

<input type="checkbox"/>	EXPEDITE
<input checked="" type="checkbox"/>	Hearing is set
	Date: <u>Wednesday, October 17, 2018</u>
	Time: 2:00 p.m.
	Judge/Calendar State Family Law
<input type="checkbox"/>	No Hearing Set

**Superior Court of Washington, County of Thurston**

In re Parentage:  
State of Washington  
Petitioner,  
vs.

NO: 10-3-01258-4

DECLARATION FOR SUPPORT (NOT A  
MANDATORY FORM)

JASON MICHAEL FORD  
Father

KIRSTEN MICHELLE HARRIS  
Mother  
Respondents.

**DECLARATION FOR SUPPORT (NOT A MANDATORY  
FORM)**


I. DECLARATION

- 1.1 I am the attorney for the State, and make this declaration in that capacity.
- 1.2 The State is seeking to enter an order for child support pursuant to its Petition for Support Modification, filed August 13, 2018.
- 1.3 The State has sought current financial information from JASON MICHAEL FORD and KIRSTEN MICHELLE HARRIS in this case in order to set an appropriate level of support pursuant to Chapter 26.19 RCW, the Child Support Schedule (Schedule).
- 1.4 The financial information used for JASON MICHAEL FORD's monthly net income was zero because he is currently incarcerated.
- 1.5 KIRSTEN MICHELLE HARRIS's monthly net income was based on the minimum wage of \$11.50 per hour, extrapolated to full time employment as an indication of earning capability.

- 1.6 Using the financial information indicated above, the Standard Calculation under the Schedule is \$50.00 per month.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at Olympia, Washington on 9-26-18.

  
CLAY FOSTER  
Deputy Prosecuting Attorney  
WSBA Number: 22695

## Washington State Child Support Schedule Worksheets

☒ Proposed by ☐ (name) \_\_\_\_\_ ☒ State of WA ☐ Other \_\_\_\_\_ . (CSWP)  
 Or, ☐ Signed by the Judicial/Reviewing Officer. (CSW)

County THURSTON

Case No. ~~2014022~~

Child/ren and Age/s: Olivia/9

Parents' names: Ford, Jason Michael (Column 1) Harris, Kirsten Michelle (Column 2)

	Column 1	Column 2
<b>Part I: Income</b> (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	\$ 0	\$ 0
b. Interest and Dividend Income	\$ 0	\$ 0
c. Business Income	\$ 0	\$ 0
d. Maintenance Received	\$ 0	\$ 0
e. Other Income	\$ 0	\$ 0
f. Imputed Income	\$ 0	\$ 1993
g. Total Gross Monthly Income (add lines 1a through 1f)	\$ 0	\$ 1993
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$ 0	\$ 145
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$ 0	\$ 152
c. State Industrial Insurance Deductions	\$ 0	\$ 0
d. Mandatory Union/Professional Dues	\$ 0	\$ 0
e. Mandatory Pension Plan Payments	\$ 0	\$ 0
f. Voluntary Retirement Contributions	\$ 0	\$ 0
g. Maintenance Paid	\$ 0	\$ 0
h. Normal Business Expenses	\$ 0	\$ 0
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$ 0	\$ 297
3. Monthly Net Income (line 1g minus 2i)	\$ 0	\$ 1696
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	\$ 1696	
5. Basic Child Support Obligation (enter total amount in box →) Child #1 <u>\$367</u> Child #3 _____      Child #5 _____ Child #2 _____      Child #4 _____	\$ 367	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	0.000	1.000

