Child's name	Age
1.		2.	
3.		4.	
5.		6.	

3. List the people the children have lived with in the last **12 months**:

Who the children lived with ( <i>names</i> )	Where ( <i>county/state</i> )?	For how long?





7. List the other parent's **current** work schedule below, if any:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How long has this work schedule been in place? (*Check one*):

For the past 12 months or longer.

For **less** than 12 months, since (*date*): \_\_\_\_\_. Before then, the other parent had the work schedule listed below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

8. List the **children's** schedule below, including school, childcare, and other activities:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

9. Abandonment, child abuse, domestic violence, assault, sex offense, or sexual abuse of a child (RCW 26.09.191 and .192).

Does not apply. Neither parent (or person living with a parent) has any of these problems.

Parenting time, decision-making, and dispute-resolution should be limited for the reasons listed in my proposed *Parenting Plan, Attachment A or B*.

*Explain and give examples supporting those reasons for limitations:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Other problems that may harm the children's best interests or interfere with the performance of parenting functions, including neglect, emotional or physical problem,

substance abuse, lack of emotional ties, abusive use of conflict, withholding the child, or other problems (RCW 26.09.191).

[ ] Does not apply. Neither parent (or person living with a parent) has any of these problems.

[ ] Parenting time, decision-making, and dispute-resolution should be limited for the reasons listed in my proposed *Parenting Plan, Attachment A*.

*Explain and give examples supporting those reasons for limitations:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Any other information the court needs to make a decision about a temporary *Parenting Plan*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true. [ ] I have attached (*number*) \_\_\_ pages.

Signed at (*city and state*): \_\_\_\_\_ Date: \_\_\_\_\_



*Sign here*

*Print name*

**Warning!** Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a *Sealed* cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.

Superior Court of Washington, County of \_\_\_\_\_

In re:

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

\_\_\_\_\_

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

\_\_\_\_\_

No. \_\_\_\_\_

Declaration of  
(*name*): \_\_\_\_\_

(DCLR)

**Declaration of (*name*):** \_\_\_\_\_

1. I am (*age*): \_\_\_\_\_ years old and I am the (*check one*):  Petitioner  Respondent  
 Other (*relationship to the people in this case*): \_\_\_\_\_

2. I declare: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_



**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 <b>Other Party</b> <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

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

<b>B. Monthly Deductions</b>		
	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 <b>paid</b>		
Normal business expenses		
<b>Total Monthly Deductions</b> (add all lines above)		

<b>C. Net Monthly Income</b>		
	You	Other Party
1. Total Gross Monthly Income (from A above)		
2. Total Monthly Deductions (from B above)		
3. <b>Net Monthly Income</b> (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

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

<b>B. Household Income</b> (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: _____)		
<b>Total Household Income</b> 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:

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**6. Available Assets**

<b>List your liquid assets, like cash, stocks, bonds, that can be easily cashed.</b>	
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	\$
<b>Total Available Assets</b> (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.

<b>A. Housing Expenses</b>		<b>F. Transportation Expenses</b>	
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>B. Utilities Expenses</b>		<b>G. Personal Expenses</b> (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	
<b>C. Food and Household Expenses</b>		<b>H. Other Expenses</b>	
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	
<b>D. Children's Expenses</b>		<b>List all Total Expenses from above:</b>	
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	
<b>E. Health Care Expenses</b>		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		<b>I. All Total Expenses</b> (add A - H above)	
Total Health Care Expenses		<i>Use section 10 below to explain any unusual expenses, or attach additional pages.</i>	

**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:	\$
		\$	Date:	\$
<b>Total Monthly Payments for Debts</b>				

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

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**11. Lawyer Fees**

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

Amount paid	\$	<b>Source</b> 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	\$	
<b>Total Fees/Costs</b>	\$	

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).

Superior Court of Washington, County of \_\_\_\_\_

In re:

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

\_\_\_\_\_

And Respondent/s (other party/parties):

\_\_\_\_\_

No. \_\_\_\_\_

Sealed Financial Source Documents  
(Cover Sheet)

(SEALFN)

Clerk's action required.

*For use in Family Law and Guardianship cases.*

**Sealed Financial Source Documents  
(Cover Sheet)**

**Use this form** as a cover sheet to keep your financial documents **private** from the public. On the first page of each document, write the word "SEALED" 1 inch from the top of the page.

Check the documents you are attaching to this cover sheet to be sealed:

- Income tax records
- Credit card statements
- Checks or the equivalent
- Check registers
- Other financial information sealed by court order (specify): \_\_\_\_\_
- Pay stubs or other proof of earnings
- Bank statements
- Loan application documents
- Retirement plan orders

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:  Petitioner or lawyer  Respondent or lawyer

▶ \_\_\_\_\_  
Sign here

\_\_\_\_\_   
Print name (if lawyer, also provide WSBA #)

**Important!** The other person and the lawyers in your case can see your **sealed** documents. If you need to keep your address information private for safety reasons, you may cross out or delete your address information.

Superior Court of Washington, County of \_\_\_\_\_

In re:

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

\_\_\_\_\_

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

\_\_\_\_\_

No. \_\_\_\_\_

**Parenting Plan**  
(PPP/PPT/PP)

**Clerk's Action Required: 1**

**Parenting Plan**

1. This parenting plan is a (*check one*):
- Proposal** (request) by a parent (*name/s*): \_\_\_\_\_  
It is not a signed court order. (PPP)
- Court order** signed by a judge or commissioner. This is a (*check one*):
- Temporary order. (PPT)
- Final order. (PP)
- This final parenting plan changes the last final parenting plan.

2. **Children** – This parenting plan is for the following children:

Child's name	Age	Child's name	Age
1.		2.	
3.		4.	
5.		6.	

3. **Limitations on a parent** (under RCW 26.09.191 or .192)
- a. **Abandonment by a parent, or child abuse, domestic violence, or assault by a parent or a person living with a parent.** (*Check one.*)
- Neither parent (or person living with a parent) has any of these problems. (*Skip to 3.b.*)
- A parent, or person living with a parent, has one or more of these problems.  
(*Complete Attachment A.*)

**b. Other problems that may harm the children’s best interests or interfere with the performance of parenting functions.** These problems could include neglect, emotional or physical problems, substance abuse, lack of emotional ties, abusive use of conflict, withholding the child, or other problems. (*Check one.*)

Neither parent has any of these problems. (*Skip to 3.c.*)

A parent has one or more of these problems. (*Complete Attachment A.*)

**c. Sex offense or sexual abuse of a child including abuse by a parent or a person living with a parent.** (*Check one.*)

Neither parent (or person living with a parent) has any of these problems. (*Skip to 4.*)

A parent, or person living with a parent, has one or more of these problems. (*Complete Attachments A and B.*)

*If no limitations apply in 3.a., 3.b., or 3.c., remove and don’t complete Attachments A, B, and C.*

**4. Custodian**

The custodian is (*name*): \_\_\_\_\_ solely for the purpose of all state and federal statutes which require a designation or determination of custody. Even though one parent is called the custodian, this does not change the parenting rights and responsibilities described in this plan.

*Washington law generally refers to parenting time and decision-making, rather than custody. However, some state and federal laws require that one person be named the custodian. The custodian is the person with whom the children are scheduled to reside a majority of their time.*

**5. Parenting Time Schedule Attachments (Residential Provisions)**

**Important!** You must include at least one of **Attachments R, A, or B** to this plan. The schedule for where your children will spend time is in the attachments. The court should **not** sign a parenting plan without at least one of these attachments.

The court orders the parenting time in (*check only one*):

**Residential Schedule** as described in **Attachment R**.

**No contact or limited schedule only.** The children live with (*name*): \_\_\_\_\_. Contact with the other parent is described in (*check one*):

**Attachment A.**

**Attachment B.**

**6. Decision-making**

When the children are with you, you are responsible for them. You can make day-to-day decisions for the children when they are with you, including decisions about safety and emergency healthcare.

Major decisions must be made as follows (*check one*):

As described in **Attachment A.** (*Skip to 7.*)

As ordered below. (*Complete 6.a. and 6.b.*)

**a. Who can make major decisions about the children?**

Type of Major Decision	Joint (parents make these decisions together)	Limited (only the parent named below has authority to make these decisions)
School/Educational	[ ]	[ ] (Name):
Healthcare (not emergency)	[ ]	[ ] (Name):
Other:	[ ]	[ ] (Name):
Other:	[ ]	[ ] (Name):
Other:	[ ]	[ ] (Name):

**Important!** Parenting involves decision-making in many areas. If you believe there are other decisions that are important to your family, list them under "Other" above. Some examples include: extracurricular activities, international travel, cell phones, driver's licenses, tattoos, and haircuts.

**b. Reasons for limits on major decision-making, if any:**

- There are no reasons to limit major decision-making.
- Major decision-making **should** be limited because (check all that apply):
  - Both parents are against shared decision-making.
  - One of the parents does not want to share decision-making and this is reasonable because of:
    - the history of each parent's participation in decision-making.
    - the parents' ability and desire to cooperate with each other in decision-making.
    - the distance between the parents' homes makes it hard to make timely decisions together.

**7. Dispute Resolution**

**Important!** After this parenting plan is signed by a judge or commissioner, if you and the other parent disagree about shared decisions or what parts of this plan mean, the court may require you to use a dispute resolution provider before going back to court. If a dispute resolution provider is checked below, the parents may, and sometimes must, use this provider before filing a Petition to Change a Parenting Plan or a Motion for Contempt for not following the plan. Check your county's Local Court Rules.

Dispute resolution must occur as follows (check one):

- As described in **Attachment A**. (Skip to 8.)
- As ordered below. (Complete 7.a. and 7.b.)

**a. The parents will go to (check one):**

- The dispute resolution provider below (before they may go to court):
  - Mediation (mediator or agency name): \_\_\_\_\_
  - Arbitration (arbitrator or agency name): \_\_\_\_\_

Counseling (*counselor or agency name*): \_\_\_\_\_

If a dispute resolution provider is not named above or if the named provider is no longer available, the parents may agree on a provider or ask the court to name one.

**Important!** Unless there is an emergency, the parents must participate in the dispute resolution process listed above in good faith, before going to court for disagreements about joint decisions or what parts of this plan mean. This section does **not** apply to disagreements about money or support.

Court (without having to go to mediation, arbitration, or counseling).  
(If you check this box, skip to **8** below and do not fill out **7.b.**)

**b.** If mediation, arbitration, or counseling is required, one parent must notify the other parent by (*check one*):  certified mail  other (*specify*): \_\_\_\_\_.

The parents will pay for the mediation, arbitration, or counseling services as follows (*check one*):

(*Name*): \_\_\_\_\_ will pay \_\_\_\_\_ %,

(*Name*): \_\_\_\_\_ will pay \_\_\_\_\_ %.

based on each parents' Proportional Share of Income (percentage) from line 6 of the *Child Support Worksheet*.

as decided through the dispute resolution process.

**What to expect in the dispute resolution process:**

- Preference shall be given to carrying out the parenting plan.
- If you reach an agreement, it must be put into writing, signed, and both parents must get a copy.
- If the court finds that you have used or frustrated the dispute resolution process without a good reason, the court can order you to pay financial sanctions (penalties) including the other parent's legal fees.
- You may go back to court if the dispute resolution process doesn't solve the disagreement or if you disagree with the arbitrator's decision.

**8. Transportation Arrangements**

Does not apply. **Attachment A** or **B** provides for no residential time.

