

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

Superior Court of Washington, County of Thurston

In re Parentage:
 State of Washington
 Petitioner,
 vs.

JASON MICHAEL FORD
 Father

KIRSTEN MICHELLE HARRIS
 Mother
 Respondents.

NO: 10-3-01258-4

JASON MICHAEL FORD's Response to
 Petition to Modify Child Support Order
 (RSP)

Response to Petition to Modify Child Support Order

1. Your response

Look at each section of the *Petition*. Check below to say if you agree or disagree with what the other party said in each section, or say if you don't know because you don't have enough information. (If you disagree with any part of a section, check "I disagree.") List your reasons for disagreeing on page 2.

Section in the Petition	Your response (<i>check one</i>)		
1. <i>State of Washington</i>	<i>(no response needed)</i>		
2. <i>Thurston County (Venue)</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
3. <i>Jurisdiction to modify order</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
4. <i>Is the state filing this Petition?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
5. <i>Current Child Support Order</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
6. <i>Should the court modify the monthly child support amount?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
7. <i>Should the court modify the end date for child support?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know

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 CLERK OF COURT

AUG 31 2018

8. <i>Should the court modify post-secondary educational support?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
9. <i>Should the court modify payment for expenses or tax exemptions?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
10. <i>Should the court modify health insurance?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
11. <i>When do you want the new order to start?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know
12. <i>Other Requests</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input checked="" type="checkbox"/> I don't know

If you checked "Disagree" for any of the sections, list your reasons here:

Section #: _____ Reasons: _____

Section #: _____ Reasons: _____

Section #: _____ Reasons: _____

Section #: _____ Reasons: _____

Section #: _____ Reasons: _____

Section #: _____ Reasons: _____

Section #: _____ Reasons: _____

Section #: _____ Reasons: _____

(If you need more space, you may add more pages to this Response. Number, date and sign each page that you add.)

2. Requests

I ask the court to (check all that apply):

- Deny the other parent or non-parent custodian's *Petition to Modify Child Support Order*.
- Modify the current *Child Support Order* by approving my proposed changes. I am filing my proposed *Child Support Worksheets* at the same time as this *Response*.

Other (specify): IM IN PRISON

Person filing this Response 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 (including any attachments) are true.

I have attached (number): _____ pages.

Signed at (city and state): Connell WA

Date: Aug 28th 2018


JASON MICHAEL FORD

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):

P.O. Box 769 Connell, WA 99326-0769
street address or PO Box city state zip

(Optional) 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).)

Important! You must fill out and file a *Confidential Information* form (FL All Family 001) with the court clerk.

Lawyer (if any) fills out below:

Lawyer signs here Print name and WSBA No. Date

Lawyer's address city state zip

Email (if applicable): _____