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| Just click reply, which will allow you to fill out the questionnaire. Once you have completed the questionnaire, send it back to us; we will then be ready to start your paperwork. If you have any problems with the questionnaire, just contact us for help or clarification. If you prefer, we can send you it in Word.  Once your paperwork is done, we will email it to you with directions. Your paperwork will be ready to date and sign, with everything else completed for you. And of course, if you are unsure of any of the directions, contact us for help or clarification. Document preparation fees do not include the filing fee owed to the clerk of the court.  If there are any errors that we made to your paperwork, let us know right away, and we will make the changes free of charge. For errors that you have made, we will correct one single document free of charge; however, we charge $25 per document beyond that. So please, make sure your answers are correct.  Fill out any of the other party’s information that you have, leave blank what you do not have.  Keep in mind; we can get your paperwork started with half the fee down! There are no refunds after the work is started. It is also understood and agreed upon that any documents or other services that we provide you, will be reviewed by your attorney at your cost before you file or use them in any way. We can refer you to an attorney that will review your documents in the event that you don’t have one of your own; the attorney fee is typically $200. | |
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| **PERSONAL INFORMATION** |  |
| **Your Information** | **Answer** |
| Your First Name |  |
| Your Middle Name |  |
| Your Last Name |  |
| Your Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| County |  |
| Your Phone Number |  |
| Your Birth Date |  |
| Your Social Sec Number |  |
| Your Driver's License Number **(and state)** |  |
| Your Race |  |
| Your Gender/sex |  |
| Your Education Level |  |
| **Your Employment Information** | **Answer** |
| Your Job Title |  |
| Your Employer's Name |  |
| Your Employer's Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Work Phone Number |  |
| Your Year to Date Earnings (from Jan 1st) |  |
| When did you start work there? (month/year) |  |
| **Other Party's Information** | **Answer** |
| Other Party's First Name |  |
| Other Party's Middle Name |  |
| Other Party's Last Name |  |
| Other Party's Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| County |  |
| Other Party's Phone Number |  |
| Other Party's Birth Date |  |
| Other Party's Social Sec Number |  |
| Other Party's Driver's License Number **(and state)** |  |
| Other Party's Race |  |
| Other Party's Gender/sex |  |
| Other Party's Education Level |  |
| **Other Party's Employment Information** | **Answer** |
| Other Party's Job Title |  |
| Other Party's Employer's Name |  |
| Other Party's Employer's Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Work Phone Number |  |
| Other party’s Year to Date Earnings (from Jan 1) |  |
| When did the other party start work there? (month/year) |  |

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| **JURISDICTION OF PARTIES** | **Answer** |
| Does the other party currently reside in the State of Washington? |  |
| Do you currently reside in the State of Washington? |  |
| Is either party a member of the armed forces stationed in this state? If so, who? Have they resided in Washington State the past 90 days? |  |