The children will be exchanged for parenting time (picked up and dropped off) at:

each parent's home

school or daycare, when in session

other location (*specify*): \_\_\_\_\_

Who is responsible for arranging transportation?

The **picking up** parent – The parent who is about to **start** parenting time with the children must arrange to have the children picked up.

[ ] The **dropping off** parent – The parent whose parenting time is **ending** must arrange to have the children dropped off.

Other details (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Moving with the Children (Relocation)**

Anyone with majority or substantially equal residential time (at least 45 percent) who wants to move with the children **must notify** every other person who has court-ordered time with the children.

***Move to a different school district***

If the move is to a different school district, the relocating person must complete the form *Notice of Intent to Move with Children* (FL Relocate 701) and deliver it at least **60 days** before the intended move.

*Exceptions:*

- If the relocating person could not reasonably have known enough information to complete the form in time to give 60 days' notice, they must give notice within **5 days** after learning the information.
- If the relocating person is relocating to a domestic violence shelter or moving to avoid a clear, immediate, and unreasonable risk to health or safety, notice may be delayed **21 days**.
- If information is protected under a court order or the address confidentiality program, it may be withheld from the notice.
- A relocating person who believes that giving notice would put themselves or a child at unreasonable risk of harm, may ask the court for permission to leave things out of the notice or to be allowed to move without giving notice. Use form *Motion to Limit Notice of Intent to Move with Children (Ex Parte)* (FL Relocate 702).

The *Notice of Intent to Move with Children* can be delivered by having someone personally serve the other party or by any form of mail that requires a return receipt.

If the relocating person wants to change the *Parenting Plan* because of the move, they must deliver a proposed *Parenting Plan* together with the *Notice*.

***Move within the same school district***

If the move is within the *same* school district, the relocating person still has to let the other parent know. However, the notice does not have to be served personally or by mail with a return receipt. Notice to the other party can be made in any reasonable way. No specific form is required.

***Warning! If you do not notify...***

A relocating person who does not give the required notice may be found in contempt of court. If that happens, the court can impose sanctions. Sanctions can include requiring the relocating person to bring the children back if the move has already happened and ordering the relocating person to pay the other side's costs and lawyer's fees.

## ***Right to object***

A person who has court-ordered time with the children can object to a move to a different school district and/or to the relocating person's proposed *Parenting Plan*. If the move is within the same school district, the other party doesn't have the right to object to the move, but they may ask to change the *Parenting Plan* if there are adequate reasons under the modification law (RCW 26.09.260).

An objection is made by filing the *Objection about Moving with Children and Petition about Changing a Parenting/Custody Order (Relocation)* (form FL Relocate 721). File your *Objection* with the court and serve a copy on the relocating person and anyone else who has court-ordered time with the children. Service of the *Objection* must be by personal service or by mailing a copy to each person by any form of mail that requires a return receipt. The *Objection* must be filed and served no later than **30 days** after the *Notice of Intent to Move with Children* was received.

## ***Right to move***

During the 30 days after the *Notice* was served, the relocating person may not move to a different school district with the children unless they have a court order allowing the move.

After the 30 days, if no *Objection* is filed, the relocating person may move with the children without getting a court order allowing the move.

After the 30 days, if an *Objection* has been filed, the relocating person may move with the children **pending** the final hearing on the *Objection unless*:

- The other party gets a court order saying the children cannot move, or
- The other party has scheduled a hearing to take place no more than 15 days after the date the *Objection* was served on the relocating person. (However, the relocating person may ask the court for an order allowing the move even though a hearing is pending if the relocating person believes that they or a child are at unreasonable risk of harm.)

The court may make a different decision about the move at a final hearing on the *Objection*.

## ***Parenting Plan after move***

If the relocating person served a proposed *Parenting Plan* with the *Notice*, **and** if no *Objection* is filed within 30 days after the *Notice* was served (or if the parties agree):

- Both parties may follow that proposed plan without being held in contempt of the *Parenting Plan* that was in place before the move. However, the proposed plan cannot be enforced by contempt unless it has been approved by a court.
- Either party may ask the court to approve the proposed plan. Use form *Ex Parte Motion for Final Order Changing Parenting Plan – No Objection to Moving with Children* (FL Relocate 706).

## ***Forms***

You can find forms about moving with children at:

- The Washington State Courts' website: [www.courts.wa.gov/forms](http://www.courts.wa.gov/forms),
- Washington Law Help: [www.washingtonlawhelp.org](http://www.washingtonlawhelp.org), or

- The Superior Court Clerk's office or county law library (for a fee).

(This is a summary of the law. The complete law is in RCW 26.09.430 through 26.09.480.)

**10. Other**

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**11. Proposal**

- Does not apply. This is a court order.
- This is a **proposed** (requested) parenting plan. (*The parent/s requesting this plan must read and sign below.*)

I declare under penalty of perjury under the laws of the State of Washington that this plan was proposed in good faith and that the information in **Attachment A** and **B** (if any) is true.



\_\_\_\_\_  
*Parent requesting plan signs here*

\_\_\_\_\_  
*Signed at (city and state)*



\_\_\_\_\_  
*Other parent requesting plan (if agreed) signs here*

\_\_\_\_\_  
*Signed at (city and state)*

**12. Court Order**

- Does not apply. This is a proposal.
- This is a court order (if signed by a judge or commissioner below).

**Findings of Fact** – Based on the pleadings and any other evidence considered:

- The Court adopts as its findings the statements in:

- Attachment A**

- Attachment B**

- The Court makes additional findings which are:

- contained in an order or findings of fact entered at the same time as this *Parenting Plan*.

- other: \_\_\_\_\_

**Conclusions of Law** – This *Parenting Plan* is in the best interest of the children.

- Other: \_\_\_\_\_

**Order** – The parties must follow this *Parenting Plan* including any attachments.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Judge or Commissioner signs here**

**Warning!** If you do not follow this *Parenting Plan*, the court may find you in contempt (RCW 26.09.160). You still have to follow this *Parenting Plan* even if the other parent doesn't.

Violation of **residential** provisions of this order with actual knowledge of its terms is punishable by contempt of court and may be a criminal offense under RCW 9A.40.060(2) or 9A.40.070(2). Violation of this order may subject a violator to arrest.

**If this is a court order, the parties and/or their lawyers (and any GAL) sign below.**

This order (*check any that apply*):

is an agreement of the parties.

is presented by me.

may be signed by the court without notice to me.

This order (*check any that apply*):

is an agreement of the parties.

is presented by me.

may be signed by the court without notice to me.

▶ \_\_\_\_\_  
*Petitioner or lawyer signs here + WSBA #*

▶ \_\_\_\_\_  
*Respondent or lawyer signs here + WSBA #*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

This order (*check any that apply*):

is an agreement of the parties.

is presented by me.

may be signed by the court without notice to me.

This order (*check any that apply*):

is an agreement of the parties.

is presented by me.

may be signed by the court without notice to me.

▶ \_\_\_\_\_  
*Other party or lawyer signs here + WSBA #*

▶ \_\_\_\_\_  
*Other party or Guardian ad Litem signs here*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

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## Attachment A: Limitations

**Only complete** this attachment if your Parenting Plan involves limitations on a parent under RCW 26.09.191 or .192. **If not**, remove this attachment.

### 1. Reasons for putting limitations on a parent (under RCW 26.09.191 or .192)

#### a. Abandonment by a parent, or child abuse, domestic violence, assault, sex offense, or sexual abuse of a child by a parent or a person living with a parent.

*If a parent has any of these problems, the court **must** limit that parent's contact with the children and that parent's right to make decisions for the children, and may not require dispute resolution other than court unless the court makes the required findings in 3. See definitions at the end of this attachment.*

Neither parent has any of these problems.

A parent has one or more of these problems as follows (*check all that apply*):

**Abandonment** – (*Parent's name*): \_\_\_\_\_  
intentionally abandoned a child in this case for an extended time.

**Child Abuse** – (*Parent's name*): \_\_\_\_\_  
(or someone living in that parent's home) abused or threatened to abuse a child.  
The abuse was (*check all that apply*):  
 physical  repeated emotional abuse.

**Domestic Violence** – (*Parent's name*): \_\_\_\_\_  
(or someone living in that parent's home) has a history of domestic violence as defined in RCW 7.105.010.

**Assault** – (*Parent's name*): \_\_\_\_\_  
(or someone living in that parent's home) has assaulted someone causing grievous physical harm or causing fear of such harm, or sexually assaulted someone.

**Sex offense or sexual abuse of a child** by a parent or a person living with a parent. (*Also complete Attachment B.*)

#### b. Other problems that may harm the children's best interests or interfere with the performance of parenting functions. These problems could include neglect, emotional or physical problems, substance abuse, lack of emotional ties, abusive use of conflict, withholding the child, or other problems.

*If a parent has any of these problems, the court **may** limit that parent's contact with the children and that parent's right to make decisions for the children.*

Neither parent has any of these problems.

A parent has one or more of these problems as follows (*check all that apply*):

**Neglect** – (*Parent's name*): \_\_\_\_\_  
neglected their parental duties towards a child in this case.

**Emotional or physical problem** – (*Parent's name*): \_\_\_\_\_  
has a long-term emotional or physical problem that interferes with their performance of parenting functions.

- Substance Abuse** – (Parent’s name): \_\_\_\_\_  
has a long-term problem with drugs, alcohol, or other substances that interferes with their performance of parenting functions.
- Lack of emotional ties** – (Parent’s name): \_\_\_\_\_  
has few or no emotional ties with a child in this case.
- Abusive use of conflict** – (Parent’s name): \_\_\_\_\_  
has engaged in ongoing and deliberate actions to misuse conflict.
- Withholding the child** – (Parent’s name): \_\_\_\_\_  
has kept the other parent away from a child in this case for a long time, without a good reason. Withholding does not include protective actions taken by a parent in good faith for the legitimate and lawful purpose of protecting themselves or the parent’s child from the risk of harm posed by the other parent.
- Other (specify):** \_\_\_\_\_  
\_\_\_\_\_

**2. If limitations apply to both parents**

*When limitations apply to both parents, the court must compare the risks and may make an exception in applying mandatory limitations based on 1.a. When reasons for mandatory limitations in 1.a. apply to one parent and discretionary limitations in 1.b. apply to another parent, the court **must prioritize** the mandatory limitations when limiting the residential schedule, decision making, and dispute resolution. If the court does not prioritize the mandatory limitations, the court must make detailed written findings why not. RCW 26.09.191(7).*

- Does not apply.
- There are reasons for putting limitations on both parents. The court makes the following findings about the comparative risk of harm to the children posed by each parent, including any decision not to impose limitations or not to prioritize mandatory limitations (*detailed written findings required*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Limitations on a parent**

*Limitations shall be reasonably calculated to protect the children and the other parent from the physical, sexual, or emotional abuse or harm that could result from contact with the limited parent.*

- The following limits or conditions apply to** (parent’s name): \_\_\_\_\_  
\_\_\_\_\_ (check all that apply):
- Use **Attachment B** if the court found sex offense or sexual abuse of a child (*skip to 4.*).

**No contact** with the children. Limitations on the residential time with the children will not adequately protect the children from the harm or abuse that could result from contact.

