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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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| **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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| **CASE INFORMATION** | **Answer** |
| Is this action agreed upon on all issues? YES or NO. |  |
| 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? |  |