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| **YOUR Income Information** |  |
| Your income (hourly rate or monthly salary) |  |
| interest and Dividend Income |  |
| Business Income |  |
| Maintenance Received |  |
| Other Types of Income (i.e. retirement, NOT SSI) |  |
| Do you have business income?If yes, please provide tax returns for past 2 years that contain the information on business income for you. |  |
| How much income verification can you provide?: i.e. last six months pay stubs (most current) and last two years tax returns. With stubs, provide date of most recent and date of the oldest one. Provide the years of tax returns you can provide. |  |
| Your average gross monthly income from overtime or from second jobs. |  |
| Are you voluntarily unemployed, underemployed or you don't have records of your actual earnings. |  |
| If unemployed, what were your last date you worked, your gross monthly earnings, and the reason you are unemployed? |  |
| **YOUR: Other Household Income (MONTHLY)** |  |
| Income Of Your Current Spouse (if not the other parent of this action) List MONTHLY AMOUNT and SPOUSE NAME |  |
| Income of other adults In your household (list name and monthly amount) |  |
| Income Of Children in your household (if considered extraordinary) List NAME and monthly AMOUNT |  |
| Income From Assistance Programs: List TYPE and monthly AMOUNT |  |
| Other income type: Describe and list monthly amount |  |
| **OTHER PARTY Income Information** | **Answer Below** |
| Other Party income (hourly rate or monthly salary) |  |
| Interest and Dividend Income |  |
| Business Income |  |
| Maintenance Received |  |
| Other Types of Income (i.e. retirement, NOT SSI) |  |
| Are they voluntarily unemployed, underemployed or you don't have records of their actual earnings. |  |
| Does the other party have business income? If yes, please provide tax returns for past 2 years that contain the information on your business income. |  |
| How much income verification can they provide?: i.e. last six months pay stubs (most current) is important, last two years tax returns. With stubs, provide date of most recent and date of the oldest one. Provide the years of tax returns you can provide. |  |
| Other parties' average gross monthly income from overtime or from second jobs. |  |
| If unemployed, what were their last date they worked, their gross monthly earnings, and the reason they are unemployed? |  |
| **Other Party: Other Household Income (MONTHLY)** | **Answer Below** |
| Income Of Their Current Spouse (if not the other parent of this action) List MONTHLY AMOUNT and SPOUSE NAME |  |
| Income of other adults In their household (list name and monthly amount) |  |
| Income Of Children in their household (if considered extraordinary) List NAME and monthly AMOUNT |  |
| Income From Assistance Programs: List TYPE and monthly AMOUNT |  |
| Other income type: Describe and list monthly amount |  |
| **YOUR MISC INCOME DEDUCTIONS** |  |
| Your Mandatory Union/Professional Dues |  |
| Your Mandatory Pension Plan Payments |  |
| Your Monthly Maintenance Support Actually Paid. |  |
| **OTHER PARTY'S MISC INCOME DEDUCTIONS** | **Answer Below** |
| Other Party's Mandatory Union/Professional Dues |  |
| Other Party's Mandatory Pension Plan Payments |  |
| Other Party's Monthly Maintenance Support Actually Paid. |  |
| **YOUR MONTHLY EXPENSES (if shared, list actual amount you pay)** |  |
| **Question** | **Your Monthly Expenses** |
| Rent or mortgage monthly payment for the residence you reside in. Any other property mortgage goes in debt section at bottom of QA. |  |
| Heat (gas & oil) |  |
| Electricity |  |
| Water, sewer, garbage |  |
| Telephone |  |
| Cable |  |
| Food: average amount for each person, not the total for all people. This is for you, not step children, roommates, or new relationship. |  |
| Supplies (paper, tobacco, pets) |  |
| Meals eaten out |  |
| Clothing for Children |  |
| Day Care and other Special Child Rearing Expenses |  |
| Long Distance Transportation Expenses paid for children |  |
| Other Special Expenses for children, i.e. after school activities and sports. |  |
| Other Ordinary Expenses for children **(describe)** i.e. Tuition, tutoring. |  |
| Vehicle insurance & license |  |
| Vehicle gas, oil, ordinary maintenance |  |
| Parking |  |
| Other transportation expenses |  |
| Monthly Health Insurance Premiums Paid for Child(ren) |  |
| Monthly Health Insurance Premiums Paid for Self |  |
| Other Health Care for children |  |
| Other Health Care for self |  |
| Clothing for yourself |  |
| Hair care/personal care expenses for them self |  |
| Clubs and recreation for them self |  |
| Education for them self |  |
| Books, newspapers, magazines, photos |  |
| Gifts |  |
| **OTHER PARTY'S MONTHLY EXPENSES** |  |
| **Question** | **Other Party's Monthly Expenses** |
| Rent or mortgage monthly payment for the residence they reside in. Any other property mortgage goes in debt section at bottom of QA. |  |
| Heat (gas & oil) |  |
| Electricity |  |
| Water, sewer, garbage |  |
| Telephone |  |
| Cable |  |
| Food: average amount for each person, not the total for all people. This is for you, not step children, roommates, or new relationship. |  |
| Supplies (paper, tobacco, pets) |  |
| Meals eaten out |  |
| Clothing for Children |  |
| Day Care and other Special Child Rearing Expenses |  |
| Long Distance Transportation Expenses paid for children |  |
| Other Special Expenses for children, i.e. after school activities and sports. |  |
| Other Ordinary Expenses for children **(describe)** i.e. Tuition, tutoring. |  |
| Vehicle insurance & license |  |
| Vehicle gas, oil, ordinary maintenance |  |
| Parking |  |
| Other transportation expenses |  |
| Monthly Health Insurance Premiums Paid for Child(ren) |  |
| Monthly Health Insurance Premiums Paid for Self |  |
| Other Health Care for children |  |
| Other Health Care for self |  |
| Clothing for yourself |  |
| Hair care/personal care expenses for them self |  |
| Clubs and recreation for them self |  |
| Education for them self |  |
| Books, newspapers, magazines, photos |  |
| Gifts |  |