**Limited contact** as shown in the Parenting Time Schedule (**Attachment R**).

**Limited contact** as follows (*specify schedule, list all contact here instead of in the Residential Schedule*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervised contact.** All parenting time shall be supervised. Any costs of supervision must be paid by (*name*): \_\_\_\_\_

Supervision shall be (*check one*):

Professional, by (*name or agency*): \_\_\_\_\_

Non-professional. A non-professional supervisor is allowed because they have shown through sworn testimony and evidence of past interactions with children that they are capable and committed to protecting the children from physical or emotional abuse or harm; and

The parent cannot use professional supervision because (*check all that apply*):

Geographic isolation or other factors make professionally supervised visitation inaccessible.

They cannot pay for professional supervision. The parent has a GR 34 fee waiver or shown other evidence of financial indigency.

The non-professional supervisor/s shall be (*name/s*): \_\_\_\_\_  
\_\_\_\_\_

**Dates and times** of supervised contact (*check one*):

As shown in the Parenting Time Schedule (**Attachment R**).

As arranged by the supervisor for up to \_\_\_ hour/s per visit, up to \_\_\_ visits per (*frequency*): \_\_\_\_\_

As follows (*specify*): \_\_\_\_\_  
\_\_\_\_\_

**Location** – The supervised contact will occur (*check all that apply*):

in public location/s (*specify*): \_\_\_\_\_  
\_\_\_\_\_

in the supervised parent's home

at the supervised visitation facility

other (*specify*): \_\_\_\_\_  
\_\_\_\_\_

**(Important! Put transportation arrangements in Parenting Plan section 8.)**

**Specific rules** for supervised contact:

[ ] Follow the rules in **Attachment C**.

[ ] Other: \_\_\_\_\_

**Important!** No visits shall take place until the supervised parent and supervisor (or professional supervision program representative) have signed the Supervised Visitation Acknowledgment, FL All Family 141, confirming that they have read the court orders and the rules for supervised visitation and agree to follow them.

[ ] **Other limitations or conditions** during parenting time (specify): \_\_\_\_\_

[ ] **No limitations despite reasons**

There is **clear and convincing evidence** for no limitations on a parent even though there are reasons for limitations checked in **1.a.** above, considering the following factors:

▪ Any current risk posed by the parent to the physical or psychological well-being of the child or other parent;  
(Express findings): \_\_\_\_\_

▪ Whether a parent has demonstrated that they can and will prioritize the child's physical and psychological well-being;  
(Express findings): \_\_\_\_\_

▪ Whether a parent has followed and is likely to follow court orders;  
(Express findings): \_\_\_\_\_

▪ Whether a parent has genuinely acknowledged past harm and is committed to avoiding harm in the future; and  
(Express findings): \_\_\_\_\_

▪ A parent's compliance with previously court-ordered treatment. A parent's compliance with the requirements for participation in a treatment program does not, by itself, constitute evidence that the parent has made the requisite changes.  
(Express findings): \_\_\_\_\_

(Other findings, if any): \_\_\_\_\_

**4. Evaluation or treatment**

Not required.

(Name): \_\_\_\_\_ must (check all that apply):

be evaluated for: \_\_\_\_\_ with collateral input from the other parent. Any evaluation report that does not include collateral input must include details as to why and attempts made to obtain collateral input.

start (or continue) and comply with treatment:

as recommended by the evaluation.

as follows (specify kind of treatment and any other details): \_\_\_\_\_

provide a copy of the evaluation and compliance reports (specify details): \_\_\_\_\_

If this parent does not follow the evaluation or treatment requirements above, then (what happens): \_\_\_\_\_

**5. Decision-making**

When the children are with you, you are responsible for them. You can make day-to-day decisions for the children when they are with you, including decisions about safety and emergency healthcare. Major decisions must be made as follows:

**a. Who can make major decisions about the children?**

Type of Major Decision	Joint <i>(parents make these decisions together)</i>	Limited <i>(only the parent named below has authority to make these decisions)</i>
School/Educational	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Healthcare (not emergency)	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):

**Important!** Parenting involves decision-making in many areas. If you believe there are other decisions that are important to your family, list them under "Other" above. Some examples include: extracurricular activities, international travel, cell phones, driver's licenses, tattoos, and haircuts.

**b. Reasons to limit major decision-making, if any**

No limits (check one):

- Neither parent has any of the problems described in **1.a.** above, and the court finds no reason to limit major decision-making.
- Even though a parent has problems as described in **1.a.** above, the court made detailed findings of **clear and convincing evidence not to impose limitations in 3** above.
- Limits** (*check all that apply*):
  - Major decision-making **must** be limited because of the problems in **1.a.** above.
  - Major decision-making **should** be limited because (*check all that apply*):
    - Both parents are against shared decision-making.
    - One of the parents does not want to share decision-making and this is reasonable because of:
      - problems as described in **1.b.** above.
      - the history of each parent's participation in decision-making.
      - the parents' ability and desire to cooperate with each other in decision-making.
      - the distance between the parents' homes makes it hard to make timely decisions together.
  - There are reasons to limit **both parents'** decision-making. The court made detailed findings about the comparative risk in **2** above.

## 6. Dispute Resolution

**Important!** After this parenting plan is signed by a judge or commissioner, if you and the other parent disagree about shared decisions or what parts of this plan mean, the court may require you to use a dispute resolution provider before going back to court. If there are limitations in **1.a.**, the court may only require dispute resolution other than court if the court makes the required findings in **3**. If a dispute resolution provider is checked below, the parents may, and sometimes must, use this provider before filing a Petition to Change a Parenting Plan or a Motion for Contempt for not following the plan. Check your county's Local Court Rules.

a. The parents will go to (*check one*):

- The dispute resolution provider below (before they may go to court):
  - Mediation (*mediator or agency name*): \_\_\_\_\_
  - Arbitration (*arbitrator or agency name*): \_\_\_\_\_

If there is a domestic violence finding in **1.a.** above, arbitration may proceed without an additional *Order Allowing or Terminating Arbitration-At Risk Party*, form FL All Family 193, as long as reasonable procedures are in place to protect the party from risk of harm, harassment, or intimidation. RCW 26.14.110.

- Counseling (*counselor or agency name*): \_\_\_\_\_

If a dispute resolution provider is not named above or if the named provider is no longer available, the parents may agree on a provider or ask the court to name one.

**Important!** Unless there is an emergency, the parents must participate in the dispute resolution process listed above in good faith, before going to court for disagreements about joint decisions or what parts of this plan mean. This section does **not** apply to disagreements about money or support.

Court (without having to go to mediation, arbitration, or counseling).  
(If you check this box, don't fill out 6.b.)

b. If mediation, arbitration, or counseling is required, one parent must notify the other parent by (check one):  certified mail  other (specify): \_\_\_\_\_.

The parents will pay for the mediation, arbitration, or counseling services as follows (check one):

(Name): \_\_\_\_\_ will pay \_\_\_\_\_%,  
(Name): \_\_\_\_\_ will pay \_\_\_\_\_%.

based on each parents' Proportional Share of Income (percentage) from line 6 of the *Child Support Worksheet*.

as decided through the dispute resolution process.

**What to expect in the dispute resolution process:**

- Preference shall be given to carrying out the parenting plan.
- If you reach an agreement, it must be put into writing, signed, and both parents must get a copy.
- If the court finds that you have used or frustrated the dispute resolution process without a good reason, the court can order you to pay financial sanctions (penalties) including the other parent's legal fees.
- You may go back to court if the dispute resolution process doesn't solve the disagreement or if you disagree with the arbitrator's decision.

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**Definitions For Limitations in Parenting Plans (RCW 26.09.191):**

**"Abusive Use of Conflict"** refers to a party engaging in ongoing and deliberate actions to misuse conflict. This includes, but is not limited to:

- (a) Repeated bad faith violations of court orders regarding the child or the protection of the child or other parent;
- (b) credible threats of physical, emotional, or financial harm to the other parent or to family, friends, or professionals providing support to the child or other parent;
- (c) intentional use of the child in conflict; or
- (d) abusive litigation as defined in RCW 26.51.020.

Litigation that is aggressive or improper but does not meet the definition of abusive litigation shall not constitute a basis for finding abusive use of conflict. Protective actions, as defined below, shall not constitute a basis for a finding of abusive use of conflict.

**"Child"** shall also mean "children."

**"Knowingly"** means knows or reasonably should know.

**"Parenting functions"** means those aspects of the parent-child relationship in which the parent makes

decisions and performs functions necessary for the care and growth of the child. Parenting functions include:

- (a) Maintaining a loving, stable, consistent, and nurturing relationship with the child;
- (b) Attending to the daily needs of the child, such as feeding, clothing, physical care and grooming, supervision, health care, and day care, and engaging in other activities which are appropriate to the developmental level of the child and that are within the social and economic circumstances of the particular family;
- (c) Attending to adequate education for the child, including remedial or other education essential to the best interests of the child;
- (d) Assisting the child in developing and maintaining appropriate interpersonal relationships;
- (e) Exercising appropriate judgment regarding the child's welfare, consistent with the child's developmental level and the family's social and economic circumstances; and
- (f) Providing for the financial support of the child.

**“Protective actions”** are actions taken by a parent in good faith for the purpose of protecting themselves or the parent’s child from the risk of harm posed by the other parent. “Protective actions” can include, but are not limited to:

- (a) Reports or complaints regarding physical, sexual, or mental abuse of a child or child neglect to an individual or entity connected to the provision of care or safety of the child such as law enforcement, medical professionals, therapists, schools, day cares, or child protective services;
- (b) seeking court orders changing residential time; or
- (c) petitions for protection or restraining orders.

**“Sex offense against a child”** means any of the following offenses involving a child victim:

- (a) Any sex offense as defined in RCW 9.94A.030;
- (b) any offense with a finding of sexual motivation;
- (c) any offense in violation of chapter 9A.44 RCW other than RCW 9A.44.132;
- (d) any offense involving the sexual abuse of a minor, including any offense under chapter 9.68A RCW; or
- (e) any federal or out-of-state offense comparable to any offense under (a) through (d).

**“Willful abandonment”** has occurred when the child’s parent has expressed, either by statement or conduct, an intent to forego, for an extended period, parental rights or responsibilities despite an ability to exercise such rights and responsibilities. “Willful abandonment” does not include a parent who has been unable to see the child due to circumstances that include, but are not limited to: incarceration, deportation, inpatient treatment, medical emergency, fleeing to an emergency shelter or domestic violence shelter, or withholding of the child by the other parent.

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## Attachment B: Sex Offense or Sexual Abuse of a Child

**Only complete** this attachment if your Parenting Plan involves these limitations in RCW 26.09.192. **If not**, remove this attachment.

### 1. Sexually violent predator (RCW 26.09.192(1))

Does not apply.

(*Parent's name*): \_\_\_\_\_  
has been found to be a sexually violent predator. The court **must** order no contact with the children.

Another person (*name*): \_\_\_\_\_ who  
lives in (*parent's name*): \_\_\_\_\_'s home  
has been found to be a sexually violent predator. The court **must** order no contact **except** contact that occurs outside the predator's presence.

### 2. Child sexual abuse by a parent (RCW 26.09.192(2))

Does not apply.

(*Parent's name*): \_\_\_\_\_  
has sexually abused a child.

**Criminal conviction** – This parent has been convicted as an adult of a sex offense against a child (their own or others). (*Check one.*)

The court **must** order no contact with the children.