	Column 1	Column 2
<b>Part II: Basic Child Support Obligation</b> (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5)	\$ 0	\$ 367
8. Calculating low-income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the Federal Poverty Guideline)		\$ 1265
a. Is Combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child.	\$ 0	\$ 0
b. Is monthly Net Income Less Than Self-support Reserve? If yes, for that parent enter the presumptive \$50 per child.	\$ 50	\$ 0
c. Is Monthly Net Income equal to or more than Self-Support Reserve? If yes, for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive \$50 per child, whichever is greater.	\$ 0	\$ 0
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child.	\$ 50	\$ 367
<b>Part III: Health Care, Day Care, and Special Child Rearing Expenses</b> (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$ 0	\$ 0
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$ 0	\$ 0
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$ 0	\$ 0
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)		\$ 0
11. Day Care and Special Expenses		
a. Day Care Expenses	\$ 0	\$ 0
b. Education Expenses	\$ 0	\$ 0
c. Long Distance Transportation Expenses	\$ 0	\$ 0
d. Other Special Expenses (describe)	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0
e. Total Day Care and Special Expenses (add lines 11a through 11d)	\$ 0	\$ 0
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)		\$ 0
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)		\$ 0
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$ 0	\$ 0
<b>Part IV: Gross Child Support Obligation</b>		
15. Gross Child Support Obligation (line 9 plus line 14)	\$ 50	\$ 367

	Column 1	Column 2
<b>Part V: Child Support Credits</b> (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$ 0	\$ 0
b. Day Care and Special Expenses Credit	\$ 0	\$ 0
c. Other Ordinary Expenses Credit (describe)	\$ 0	\$ 0
d. Total Support Credits (add lines 16a through 16c)	\$ 0	\$ 0
<b>Part VI: Standard Calculation/Presumptive Transfer Payment</b> (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$ 50	\$ 367
<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)	\$ 0	\$ 763
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$ 13	\$ 92
<b>Part VIII: Additional Factors for Consideration</b> (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	\$ 0	\$ 0
b. Investments	\$ 0	\$ 0
c. Vehicles and Boats	\$ 0	\$ 0
d. Bank Accounts and Cash	\$ 0	\$ 0
e. Retirement Accounts	\$ 0	\$ 0
f. Other (describe)	\$ 0	\$ 0
	\$ 0	\$ 0
21. Household Debt (List liens against household assets, extraordinary debt.)		
	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action)		
Name _____	\$ 0	\$ 0
Name _____	\$ 0	\$ 0
b. Income Of Other Adults In Household		
Name _____	\$ 0	\$ 0
Name _____	\$ 0	\$ 0

	Column 1	Column 2
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instruction, page 8 _____	\$ 0	\$ 0
d. Income Of Child(ren) (if considered extraordinary) Name _____ Name _____	\$ 0 \$ 0	\$ 0 \$ 0
e. Income From Child Support Name _____ Name _____	\$ 0 \$ 0	\$ 0 \$ 0
f. Income From Assistance Programs Program _____ Program _____	\$ 0 \$ 0	\$ 0 \$ 0
g. Other Income (describe) _____ _____	\$ 0 \$ 0	\$ 0 \$ 0
23. Non-Recurring Income (describe) _____ _____	\$ 0 \$ 0	\$ 0 \$ 0
24. Child Support Owed, Monthly, for Biological or Legal Child(ren)		
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ 0
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ 0
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ 0
25. Other Child(ren) Living In Each Household (First name(s) and age(s))		
26. Other Factors For Consideration		
<p>Father is incarcerated until June 2020.</p> <p>Mother's income is imputed here at full-time minimum-wage.</p> <p>Kirsten's income imputed at (Minimum Wage) because: (No Reason Indicated)</p> <p>DCS uses the lowest of the following amounts, unless the result is below</p> <p>Continued on next page.</p>		

Other Factors for Consideration ( continued) (attach additional pages as necessary)			
<p>the \$50 pmpc presumptive minimum obligations:</p> <p>Basic support Obligation (BSO) \$50, 45% limitation Obligation \$0.</p> <p>The transfer payment is \$50 per month.</p>			
<b>Signature and Dates</b>			
<p>I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.</p>			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Parent's Signature (Column 1)		<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Parent's Signature (Column 2)	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City

 Judicial/Reviewing Officer

 Date

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