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| **Your Children NOT of this Marriage or Relationship** | **Answer Below** |
| Do you have children under the age of 18 that are not of this relationship? If Yes, give first name, age, and the amount of support you receive or pay. We must know whether you receive it or pay it too. |  |
| **Other Party's Children NOT of this Marriage or Relationship** | **Answer Below** |
| Does the other party have children under the age of 18 that are not of this relationship? If Yes, give first name, age, and the amount of support you receive or pay. We must know whether you receive it or pay it too. |  |
| **Your Monthly Expenses for Children NOT of This Marriage** |  |
| Day Care and other Special Child Rearing Expenses |  |
| Clothing for Children |  |
| Other Children Expenses, i.e. Tuition |  |
| Monthly Health Insurance Premiums Paid for Child(ren) |  |
| Other Health Care for children |  |
| Child Support actually received (first name and amount) |  |
| Child Support actually paid (first name and amount) |  |
| **Other Party's Monthly Expenses for Children NOT of This Marriage** |  |
| Day Care and other Special Child Rearing Expenses |  |
| Clothing for Children |  |
| Other Children Expenses, i.e. Tuition |  |
| Monthly Health Insurance Premiums Paid for Child(ren) |  |
| Other Health Care for children |  |
| Child Support actually received (first name and amount) |  |
| Child Support actually paid (first name and amount) |  |

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| **CHILDREN OF THIS RELATIONSHIP (Both parties are the legal-biological or adoptive parents)** |  |
| **First Child's Information** | **Answer** |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Birth Date |  |
| Race |  |
| Gender/sex |  |
| Social Sec Number |  |
| Who does the child live with now? And how many days per year? |  |
| **Second Child's Information** | **Answer** |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Birth Date |  |
| Race |  |
| Gender/sex |  |
| Social Sec Number |  |
| Who does the child live with now? And how many days per year? |  |
| **Third Child's Information** | **Answer** |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Birth Date |  |
| Race |  |
| Gender/sex |  |
| Social Sec Number |  |
| Who does the child live with now? And how many days per year? |  |
| **Fourth Child's Information** | **Answer** |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Birth Date |  |
| Race |  |
| Gender/sex |  |
| Social Sec Number |  |
| Who does the child live with now? And how many days per year? |  |
| **Fifth Child's Information** | **Answer** |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Birth Date |  |
| Race |  |
| Gender/sex |  |
| Social Sec Number |  |
| Who does the child live with now? And how many days per year? |  |
| **Sixth Child's Information** | **Answer** |
| First Name |  |
| Middle Name |  |
| Last Name |  |
| Birth Date |  |
| Race |  |
| Gender/sex |  |
| Social Sec Number |  |
| Who does the child live with now? And how many days per year? |  |

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| **History of Parenting Time and Visitation** | **Answer Below** |
| What is your work schedule, hours and days? |  |
| What has been your performance of parenting functions relating to the daily needs of the child(ren)? |  |
| If you already have a parenting plan, has there been a consistent pattern of additional time you have spent with the child that exceeds the current parenting plan? |  |
| What is the child’s schedule, including child care, school, and other activities? |  |