This parent has **rebutted** the presumption of no contact. The court finds based on **clear and convincing evidence**: (*Check all that apply. Provide written findings below per RCW 26.09.192(4)(a).*)

(*Children's names*): \_\_\_\_\_  
were **not** the victim/s of the sex offense committed by this parent **and** both these are true:

- Contact between the child and the offending parent is appropriate and poses minimal risk to the child.
- The offending parent has provided documentation that they have successfully completed treatment for sex offenders or are engaged in and making progress in such treatment, if any was ordered by a court.

(*Children's names*): \_\_\_\_\_  
**were** the victim/s of the sex offense committed by this parent **and all** these are true:

- Contact between the child and the offending parent is appropriate and poses minimal risk to the child.
- If the child is in or has been in therapy for victims of sexual abuse, the child's counselor believes such contact between the child and the offending parent is in the child's best interest.
- The offending parent has provided documentation that they have successfully completed treatment for sex offenders or are engaged in and making progress in such treatment, if any was ordered by a court.

**Civil finding** – The parent has sexually abused a child covered by this Parenting Plan as found by a preponderance of the evidence in a dependency or family law action, including this one (*check one*).

The court **must** order no contact with the child.

This parent has **rebutted** the presumption of no contact. An evaluator or the child's therapist recommends that the child is ready for contact and will not be harmed by the contact. (*Provide written findings per RCW 26.09.192(4)(a).*)

**Written findings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Parent lives with someone who has sexually abused a child (RCW 26.09.192(3))**

Does not apply.

Another person (*name*): \_\_\_\_\_ who lives in (*parent's name*): \_\_\_\_\_'s home has sexually abused a child. (*Check all that apply*):

**Criminal conviction** – This person has been convicted as an adult of a sex offense against a child **or** as a juvenile adjudicated of a sex offense against a child at least eight years younger. (*Check one.*)

The court **must** order no contact **except** contact that occurs outside the offender's presence.

This parent has **rebutted** the presumption of no contact in the offender's presence. The court finds based on **clear and convincing evidence**: (*Check all that apply. Provide written findings below per RCW 26.09.192(4)(b).*)

(*Children's names*): \_\_\_\_\_ were **not** the victim/s of the sex offense committed by this person **and** both these are true:

- Contact between the child and the parent who lives with this person is appropriate and that parent is able to protect the child in the presence of this person.
- This person has provided documentation that they have successfully completed treatment for sex offenders or are engaged in and making progress in such treatment, if any was ordered by a court.

(*Children's names*): \_\_\_\_\_ were the victim/s of the sex offense committed by this person and **all** these are true:

- Contact between the child and the parent in the presence of this person is appropriate and poses minimal risk to the child.

- If the child is in or has been in therapy for victims of sexual abuse, the child's counselor believes such contact between the child and the parent in the presence of this person is in the child's best interest.
  - This person has provided documentation that they have successfully completed treatment for sex offenders or are engaged in and making progress in such treatment, if any was ordered by a court.
- Civil finding** – This person has been found to have sexually abused a child by a preponderance of the evidence in a dependency or family law action, including this one. (*Check one.*)
- The court **must** order no contact.
- This parent has **rebutted** the presumption. They accept that the person engaged in the harmful conduct and the parent is willing to and capable of protecting the child from harm from the person. (*Provide written findings below per RCW 26.09.192(4)(b).*)

**Written findings:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Limitations on a parent**

The following limits or conditions apply to (*parent's name*): \_\_\_\_\_  
 (*check all that apply*):

- No contact** with (*children's names*): \_\_\_\_\_.
- Limited contact** that must occur outside the presence of  
 (*person named in 3 above*): \_\_\_\_\_.

**Dates and times** of this limited contact (*check one*):

- As shown in the Parenting Time Schedule (**Attachment R**).
- As follows (*specify*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Supervised contact** (*check one*):

- All parenting time shall be supervised.
- Parenting time in the presence of a person who sexually abused a child, (*name from 3 above*): \_\_\_\_\_, shall be supervised.

**Supervision shall be** (*check one*):

- Professional, by (*name or agency*): \_\_\_\_\_
- Non-professional. A non-professional supervisor is allowed because they have shown through sworn testimony and evidence of past interactions with children that

they are capable and committed to protecting the children from physical or emotional abuse or harm; and

The parent cannot use professional supervision because (*check all that apply*):

- Geographic isolation or other factors make professionally supervised visitation inaccessible.
- They cannot pay for professional supervision. The parent has a GR 34 fee waiver or shown other evidence of financial indigency.

The non-professional supervisor/s shall be (*name/s*): \_\_\_\_\_

*If supervision is only for contact in the presence of the person named in 3 above, the supervisor may be the parent if the court finds, based on the evidence, that the parent is willing and capable of protecting the child from harm.*

**Dates and times** of supervised contact (*check one*):

- As shown in the Parenting Time Schedule (**Attachment R**).
- As arranged by the supervisor for up to \_\_\_\_ hour/s per visit, up to \_\_\_\_ visits per (*frequency*): \_\_\_\_\_
- As follows (*specify*): \_\_\_\_\_

**Location** – The supervised contact will occur (*check all that apply*):

- in public location/s (*specify*): \_\_\_\_\_
- in the supervised parent's home
- at the supervised visitation facility
- other (*specify*): \_\_\_\_\_

**(Important! Put transportation arrangements in Parenting Plan section 8.)**

**Specific rules** for supervised contact:

- Follow the rules in **Attachment C**.
- Other: \_\_\_\_\_

**Important!** No visits shall take place until the supervised parent and supervisor (or professional supervision program representative) have signed the Supervised Visitation Acknowledgement, FL All Family 141, confirming that they have read the court orders and the rules for supervised visitation and agree to follow them.

**Unsupervised contact** (RCW 26.09.192(4)(c)(iv))

This parent may have unsupervised contact with (*children's names*): \_\_\_\_\_  
\_\_\_\_\_ because the court finds all these are true:

- The offending parent has rebutted the presumption against no contact and has exercised supervised residential time for at least **2 years** with no further arrests or convictions of sex offenses involving children.
- The sex offense of the offending parent was not committed against a child of the offending parent.
- Unsupervised contact between the child and the offending parent is appropriate and poses minimal risk to the child, after consideration of the testimony of a state-certified therapist, mental health counselor, or social worker with expertise in treating child sexual abuse victims who has supervised at least one period of residential time between the parent and the child, and after consideration of evidence of the offending parent's compliance with community supervision requirements, if any.
- If the offending parent was not ordered by a court to participate in treatment for sex offenders, then the parent shall obtain a psychosexual evaluation conducted by a certified sex offender treatment provider or a certified affiliate sex offender treatment provider indicating that the offender has the lowest likelihood of risk to reoffend before the court grants unsupervised contact between the parent and a child.

Other findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Dates and times** of unsupervised contact (*check one*):

As shown in the Parenting Time Schedule (**Attachment R**).

As follows (*specify*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Evaluation or treatment, decision-making, dispute resolution**

These issues are covered in **Attachment A**.

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## Attachment C: Supervised Visitation Rules

**Only complete** this attachment if the court orders supervised contact and has selected these specific rules. **If not**, remove this attachment.

*Supervised visitation is to protect the children and the other parent from the physical, sexual, or emotional abuse or harm that could result from contact with the limited parent.*

**1. The supervisor must be willing and able to** (*optional provisions check all that apply*):

- ✓ Intervene and document any violations of these visitation rules
- ✓ End the visit if the children's physical or emotional safety is at risk or the parent will not follow the court order
- ✓ Be present for the entire visit and provide (*check one*):
  - strict supervision, where the supervisor is within the line of sight and range of hearing during the entire visit (including trips to the bathroom if adult assistance is needed).
  - monitoring supervision, where the supervisor is in the vicinity and immediately available, close enough to hear any raised voices and respond quickly and provide frequent (not necessarily constant) visual oversight.
- Transport the children to and from the visitation
- Prevent parents from coming into visual or audio contact with each other
- Keep parents' contact information confidential
- Other: \_\_\_\_\_

**2. The supervised parent must** (*optional provisions check all that apply*):

- ✓ Arrive and depart as requested by the supervisor
- ✓ Stay within the supervisor's line of sight and range of hearing at all times during court-ordered visits (unless the court orders otherwise)
- ✓ Ensure the visitation supervisor is able to hear all conversation with the children
- ✓ **Not** communicate with the children in a manner that the supervisor cannot understand or hear (such as whispering, using a foreign language, passing notes or pictures, texting)
- ✓ **Not** endanger or harm the children's physical, mental, or emotional health in any manner
- ✓ **Not** physically discipline the children
- ✓ **Not** make any derogatory, threatening, or disparaging remark to the children about any family member of the children
- ✓ **Not** discuss the legal proceedings with the children
- ✓ **Not** make any promises to the children about what the judge will decide
- Not** visit while under the influence of alcohol or any non-prescribed drug
- Not** bring any other person to the visit without the written agreement of the other parent and the visit supervisor
- Not** question the children about any family member of the children
- Not** change the children's diapers
- Not** bring any gifts unless approved in advance by the other parent and the visit supervisor
- Not** come within \_\_\_\_ feet of the following person/s during visitation exchanges:  
\_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_

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## Attachment R: Parenting Time Schedule (Residential Provisions)

Complete this attachment **unless** all residential time is covered by **Attachment A** or **B**, or no contact is ordered. Otherwise, remove this attachment.

### 1. School Schedule

#### a. Children under school-age

- Does not apply. All children are school-age.
- The schedule for children under school-age is the same as for school-age children.
- Children under school-age are scheduled to live with (*name*): \_\_\_\_\_  
\_\_\_\_\_,  
except when they are scheduled to live with (*name*): \_\_\_\_\_ on  
(*check all that apply*):
- WEEKENDS:  every week  every other week  other (*specify*): \_\_\_\_\_  
from (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.  
from (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.
- WEEKDAYS:  every week  every other week  other (*specify*): \_\_\_\_\_  
from (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.  
from (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.
- OTHER (*specify*): \_\_\_\_\_  
\_\_\_\_\_
- Other (*specify*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### b. School-age children

This schedule will apply (*check one*):

- immediately.
- when the youngest child enters (*check one*):  Kindergarten  1st grade
- when the oldest child enters (*check one*):  Kindergarten  1st grade
- Other: \_\_\_\_\_

The children are scheduled to live with (*name*): \_\_\_\_\_,  
except when they are scheduled to live with (*name*): \_\_\_\_\_ on  
(*check all that apply*):

- WEEKENDS:  every week  every other week  other (*specify*): \_\_\_\_\_  
from (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (*day*) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

WEEKDAYS:  every week  every other week  other (specify): \_\_\_\_\_

from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

OTHER (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

## 2. Summer Schedule

Summer begins and ends  according to the school calendar.  as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Summer Schedule is the **same** as the School Schedule. (*Skip to 3.*)

The Summer Schedule is the **same** as the School Schedule **except** that each parent shall spend \_\_\_\_\_ weeks of uninterrupted vacation time with the children each summer. The parents shall confirm their vacation schedules in writing by the end of (date) \_\_\_\_\_ each year. (*Skip to 3.*)

The Summer Schedule is **different** than the School Schedule. The Summer Schedule will begin the summer before (*check one*):  the youngest child  the oldest child  each child begins (*check one*):  Kindergarten  1st grade  Other: \_\_\_\_\_

During the summer the children are scheduled to live with (*name*): \_\_\_\_\_, except when they are scheduled to live with (*name*): \_\_\_\_\_ on (*check all that apply*):

WEEKENDS:  every week  every other week  other (specify): \_\_\_\_\_

from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

WEEKDAYS:  every week  every other week  other (specify): \_\_\_\_\_

from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

OTHER (specify): \_\_\_\_\_

**3. Holiday Schedule (includes school breaks and special occasions)**

The Holiday Schedule is the **same** as the School and Summer Schedules above for all holidays, school breaks, and special occasions. (*Skip to 4.*)

The children are scheduled to spend holidays, school breaks, and special occasions as follows:

(*Check all that apply. Note any differences for children who have not yet started school.*)

**Martin Luther King Jr. Day** – Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

With the parent who has the children for the attached weekend.

Other plan: \_\_\_\_\_

**Presidents' Day** – Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

With the parent who has the children for the attached weekend.

Other plan: \_\_\_\_\_

**Mid-winter Break** – Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

Each parent has the children for the half of break attached to their weekend. The children must be exchanged on Wednesday at (*time*): \_\_\_\_\_

Other plan: \_\_\_\_\_

**Spring Break** – Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

Each parent has the children for the half of break attached to their weekend. The children must be exchanged on Wednesday at (*time*): \_\_\_\_\_

Other plan: \_\_\_\_\_

**Mother's Day** – Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

Other plan: \_\_\_\_\_

**Memorial Day** – Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

- Every year with (*name*): \_\_\_\_\_
- With the parent who has the children for the attached weekend.
- Other plan: \_\_\_\_\_
- Father's Day** – Begins and ends (*day/time*): \_\_\_\_\_
  - Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.
  - Every year with (*name*): \_\_\_\_\_
  - Other plan: \_\_\_\_\_
- Fourth of July** – Begins and ends (*day/time*): \_\_\_\_\_
  - Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.
  - Every year with (*name*): \_\_\_\_\_
  - Follow the Summer Schedule in section 2.
  - Other plan: \_\_\_\_\_
- Labor Day** – Begins and ends (*day/time*): \_\_\_\_\_
  - Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.
  - Every year with (*name*): \_\_\_\_\_
  - With the parent who has the children for the attached weekend.
  - Other plan: \_\_\_\_\_
- Thanksgiving Day/Break** – Begins and ends (*day/time*): \_\_\_\_\_
  - Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.
  - Every year with (*name*): \_\_\_\_\_
  - Other plan: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Winter Break** – Begins and ends (*day/time*): \_\_\_\_\_
  - Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.
  - Every year with (*name*): \_\_\_\_\_
  - Other plan: \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Christmas Eve/Day** – Begins and ends (*day/time*): \_\_\_\_\_
  - Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.
  - Every year with (*name*): \_\_\_\_\_

Follow the Winter Break schedule above.

Other plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Year's Eve/Day** – Begins and ends (*day/time*): \_\_\_\_\_  
(*odd/even is based on New Year's Eve*)

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

Follow the Winter Break schedule above.

Other plan: \_\_\_\_\_  
\_\_\_\_\_

**All three-day weekends not listed elsewhere**  
(*Federal holidays, school in-service days, etc.*)

The children shall spend any unspecified holiday or non-school day with the parent who has them for the attached weekend.

Other plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important!** Families in Washington observe a broad range of religions and traditions. Your Parenting Plan can provide for how children will spend time on other significant days. (Examples: Eid, Passover, Easter, Chinese New Year, birthdays, etc.) Add lines as needed.

**Other occasion important to the family:** \_\_\_\_\_

Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

Other plan: \_\_\_\_\_

**Other occasion important to the family:** \_\_\_\_\_

Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

Other plan: \_\_\_\_\_

**Other occasion important to the family:** \_\_\_\_\_

Begins and ends (*day/time*): \_\_\_\_\_

Odd years with (*name*): \_\_\_\_\_; Even years with the other parent.

Every year with (*name*): \_\_\_\_\_

Other plan: \_\_\_\_\_

**4. Conflicts in Scheduling**

The Holiday Schedule must be observed over all other schedules. If there are conflicts within the Holiday Schedule (*check all that apply*):

Named holidays shall be followed before school breaks.

Children's birthday/s shall be followed before named holidays and school breaks.

Other (*specify*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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
<b>Part I: Income</b> (see Instructions, page 8)		
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. Mandatory State Deductions (state insurance premiums actually paid, paid family and medical leave program, and long-term services and supports trust program)	\$	\$
d. State Industrial Insurance Deductions	\$	\$
e. Mandatory Union/Professional Dues	\$	\$
f. Mandatory Pension Plan Payments	\$	\$
g. Voluntary Retirement Contributions	\$	\$
h. Maintenance Paid	\$	\$
i. Normal Business Expenses	\$	\$
j. Total Deductions from Gross Income (add lines 2a through 2i)	\$	\$
3. Monthly Net Income (line 1g minus 2j)	\$	\$
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	\$	

	Column 1	Column 2
5. Basic Child Support Obligation Number of children: _____ x \$ _____ per child (enter total amount in box →)	\$	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.	.
<b>Part II: Basic Child Support Obligation</b> (see Instructions, page 10)		
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: (180% of the federal poverty guideline for a one-person family.)	\$	
a. Is Combined Net Income Less Than \$2,200? <b>If yes</b> , for each parent enter the presumptive \$50 <b>per child</b> .	\$	\$
b. Is Monthly Net Income Less Than Self-Support Reserve? <b>If yes</b> , for that parent enter the presumptive \$50 <b>per child</b> .	\$	\$
c. Is Monthly Net Income Equal to or More than Self-Support Reserve? <b>If yes</b> , 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.	\$	\$
d. Any Other Biological or Legal Children? <b>If yes</b> , divide the amount in line c by the total number of biological or legal children each parent has. Multiply that amount by the number of children in this case.	\$	\$
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a – 8d, but not less than the presumptive \$50 per child.	\$	\$
<b>Part III: Healthcare, Daycare, and Special Child Rearing Expenses</b> (see Instructions, page 11)		
10. Healthcare Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$
b. Uninsured Monthly Healthcare Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Healthcare Expenses (line 10a plus line 10b)	\$	\$
d. Combined Monthly Healthcare Expenses (add both parents' totals from line 10c)	\$	
11. Daycare and Special Expenses		
a. Daycare Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

	Column 1	Column 2
e. Total Daycare and Special Expenses (add lines 11a through 11d)	\$	\$
12. Combined Monthly Total Daycare and Special Expenses (add both parents' daycare and special expenses from line 11e)	\$	
13. Total Healthcare, Daycare, and Special Expenses (line 10d plus line 12)	\$	
14. Each Parent's Obligation for Healthcare, Daycare, and Special Expenses (multiply each number on line 6 by line 13)	\$	\$
<b>Part IV: Gross Child Support Obligation</b>		
15. Gross Child Support Obligation (line 9 plus line 14)	\$	\$
<b>Part V: Child Support Credits</b> (see Instructions, page 12)		
16. Child Support Credits		
a. Monthly Healthcare Expenses Credit	\$	\$
b. Daycare and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)	\$	\$
d. Total Support Credits (add lines 16a through 16c)	\$	\$
<b>Part VI: Standard Calculation/Presumptive Transfer Payment</b> (see Instructions, page 12)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$	\$
<b>Part VII: Additional Informational Calculations</b>		
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)	\$	\$
<b>Part VIII: Additional Factors for Consideration</b> (see Instructions, page 12)		
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.)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

	Column 1	Column 2
<b>22. Other Household Income</b>		
a. Income of Current Spouse or Domestic Partner (if not the other parent of this action) Name _____ Name _____	\$ \$	\$ \$
b. Income of Other Adults In Household Name _____ Name _____	\$ \$	\$ \$
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 [ ] 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))		



**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**

Temporary (TMORS)

Final (ORS)

**Clerk's action required: WSSR, 1**

**Child Support Order**

**1. Money Judgment Summary**

No money judgment is ordered.

Summarize any money judgments from section 23 in the table below.

<b>Judgment for</b>	<b>Debtor's name</b> <i>(person who must pay money)</i>	<b>Creditor's name</b> <i>(person who must be paid)</i>	<b>Amount</b>	<b>Interest</b>
Past due child support from _____ to _____			\$	\$
Past due medical support from _____ to _____			\$	\$
Past due children's exp. from _____ to _____			\$	\$
Other amounts <i>(describe)</i> :			\$	\$
<b>Yearly Interest Rate</b> for child support, medical support, and children's expenses: 12%. For other judgments: _____% <i>(12% unless otherwise listed)</i>				
<b>Lawyer (name):</b>		<b>Represents (name):</b>		
<b>Lawyer (name):</b>		<b>Represents (name):</b>		

➤ **Findings and Orders**

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

4. **Parents' Contact and Employment Information**

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

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

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

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

5. **Parents' Income**

<p><b>Parent (name):</b> _____</p> <p><b>Net monthly income \$</b> _____  <small>(line 3 of the Worksheets)</small></p> <p>This income is (<i>check one</i>):  <input type="checkbox"/> imputed to this parent. (<i>Skip to 6.</i>)  <input type="checkbox"/> this parent's actual income  <small>(after any exclusions approved below).</small></p> <p><b>Does this parent have income from overtime or a second job?</b>  <input type="checkbox"/> No. (<i>Skip to 6.</i>)  <input type="checkbox"/> Yes. (<i>Fill out below.</i>)</p> <p>Should this income be excluded? (<i>check one</i>):  <input type="checkbox"/> No. The court has <b>included</b> this income in this parent's gross monthly income on line 1 of the <i>Worksheets</i>.  <input type="checkbox"/> Yes. This income should be <b>excluded</b> because:</p> <ul style="list-style-type: none"> <li>▪ This parent worked over 40 hours per week averaged over 12 months, and</li> <li>▪ That income was earned to pay for  <input type="checkbox"/> current family needs <input type="checkbox"/> debts from a past relationship <input type="checkbox"/> child support debt, and</li> <li>▪ This parent will stop earning this extra income after paying these debts.</li> </ul>	<p><b>Parent (name):</b> _____</p> <p><b>Net monthly income \$</b> _____  <small>(line 3 of the Worksheets)</small></p> <p>This income is (<i>check one</i>):  <input type="checkbox"/> imputed to this parent. (<i>Skip to 6.</i>)  <input type="checkbox"/> this parent's actual income  <small>(after any exclusions approved below).</small></p> <p><b>Does this parent have income from overtime or a second job?</b>  <input type="checkbox"/> No. (<i>Skip to 6.</i>)  <input type="checkbox"/> Yes. (<i>Fill out below.</i>)</p> <p>Should this income be excluded? (<i>check one</i>):  <input type="checkbox"/> No. The court has <b>included</b> this income in this parent's gross monthly income on line 1 of the <i>Worksheets</i>.  <input type="checkbox"/> Yes. This income should be <b>excluded</b> because:</p> <ul style="list-style-type: none"> <li>▪ This parent worked over 40 hours per week averaged over 12 months, and</li> <li>▪ That income was earned to pay for  <input type="checkbox"/> current family needs <input type="checkbox"/> debts from a past relationship <input type="checkbox"/> child support debt, and</li> <li>▪ This parent will stop earning this extra income after paying these debts.</li> </ul>
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<b>Parent (name):</b> _____ The court has <b>excluded \$</b> _____ from this parent's gross monthly income on line 1 of the <i>Worksheets</i> . <input type="checkbox"/> Other findings: _____ _____ _____ _____	<b>Parent (name):</b> _____ The court has <b>excluded \$</b> _____ from this parent's gross monthly income on line 1 of the <i>Worksheets</i> . <input type="checkbox"/> Other findings: _____ _____ _____ _____
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## 6. Imputed Income