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| **OTHER PROCEEDINGS (Both parties are the legal-biological or adoptive parents)** |  |
| Have the children lived anywhere else with anyone else other than the parties? This means they were not living with either of the parties. **(YES or NO only)** |  |
| During the last five years, list the following places with the following persons with which the children have lived with when the children did NOT live with one of the parties. **(list each place the children lived, including the state of Washington, the dates the children lived there and the names of the persons with whom the children lived with)** |  |
| What are the present addresses of those persons listed above? |  |
| What other persons have physical custody of, or claim to have custody or visitation rights to the children other than you or the other party **(list the names of the children and persons involved) IF NONE, LEAVE BLANK.** |  |
| The petitioner has been involved in the following proceedings regarding the children in which the parties were directly involved. (list the children concerned, the court, the case number, and the kind of proceeding) **IF NONE, LEAVE BLANK.** |  |
| The petitioner knows of the following legal proceedings which concern the children in which the parties were not directly involved. (list the children concerned, the court, the case number, and the kind of proceeding) **IF NONE, LEAVE BLANK.** |  |

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| **CHILDREN'S JURISDICTION** | **Answer Below** |
| Do the children currently reside in Washington? |  |
| Have the children been involved in any other court proceedings regarding custody or child support? **If yes, list the children involved, type of court proceeding, county and state of action, and the result of the proceeding.** |  |
| Have the children lived in Washington with a parent or a person acting as a parent for at least twelve consecutive months preceding this action? |  |
| Have all absences of the children from Washington been temporary? |  |
| Was Washington the home state of the children within six months before the commencement of this proceeding and the children are absent from the state but a parent or person acting as a parent continued to live in this state? If not, explain. |  |
| Are any of the children less than six months old and have lived in Washington with a parent or a person acting as parent since birth? |  |

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| **ONLY YOUR ASSETS and KNOWN ASSETS OF OTHER PARTY** | **DESIGNATE WHOSE PROPERTY** |  |
| **ASSETS of PARTIES** | **Give individual description with its value (i.e. 2002 Ford Ranger $2,000)** | **Who’s Asset? You or Other Party?** |
| Real Estate (list each separate item) |  |  |
| Investments (Stocks and Bonds, etc) (list each separate item) |  |  |
| Vehicles (list each separate item |  |  |
| Boats (list each separate item) |  |  |
| Bank Accounts (list each separate item) |  |  |
| Cash on hand (list each separate item) |  |  |
| Retirement Accounts (IRA, 401k, etc) (list each separate item) |  |  |
| Other (describe) (list each separate item) |  |  |

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| **PROVIDE YOUR DEBTS and KNOWN DEBTS OF OTHER PARTY** |  |  |  |  |  |
| **DEBTS of PARTIES** |  |  |  |  |  |
| **Creditor Name** | **Description of Debt (credit card, mortgage, etc)** | **Balance** | **Month of Last Payment** | **Amount of Monthly Payment** | **Who’s Debt? You or Other Party?** |
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| **CASE INFORMATION** | **Answer** |
| Is this action agreed upon on all issues? YES or NO. |  |
| Current Support Amount. |  |
| Which party pays the support? |  |
| If agreed between both parties, what is the amount of monthly child support you are thinking of? |  |
| How much back child support is owed and by whom? |  |
| Do you want the Department of Child Support (DCS) to collect the child support or do you want the child support paid directly to the party? |  |
| How do you want the tax exemptions for the children allocated? |  |
| Who will provide health insurance for the children? Mother, father, or both? |  |
| Who currently has custody? |  |
| Who shall have custody of the children? |  |
| Current Case Number. |  |
| Current County and State Case Filed In. |  |
| Do you wish to bring the case to a different county other than where it is filed? |  |
| The current Custody Decree/Parenting Plan/Residential Schedule was entered on what date? |  |
| The parties may have conceived a child while within Washington? **(YES or NO only)** |  |
| What changes are you seeking to make to the parenting plan in regards to visitation, custody, decision making, or restrictions of one of the parents? |  |
| How many days does each child currently spend with you during a calendar year? |  |
| Has there been a consistent pattern of additional time you have spent with the child that exceeds the current parenting plan? |  |