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

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

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

<b>Parent (name):</b> _____ <input type="checkbox"/> Does not apply. This parent's actual income is used. ( <i>Skip to 7.</i> ) <input type="checkbox"/> This parent's monthly net income is imputed because ( <i>check one</i> ): <input type="checkbox"/> this parent's income is unknown. <input type="checkbox"/> this parent is voluntarily unemployed. <input type="checkbox"/> this parent is voluntarily under-employed. <input type="checkbox"/> this parent works full-time but is purposely under-employed to reduce child support. <input type="checkbox"/> this parent is currently enrolled in high school full-time and is voluntarily unemployed or under-employed. The imputed amount is based on the information below: ( <i>Options are listed in order of required priority. The court used the first option possible based on the information it had unless a presumed option was rebutted.</i> ) <input type="checkbox"/> Pay for 20 hours per week at the minimum wage where this parent lives because this parent is enrolled in high school full-time and is voluntarily unemployed or under-employed. <input type="checkbox"/> Full-time pay at current pay rate. <input type="checkbox"/> Full-time pay based on reliable information about past earnings.	<b>Parent (name):</b> _____ <input type="checkbox"/> Does not apply. This parent's actual income is used. ( <i>Skip to 7.</i> ) <input type="checkbox"/> This parent's monthly net income is imputed because ( <i>check one</i> ): <input type="checkbox"/> this parent's income is unknown. <input type="checkbox"/> this parent is voluntarily unemployed. <input type="checkbox"/> this parent is voluntarily under-employed. <input type="checkbox"/> this parent works full-time but is purposely under-employed to reduce child support. <input type="checkbox"/> this parent is currently enrolled in high school full-time and is voluntarily unemployed or under-employed. The imputed amount is based on the information below: ( <i>Options are listed in order of required priority. The court used the first option possible based on the information it had unless a presumed option was rebutted.</i> ) <input type="checkbox"/> Pay for 20 hours per week at the minimum wage where this parent lives because this parent is enrolled in high school full-time and is voluntarily unemployed or under-employed. <input type="checkbox"/> Full-time pay at current pay rate. <input type="checkbox"/> Full-time pay based on reliable information about past earnings.
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<b>Parent (name):</b> _____ <input type="checkbox"/> Full-time pay based on incomplete or irregular information about past earnings. <input type="checkbox"/> Pay for 32 hours per week at the minimum wage where this parent lives because this parent: <input type="checkbox"/> recently graduated from high school. <input type="checkbox"/> is on TANF now, or recently came off TANF, public assistance, SSI, or disability. <input type="checkbox"/> was recently incarcerated. <input type="checkbox"/> Full-time pay at the minimum wage where the parent lives because this parent ( <i>check all that apply</i> ): <input type="checkbox"/> recently worked at minimum wage jobs. <input type="checkbox"/> has never been employed. <input type="checkbox"/> does not have information about past earnings. <input type="checkbox"/> Table of Median Net Monthly Income. <input type="checkbox"/> Other ( <i>specify</i> ): _____ _____	<b>Parent (name):</b> _____ <input type="checkbox"/> Full-time pay based on incomplete or irregular information about past earnings. <input type="checkbox"/> Pay for 32 hours per week at the minimum wage where this parent lives because this parent: <input type="checkbox"/> recently graduated from high school. <input type="checkbox"/> is on TANF now, or recently came off TANF, public assistance, SSI, or disability. <input type="checkbox"/> was recently incarcerated. <input type="checkbox"/> Full-time pay at the minimum wage where the parent lives because this parent ( <i>check all that apply</i> ): <input type="checkbox"/> recently worked at minimum wage jobs. <input type="checkbox"/> has never been employed. <input type="checkbox"/> does not have information about past earnings. <input type="checkbox"/> Table of Median Net Monthly Income. <input type="checkbox"/> Other ( <i>specify</i> ): _____ _____
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**7. Limits Affecting the Monthly Child Support Amount**

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

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

**Low-Income Limits.** The self-support reserve and presumptive minimum payment have been calculated in the *Worksheets*, lines 8.a. - d.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Combined Monthly Net Income over \$50,000.** Together, the parents earn more than \$50,000 per month (*Worksheets* line 4). The child support amount (*check one*):

is the presumptive amount from the economic table.

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

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### 8. Standard Calculation

<i>Parent Name</i>	<i>Standard calculation worksheets line 17</i>
	\$
	\$

**Check here if there is a residential split** – (each parent has at least one of the children from this relationship living with them most of the time.)

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

The standard calculation for the parent paying support is \$\_\_\_\_\_.

This is from (*check one*):

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

Other calculation (*specify method and attach Worksheet/s*): \_\_\_\_\_

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### 9. Deviation from Standard Calculation

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

**No** – The monthly child support amount ordered in section **10** is the **same** as the standard calculation listed in section **8** because (*check one*):

No one asked for a deviation from the standard calculation. (*Skip to 10.*)

There is not a good reason to approve the deviation requested by (*name/s*): \_\_\_\_\_  
\_\_\_\_\_. The facts supporting this decision are (*check all that apply*):

detailed in the *Worksheets*, Part VIII, lines 20 through 26.

the parent asking for a deviation:

has a new spouse or domestic partner with income of \$ \_\_\_\_\_.

lives in a household where other adults have income of \$ \_\_\_\_\_.

has income from overtime or a second job that was excluded in section 5 above.

Other (*specify*): \_\_\_\_\_.

**Yes** – The monthly child support amount ordered in section 10 is **different** from the standard calculation listed in section 8 because (*check all that apply*):

A parent or parents in this case has:

children from other relationships.

paid or received child support for children from other relationships.

gifts, prizes, or other assets.

income that is not regular (non-recurring income) such as bonuses, overtime, etc.

unusual unplanned debt (extraordinary debt not voluntarily incurred).

tax planning considerations that will not reduce the economic benefit to the children.

very different living costs, which are beyond their control.

The children in this case:

spend significant time with the parent who owes support. The non-standard amount still gives the other parent's household enough money for the children's basic needs. The children do not get public assistance (TANF).

have extraordinary income.

have special needs because of a disability.

have special medical, educational, or psychological needs.

There are (or will be) costs for court-ordered reunification or a voluntary placement agreement.

The parent who owes support has shown it is not fair to have to pay the \$50 per child presumptive minimum payment.

The parent who is owed support has shown it is not fair to apply the self-support reserve (calculated on lines 8.a. – d. of the *Worksheets*).

Other reasons: \_\_\_\_\_

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

detailed in the *Worksheets*, Part VIII, lines 20 through 26.

the parent asking for a deviation:

has a new spouse or domestic partner with income of \$ \_\_\_\_\_.

- lives in a household where other adults have income of \$\_\_\_\_\_.
- has income from overtime or a second job that was excluded in section 5 above.
- as follows: \_\_\_\_\_

**10. Monthly Child Support Amount (Transfer Payment)**

After considering the standard calculation in section 8, and whether to apply a deviation in section 9, the court orders the following monthly child support amount (transfer payment).

- (Name): \_\_\_\_\_ must pay child support to (name): \_\_\_\_\_ each month as follows for the children listed below (add lines for additional children if needed):

	Child's Name	Age	Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
<b>Total monthly child support amount:</b>			<b>\$</b>

- Residential Split** – Each parent has at least one of the children from this relationship living with them most of the time. (Name): \_\_\_\_\_ must pay child support to (name): \_\_\_\_\_ each month as follows:

**Total monthly child support amount:** \$

**11. Starting Date and Payment Schedule**

The monthly child support amount must be paid starting (month, year): \_\_\_\_\_ on the following payment schedule:

- in one payment each month by the \_\_\_ day of the month.
- in two payments each month: ½ by the \_\_\_\_\_ and ½ by the \_\_\_\_\_ day of the month.
- other (specify): \_\_\_\_\_

**12. Step Increase or Decrease (for Modifications or Adjustments Only)**

- Does not apply.
- Approved** – The court is changing a final child support order. The monthly child support amount is increasing or decreasing by more than 30% from the last final child support order. This causes significant financial hardship to the parent who owes or receives support, so the increase will be applied in 2 equal steps:

- On (date): \_\_\_\_\_, 6 months after the Starting Date in section 11, the monthly child support amount will be the full amount listed in section 10.
- For 6 months from the Starting Date in section 11 above, the monthly child support amount will be an amount exactly halfway between the old monthly amount and the new monthly amount for a total of \$\_\_\_\_\_ each month.

- Denied** – The court is changing a final child support order (*check one*):
- but the monthly payment increased or decreased by less than 30%.
  - and the monthly payment increased by more than 30%, but this does not cause a significant hardship to the parent who owes support.
  - and the monthly payment decreased by more than 30%, but this does not cause a significant hardship to the parent who receives support.

**13. Periodic Adjustment**

- Child support may be changed according to state law. The court is not ordering a specific periodic adjustment schedule below.
- Any party may ask the court to adjust child support periodically on the following schedule **without** showing a substantial change of circumstances:

The *Motion to Adjust Child Support Order* may be filed:

- every \_\_\_\_ months.
- on (date/s): \_\_\_\_\_
- other (*describe condition or event*): \_\_\_\_\_

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

- Deadlines, if any (*for example, deadline to exchange financial information, deadline to file the motion*): \_\_\_\_\_

**14. Payment Method (check either Registry or Direct Pay)**

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

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

Phone number/s: 1 (800) 922-4306 or 1 (800) 442-5437

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



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the court has approved the parents' written agreement for a different payment arrangement.

**16. Temporary Reduction if Incarcerated (Abatement)**

**Important!** Read Support Abatement Warnings at the end of this order.

If the person who owes support is incarcerated:

- The total monthly child support amount may be temporarily reduced to \$10 while the person who owes support is in jail, prison, or a correctional facility for at least 6 months (or serving a sentence of more than 6 months), and has no income or assets available to pay the support.
- If reduced, the support amount will be \$10 a month.
- Beginning the fourth month after the person who owes support is released, support will be 50% of the original amount, or \$50 per child, whichever is more.
- One year after release, support will return to the original amount in section 10.
- Reinstatement of the support amount at 50% does not automatically apply, if a *Petition to Modify Child Support Order* is filed during the period of abatement.

The person who owes support qualifies for abatement. Monthly child support is temporarily reduced (abated) to \$10 and will be reinstated as described above.

**17. End Date for Support**

Support must be paid for each child until the court signs a different order or (*check one*):

the child turns 18 or is no longer enrolled in high school, whichever happens last, unless the court makes a different order in section 18.

the child turns 18 or is emancipated, unless the court makes a different order in section 18.

after (*child's name*): \_\_\_\_\_ turns 18. Based on information available to the court, it is expected that this child will be unable to support them self and will remain dependent past the age of 18. Support must be paid until (*check one*):

this child is able to support themselves and is no longer dependent on the parents.

other: \_\_\_\_\_

Other (*specify*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. Post-Secondary Educational Support (for College or Vocational School)**

**Reserved** – A parent or non-parent custodian may ask the court for post-secondary educational support at a later date without showing a substantial change of circumstances by filing a *Petition to Modify Child Support Order* (form FL Modify 501). The *Petition* must be filed *before* child support ends as listed in section 17.

**Granted** – The parents must pay for the children’s post-secondary educational support. Post-secondary educational support may include support for the period after high school and before college or vocational school begins. The amount or percentage each person must pay (*check one*):

will be decided later. The parties may make a written agreement or ask the court to set the amount or percentage by filing a *Petition to Modify Child Support Order* (form FL Modify 501).

is as follows (*specify*): \_\_\_\_\_  
\_\_\_\_\_

**Denied** – The request for post-secondary educational support is denied.

Other (*specify*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19. Tax Issues**

**Important!** Although personal tax exemptions are currently suspended under federal law through tax year 2025, other tax benefits may flow from claiming a child as dependent.

The parties will follow the law and IRS rules about claiming children on tax forms.

The parties have the right to claim the children as their dependents for purposes of personal tax exemptions and associated tax credits on their tax forms as follows (*check one*):

Every year – (*name*): \_\_\_\_\_  
has the right to claim (*children’s names*): \_\_\_\_\_;  
and (*name*): \_\_\_\_\_  
has the right to claim (*children’s names*): \_\_\_\_\_.

Alternating – (*name*): \_\_\_\_\_  
has the right to claim the children for (*check one*):  even  odd year and  
(*name*): \_\_\_\_\_  
has the right to claim the children for the opposite years.

Other (*specify*): \_\_\_\_\_  
\_\_\_\_\_

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

**20. Medical Support**

**Important!** Read the Medical Support Warnings at the end of this order. Medical Support includes health insurance (both public and private) and cash payments towards premiums and uninsured medical expenses.

The court is not ordering how healthcare coverage must be provided for the children because the court does not have enough information to determine the availability of accessible healthcare coverage for the children (coverage that could be used for the children’s primary care). The law requires every parent to provide or pay for medical support. DCS or any parent can enforce this requirement. (*Skip to 21.*)

**Private Health Insurance Ordered.** (Name): \_\_\_\_\_ must pay the premium to provide health insurance coverage for the children. The court has considered the needs of the children, the cost and extent of coverage, and the accessibility of coverage.

The other parent must pay their proportional share\* of the premium paid. Health insurance premiums (*check one*):

are included on the *Worksheets* (line 14). No separate payment is needed.

are **not** included on the *Worksheets*. Separate payment is needed. A parent or non-parent custodian may ask DCS or the court to enforce payment for the proportional share.

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

The other parent is **not** ordered to pay for any part of the children's insurance because (*explain*): \_\_\_\_\_

*A parent cannot be excused from providing health insurance coverage through an employer or union solely because the child receives public healthcare coverage.*

A parent has been ordered to pay an amount that is more than 25% of their basic support obligation (*Worksheets*, line 19). The court finds this is in the children's best interest because: \_\_\_\_\_

*A parent cannot be ordered to pay an amount towards healthcare coverage premiums that is more than 25% of their basic support obligation (Worksheets, line 19) unless the court finds it is in the best interest of the children.*

**Public Healthcare Coverage.** (Name): \_\_\_\_\_ has enrolled the child in public healthcare coverage and does not have available at no cost, accessible health insurance coverage through an employer or union.

The other parent must enroll the child in accessible health insurance coverage through their employer or union up to 25% of their basic support obligation.

The other parent must pay their proportional share\* of the premium for public healthcare coverage for the child. Public healthcare premiums (*check one*):

are included on the *Worksheets* (line 14). No separate payment is needed.

are **not** included on the *Worksheets*. Separate payment is needed. A parent or non-parent custodian may ask DCS or the court to enforce payment for the proportional share.

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

The other parent is **not** ordered to pay for any part of the children's healthcare coverage because (*explain*): \_\_\_\_\_

A parent cannot be excused from providing health insurance coverage through an employer or union solely because the child receives public healthcare coverage.

A parent has been ordered to pay an amount that is more than 25% of their basic support obligation (*Worksheets*, line 19). The court finds this is in the children’s best interest because: \_\_\_\_\_

Other (*specify*): \_\_\_\_\_

**21. Healthcare Coverage if Circumstances Change or Court has not Ordered**

If the parties’ circumstances change, or if the court is not ordering how healthcare coverage must be provided for the children in section **20**:

- A parent, non-parent custodian, or DCS can enforce the medical support requirement.
- If a parent does not provide proof of accessible healthcare coverage (coverage that can be used for the children’s primary care), that parent must:
  - Get (or keep) insurance through their work or union, unless the insurance costs more than 25% of their basic support obligation (line 19 of the *Worksheets*),
  - Pay their share of the other parent’s monthly premium up to 25% of their basic support obligation (line 19 of the *Worksheets*), or
  - Pay their share of the monthly cost of any public healthcare coverage, such as Apple Health or Medicaid, which is assigned to the state.

**22. Children’s Expenses Not Included in the Monthly Child Support Amount**

**Uninsured Medical Expenses** – Each parent is responsible for a share of uninsured medical expenses as ordered below. Uninsured medical expenses include premiums, co-pays, deductibles, and other healthcare costs not paid by healthcare coverage.

Children’s Expenses for:	Parent ( <i>name</i> ): _____ pays monthly	Parent ( <i>name</i> ): _____ pays monthly	Make payments to:	
			Person who pays the expense	Service Provider
Uninsured medical expenses	Proportional Share*	Proportional Share*	[ ]	[ ]

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

**Other Shared Expenses (check one):**

Does not apply. The monthly amount covers all expenses, except healthcare expenses.

The parents will share the cost of the expenses listed below (*check all that apply*):

Children's Expenses for:	Parent (name):	Parent (name):	Make payments to:	
	pays monthly	pays monthly	Person who pays the expense	Service Provider
[ ] Daycare: _____ _____	[ ] Proportional Share* [ ] \$ _____ [ ] _____%**	[ ] Proportional Share* [ ] \$ _____ [ ] _____%**	[ ]	[ ]
[ ] Education: _____ _____	[ ] Proportional Share* [ ] \$ _____ [ ] _____%**	[ ] Proportional Share* [ ] \$ _____ [ ] _____%**	[ ]	[ ]
[ ] Long-distance transportation: _____ _____	[ ] Proportional Share* [ ] \$ _____ [ ] _____%**	[ ] Proportional Share* [ ] \$ _____ [ ] _____%**	[ ]	[ ]
[ ] Other (specify): _____ _____	[ ] Proportional Share* [ ] \$ _____ [ ] _____%**	[ ] Proportional Share* [ ] \$ _____ [ ] _____%**	[ ]	[ ]

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[ ] Other (give more detail about covered expenses here, if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A person receiving support can ask DCS to collect:**

- expenses owed directly to them.
- reimbursement for expenses the person providing support was ordered to pay.
- an order for a money judgment from the court.

**23. Past Due Child Support, Medical Support, and Other Expenses**

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

[ ] As of (date): \_\_\_\_\_, no parent owes (check all that apply):

[ ] past due child support

[ ] interest on past due child support



**25. Other Orders**

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

Other (*specify*): \_\_\_\_\_

**Ordered.**

Dated: \_\_\_\_\_  
**Judge or Commissioner**

**Petitioner and Respondent or their lawyers fill out below:**

This document (*check any that apply*):

is an agreement of the parties

is presented by me

may be signed by the court without notice to me

This document (*check any that apply*):

is an agreement of the parties

is presented by me

may be signed by the court without notice to me

\_\_\_\_\_  
*Petitioner signs here or lawyer signs here + WSBA No.*

\_\_\_\_\_  
*Respondent signs here or lawyer signs here + WSBA No.*

\_\_\_\_\_  
*Print Name Date Print Name Date*

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

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

child support

medical support

past due child support

other (*specify*): \_\_\_\_\_

\_\_\_\_\_  
*Deputy Prosecutor signs here Print name and WSBA No. Date*

**Parent or Non-Parent Custodian applies for Division of Child Support Enforcement Services:**

I ask the DCS to enforce this order. I understand that DCS will keep \$35 each year as a fee if DCS collects more than \$550, unless I ask to be excused from paying this fee in advance. (You may call DCS at 1-800-442-5437. DCS will **not** charge a fee if you have ever received TANF, tribal TANF, or AFDC.)

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

**All the warnings below are required by law and are part of the order. Do not remove.**

## **Warnings!**

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

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

### **If you receive child support...**

You may have to:

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

---

## **Support Abatement Warnings!**

The Division of Child Support (DCS), the person required to pay support, the payee under this order, or the person entitled to receive support **may ask the court or DCS to temporarily reduce** child support to \$10 per month when the person required to pay support is in jail, prison, or a correctional facility for at least 6 months, or serving a sentence of more than 6 months.

There is a rebuttable presumption that an incarcerated person cannot pay child support. DCS, the payee under this order, or the person receiving the support may overcome the presumption by showing that the person required to pay support has income or other assets available to pay support.

When a request for abatement is made, DCS will review its records and other available information, and decide if abatement is appropriate. DCS will send notice of the decision to the person required to pay support, and to the payee under this order or the person entitled to receive support. Any of those persons may object to DCS's decision.

If at any point during the period of incarceration, a person or DCS later learns of income or other assets available to pay support, a request to terminate or reverse the abatement may be made through DCS or the Office of Administrative Hearings.

---

## **Medical Support Warnings!**

**The parents** must keep the Support Registry informed about whether they have access to healthcare coverage for the children at a reasonable cost and to provide the policy information for any such coverage.

### **If you are ordered to provide children's healthcare coverage...**

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

- proof that the children are covered , or
- proof that healthcare coverage is not available as ordered.

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

If you do **not** provide proof of healthcare coverage:

- The other parent or the support agency may contact your employer or union, without notifying you, to ask for direct enforcement of this order (RCW 26.18.170), and
- The other parent may:
  - Ask the DCS for help,
  - Ask the court for a contempt order, or
  - File a Petition in court.

**Don't** cancel your employer or union health insurance for your children unless the court approves or your job ends, and you no longer qualify for insurance as ordered in section **20**.

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

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

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

**Always** inform the Support Registry and any parent if your access to healthcare coverage changes or ends.

Superior Court of Washington, County of \_\_\_\_\_

In re:

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

\_\_\_\_\_

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

\_\_\_\_\_

No. \_\_\_\_\_

Proof of Personal Service  
(AFSR)

---

## Proof of Personal Service

*Server declares:*

1. My name is: \_\_\_\_\_. I am **not** a party to this case.  
I am 18 or older.

**2. Personal Service**

I served court documents for this case to (*name of party*): \_\_\_\_\_  
by (*check one*):

giving the documents directly to him/her.

giving the documents to (*name*): \_\_\_\_\_,  
a person of suitable age and discretion who lives at the same address as the party.

**3. Date, time, and address of service**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Address:

\_\_\_\_\_  
*Number and street* *city* *state* *zip*

**4. List all documents you served (check all that apply):**

*(The most common documents are listed below. Check only those documents that were served. Use the "Other" boxes to write in the title of each document you served that is not already listed.)*

<input type="checkbox"/> Petition to/for _____ _____	<input type="checkbox"/> Notice of Hearing _____
<input type="checkbox"/> Summons ( <i>Attach a copy.</i> )	<input type="checkbox"/> Motion for Temporary Family Law Order <input type="checkbox"/> and Restraining Order
<input type="checkbox"/> Order Setting Case Schedule	<input type="checkbox"/> Proposed Temporary Family Law Order
<input type="checkbox"/> Notice Re: Military Dependent	<input type="checkbox"/> Motion for Immediate Restraining Order (Ex Parte)
<input type="checkbox"/> Proposed Parenting Plan	<input type="checkbox"/> Immediate Restraining Order (Ex Parte) and Hearing Notice
<input type="checkbox"/> Proposed Child Support Order	<input type="checkbox"/> Restraining Order
<input type="checkbox"/> Proposed Child Support Worksheets	<input type="checkbox"/> Motion for Contempt Hearing
<input type="checkbox"/> Sealed Financial Documents	<input type="checkbox"/> Order to Go to Court for Contempt Hearing
<input type="checkbox"/> Financial Declaration	<input type="checkbox"/> Motion for Adequate Cause Decision
<input type="checkbox"/> Information for Temporary Parenting Plan	<input type="checkbox"/> Notice of Intent to Move with Children (Relocation)
<input type="checkbox"/> Declaration of: _____	<input type="checkbox"/> Objection about Moving with Children and Petition about Changing a Parenting/ Custody Order (Relocation)
<input type="checkbox"/> Declaration of: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**5. Fees charged for service**

Does not apply.

Fees: \$ \_\_\_\_\_ + Mileage \$ \_\_\_\_\_ = Total: \$ \_\_\_\_\_

**6. Other Information (if any):** \_\_\_\_\_

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

Signed at (*city and state*): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of server*

\_\_\_\_\_  
*Print or type name of server*

**To the party having these documents served:**

- File the original *Proof of Personal Service* with the court clerk.
- If you served a *Restraining Order* signed by the court, you must also give a copy of this *Proof of Personal Service* and a *Law Enforcement Information Sheet* to law enforcement.
- If the documents were personally served outside of Washington state, you must fill out and file form FL All Family 102 (*Declaration: Personal Service Could Not be Made in Washington*).

**To the Server:** check here if you personally served the documents *outside* Washington state. Your signature must be notarized or sworn before a court clerk.

*(For personal service in Washington state, your signature does **not** need to be notarized or sworn before a court clerk.)*

Signed and sworn to before me on *(date)*: \_\_\_\_\_.

▶ \_\_\_\_\_  
*Signature of notary or court clerk*

\_\_\_\_\_  
*Print name of notary or court clerk*

I am a notary public in and for the state of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

I am a court clerk in a court of record in *(county)*: \_\_\_\_\_

*(state)*: \_\_\_\_\_

*(Print seal above.)*

Superior Court of Washington, County of \_\_\_\_\_

In re the marriage / domestic partnership of:

Petitioner (person who started this case):

\_\_\_\_\_

And Respondent (other spouse / partner):

\_\_\_\_\_

No. \_\_\_\_\_

Temporary Family Law Order  
(TFO)

Clerk's action required: **1, 12, 13**

## Temporary Family Law Order

*Use this form in marriage/domestic partnership cases only. For other cases, use FL Parentage 324, FL Non-Parent 424, or FL Modify 624, depending on the type of case.*

### 1. Money Judgment Summary

- No money judgment is ordered.
- Summarize any money judgments in the table below.

Judgment for	Debtor's name (person who must pay money)	Creditor's name (person who must be paid)	Amount	Interest
Lawyer's fees			\$	\$
Other fees and costs			\$	\$
Other amounts (describe):			\$	\$
<b>Yearly Interest Rate:</b> ____% (12% unless otherwise listed)				
<b>Lawyer (name):</b>		represents (name):		
<b>Lawyer (name):</b>		represents (name):		

### 2. Findings

The (check one):  Petitioner  Respondent made a *Motion for Temporary Family Law Order* (form FL Divorce 223) or a *Motion for Immediate Restraining Order* (form FL Divorce 221) and the court finds there is reason to approve this order.

Specific findings: \_\_\_\_\_

---

### 3. Active duty military

(The **federal** Servicemembers Civil Relief Act covers:

- Army, Navy, Air Force, Marine Corps, and Coast Guard members on active duty;
- National Guard or Reserve members under a call to active service for more than 30 days in a row; and
- commissioned corps of the Public Health Service and NOAA.

The **state** Service Members' Civil Relief Act covers those service members listed above who are either stationed in or residents of Washington state, and their dependents, except for the commissioned corps of the Public Health Service and NOAA.)

- None of the parties are covered by the state or federal Service Members' Civil Relief Act, **OR** no party covered by the Acts has asked for a stay.
  - One or more of the parties is covered by the state or federal Service Members' Civil Relief Acts and has not appeared in this case, or has asked for a stay. (Check one):
    - The court signed the *Order re Service Members' Civil Relief Act* (form FL All Family 170) filed separately.
    - The court's order about the service member's rights is in section **14** below.
  - Other Findings: \_\_\_\_\_
- 

### ➤ The Court Orders

#### 4. Care and safety of children

- No request made.
- This order includes these children:

Child's name	Age	Child's name	Age
1.		4.	
2.		5.	
3.		6.	

- The court signed the temporary *Parenting Plan* filed separately.
  - The (check one or both):  Petitioner  Respondent must not take the children out of Washington state.
  - The court will appoint the person below to investigate and report on issues affecting the children (check one):
    - Guardian ad Litem (GAL). The court signed the *Order Appointing Guardian ad Litem for a Child* (form FL All Family 146) filed separately.
    - Evaluator/Investigator. The court signed the *Order Appointing Parenting Evaluator/Investigator* (form FL All Family 148) filed separately.
  - Other: \_\_\_\_\_
-

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**Important!** Attach Summary of the Law about Moving with Children (form FL Relocate 736) if residential time is included in this order instead of a temporary Parenting Plan.

**5. Provide support**

- No request made.
- Request denied.
- The court signed the temporary *Child Support Order* and *Worksheets* filed separately.
- The (*check one*):  Petitioner  Respondent must pay spousal support to their spouse/domestic partner.

Amount: \$ \_\_\_\_\_ per month.

Date 1st payment is due: \_\_\_\_\_. Day of the month each payment is due: \_\_\_\_\_.

Make all payments to:  the other spouse/domestic partner.

Washington State Child Support Registry (*available if child support is paid through the Registry*).

Other (*specify*): \_\_\_\_\_

Other (*specify*): \_\_\_\_\_

**6. Family home**

- No request made.
- Request denied.
- Stay in the home** – The (*check one*):  Petitioner  Respondent may stay in the family home.
- Move out** – The (*check one*):  Petitioner  Respondent must move out of the family home by (*date*): \_\_\_\_\_.
- Other (*specify*): \_\_\_\_\_

**7. Use of property**

- No request made.
- Request denied.
- Petitioner will possess and use (*specify*):
  - property in possession now.
  - vehicle/s: \_\_\_\_\_
  - other \_\_\_\_\_

Respondent will possess and use (*specify*):

property in possession now.

vehicle/s: \_\_\_\_\_

other \_\_\_\_\_

Other (*specify*): \_\_\_\_\_

### 8. Protect property

No request made.

Request denied.

The (*check one or both*):  Petitioner  Respondent must not move, take, hide, damage, borrow against, sell or try to sell, or get rid of any property, unless it is a usual business practice or to pay for basic needs. Both spouses/domestic partners must notify the other about any expenses that are out of the ordinary.

Other (*specify*): \_\_\_\_\_

### 9. Household expenses

No request made.

Request denied.

Household expenses must be paid as follows:

Expense	Who pays
<input type="checkbox"/> First Mortgage	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Second Mortgage/Line of Credit	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Rent or lease payment	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Utilities	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Property Taxes	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Vehicle ( <i>specify</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Vehicle ( <i>specify</i> ):	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Child Care	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<input type="checkbox"/> Other:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

Other (*specify*): \_\_\_\_\_

### 10. Divide debts

No request made.

Request denied.

The Petitioner and Respondent must:

Each be responsible for their own future debts, including debt from credit cards, loans, security interest, and mortgages, unless ordered differently.

Pay debts as follows:

Debt (describe)	Who pays
1.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
4.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
5.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
6.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

Other (specify): \_\_\_\_\_

**11. Do not change insurance**

- No request made.
- Request denied.
- The (check one or both):  Petitioner  Respondent must not make changes to any medical, health, life, property, or auto insurance policy that covers either spouse/ domestic partner or any child named in section 4 above. That means they must not transfer, cancel, borrow against, let expire, or change the beneficiary of any policy.

Pay premiums as follows:

Policy (describe)	Who pays
1.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
2.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
3.	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

Other (specify): \_\_\_\_\_

**12. Pay fees and costs**

- No request made.
- Request denied.
- Request reserved. \_\_\_\_\_
- The (check one):  Petitioner  Respondent must:
  - Pay the other party's lawyer fees. Amount: \$ \_\_\_\_\_  
 Make payments to (name): \_\_\_\_\_ by (date): \_\_\_\_\_
  - Pay other fees and costs. Amount: \$ \_\_\_\_\_  
 Make payments to (name): \_\_\_\_\_ by (date): \_\_\_\_\_  
 for: \_\_\_\_\_

**Money Judgment (check one):**

- The amount/s listed above must be paid, but the court is **not** entering a money judgment at this time.



**Ordered.**

\_\_\_\_\_  
*Date*

▶ \_\_\_\_\_  
*Judge or Commissioner*

**Petitioner and Respondent or their lawyers fill out below.**

This order (*check any that apply*):

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

This order (*check any that apply*):

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

▶ \_\_\_\_\_  
*Petitioner signs here or lawyer signs here + WSBA #*

▶ \_\_\_\_\_  
*Respondent signs here or lawyer signs here + WSBA #*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**JOINT MOTION STATUS SHEET**  
**FAMILY LAW / PATERNITY**

FILL OUT ENTIRE FORM OR YOUR CASE WILL NOT BE SET ON THE DOCKET

MOTION HEARING DATE: \_\_\_\_\_ ASSIGNED COMMISSIONER: \_\_\_\_\_

Court File No: \_\_\_\_\_ / Name of Case: \_\_\_\_\_ v. \_\_\_\_\_

Motion(s) filed on \_\_\_\_\_ Dkt. # \_\_\_\_\_

**\*\*THE MOTION(S) SET FOR HEARING IS/ARE (check all that apply):**

Temporary Orders (New Case):       Parenting Plan/Residential Schedule  
 Financial Issues  
 Other: \_\_\_\_\_

Contempt of Court Re:                       Parenting Plan/Residential Schedule  
 Financial Issues  
 Other: \_\_\_\_\_

Adequate Cause for custody modification     Change of placement is requested

Relocation     Temporary Relocation is requested

Modification of Temporary Order(s) Re:     Parenting Plan/Residential Schedule  
 Financial Issues  
 Other: \_\_\_\_\_

Other Issues: \_\_\_\_\_

Objections to late filed declarations (If available, identify the docket number of the document):  
 \_\_\_\_\_

**DOCUMENTS TO BE READ BY COURT:** *See* Local Special Proceedings Rule (LSPR) 94.04(h)  
 (Continue on separate page if needed).

Docket # <sup>1</sup>	Date filed	Name of Document	# of Pages

Failure of the parties to confer and participate in the completion of this motion status sheet in good faith may result in the hearing being continued/stricken and/or the imposition of sanctions.

\_\_\_\_\_  
 Petitioner/Attorney for petitioner

\_\_\_\_\_  
 Respondent/Attorney for respondent

\_\_\_\_\_  
 Guardian ad Litem

<sup>1</sup> Docket numbers may be found on the Spokane County Court Viewer:  
<https://cp.spokanecounty.org/courtdocumentviewer/> or at the Clerk's Office – Room 300.