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CASE#: 96-3-00569-1 DOM JUDGMENT# NO
 TITLE: STATE, TERRAN S LAWLER VS SHAMARON LEWIS AUSTIN & RACHEL R LAWLER
 FILED: 05/07/1996
 CAUSE: MOD MODIFICATION
 RESOLUTION: UNDS DATE: 06/27/1996 UNCONTESTED RESOLUTION
 COMPLETION: JODF DATE: 06/27/1996 JUDGMENT/ORDER/DECREE FILED
 CASE STATUS: CMPL DATE: 06/27/1996 COMPLETED/RE-COMPLETED

OFF-LINE DATE: 10/19/2001

CONSOLIDATED:
 NOTE1:
 NOTE2:

-----PARTIES-----

CONN	LAST NAME,	FIRST MI TITLE	LITIGANTS	SERVICE
PET01	STATE OF WASHINGTON			
HNR01	LAWLER, TERRAN S			
RSP01	AUSTIN, SHAMARON LEWIS			
RSP02	LAWLER, RACHAEL R			

-----ATTORNEYS-----

CONN	LAST NAME,	FIRST MI TITLE	LITIGANTS	DATE
ATP01	PENTTILA, BARBARA JANINE			
PSP01	AUSTIN, SHAMARON LEWIS			

-----APPEARANCE DOCKET-----

SUB#	DATE	CD/CONN	DESCRIPTION	SECONDARY
-	05/07/1996	φNF	NON FEE	
1	05/07/1996	SM	SUMMONS	
2	05/07/1996	PTMD	PETITION FOR MODIFICATION	
3	05/07/1996	RTS	RETURN OF SERVICE	
4	05/07/1996	RTS	RETURN OF SERVICE	
5	05/07/1996	FNDCLR	FINANCIAL DECLARATION OF RESPONDENT	
6	05/07/1996	FNDCLR	FINANCIAL DECLARATION OF PETITIONER	
7	05/15/1996	APPS PSP01	APPEARANCE PRO SE AUSTIN, SHAMARON LEWIS	
8	05/15/1996	FNDCLR	FINANCIAL DECLARATION OF FATHER	
9	05/15/1996	AN	ANSWER	
10	06/04/1996	NTIS ACTION	NOTICE OF ISSUE MODIFICATION OF CHILD SUPPORT	06-24-1996SR
11	06/04/1996	DCLR	DECLARATION FOR ORDER	
-	06/24/1996	MODHRG COM09	MODIFICATION HEARING COMMISSIONER H. CHRISTOPHER WICKHAM CC SMITH	
12	06/27/1996	ORMDD	ORDER ON MODIFICATION	
13	06/27/1996	ORS	ORDER FOR SUPPORT	
14	06/28/1996	RRL	REGISTRY REFERRAL LETTER	

-----END COPY CASE-----

7
FILED
SUPERIOR COURT
WASHINGTON COUNTY, WASH.

96 JUN 27 P4: 11

BETTY J. GOULD, CLERK

TO: Washington State Support Registry
Office of Support Enforcement
P.O. Box 9008, MS FU-11
Olympia, WA 98504

FROM: Betty J. Gould
Thurston County Clerk
2000 Lakeridge Drive S.W.
Olympia, WA 98502

Petitioner TERRAN S LAWLER
vs
Respondent SHAMARON LEWIS AUSTIN

Cause # 96-3-00569-1

IVD #

Title of Document

of Pages

Decree of Dissolution

Findings of Fact

Parenting Plan

Order of Support

7

Worksheets

6

Judgment & Order

Order on Show Cause

Other

3

TOTAL

16

Comments:

Registry Referral Letter

19

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

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8 SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON

'96 JUN 27 19:53

10 State of Washington on behalf
12 of:
14 TERRAN S. LAWLER

BETTY J. GARDNER CLERK
BY _____
DEPUTY

NO: 96-3-00569-1

ORDER OF CHILD SUPPORT
(ORS)

Petitioners

16 vs.

18 SHAMARON LEWIS AUSTIN
Father

20 RACHEL R. LAWLER
22 Mother

24 Respondents

26 I. JUDGMENT SUMMARY

28 Does not apply.

32 II. BASIS

34 2.1 TYPE OF PROCEEDING.

36 This order is entered pursuant to an order for modification of
child support.

38 2.2 CHILD SUPPORT WORKSHEET.

40 The child support worksheets which have been approved by the
42 court are attached to this order and are incorporated by
reference or have been initialed and filed separately and are
incorporated by reference.

44 2.3 OTHER:

46 III. ORDER

48 IT IS ORDERED that:

50 3.1 CHILD FOR WHOM SUPPORT IS REQUIRED:

54 NAME	DATE OF BIRTH	SSN
56 TERRAN S. LAWLER	04/22/92	532-27-1844

ORDER OF CHILD SUPPORT
WPF 4D 01.0500 (6/94)
RCW 26.09.175; 26.26.132(5)
Page 1 IVD #:900181

COPY SENT TO THURSTON COUNTY PROSECUTING ATTORNEY
DATE: 6/27/96
BERNARDEAN BROADOUS
FAMILY SUPPORT SECTION
2406 CHANDLER COURT SW, SUITE 270
OLYMPIA, WASHINGTON 98502
(360) 786-5536 FAX (360) 786-5551

MICROFILMED

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6 3.2 PERSON PAYING SUPPORT (OBLIGOR):

8 Name SHAMARON L. AUSTIN
Address 4455 N E 12TH ST
RENTON WA 98059
10 Social Security Number 526-53-6475
12 Employer and Address VOLT MANAGEMENT CORP ATTN PERSONNEL
2421 N GLASSELL ST ORANGE, CA 92665
14 Monthly Net Income \$1815.00

16
18 3.3 PERSON RECEIVING SUPPORT (OBLIGEE):

20 Name RACHEL R. LAWLER
Address KNOWN TO WSSR
22 Social Security Number 537-64-9152
Employer and Address
24 Monthly Net Income \$00.00 (AFDC)

26 The parent receiving support may be required to submit an
28 accounting of how the support is being spent to benefit the
30 child.

32 3.4 TRANSFER PAYMENT.

34 The obligor parent shall pay the following amounts per month for
the following child:

36 TERRAN S. LAWLER \$251.00
38 TOTAL MONTHLY AMOUNT \$251.00

40 3.5 STANDARD CALCULATION.

42 \$387.00 per month. (See Worksheet, line 15.)

44 3.6 REASONS FOR DEVIATION FROM STANDARD CALCULATION.

- 46 [] The child support amount ordered in paragraph 3.4 does not
deviate from the standard calculation.
48 [X] The child support amount ordered in paragraph 3.4 does
50 deviate from the standard calculation for the following
reasons:

- 52 [] Child support actually paid or received for other
54 children from other relationships;
56 [] Payment would reduce the parent's income level below

- 2 the DSHS need standard;
4 [] Children from other relationships;
6 [X] Other: Respondent father is responsible for the care
and maintenance of two other biological children.

8 The factual basis for these reasons is as follows: The
10 respondent father is responsible for the care and
12 maintenance of two other biological children.

14 3.7 REASONS WHY REQUEST FOR DEVIATION WAS DENIED.

Does not apply.

16 3.8 STARTING DATE AND DAY TO BE PAID:

18 Starting Date: ~~AUGUST, 1996~~ *df* JULY 1996

Day of the month support is due: Last business day of the month.

20 3.9 INCREMENTAL PAYMENTS.

22 *HA* ~~[X]~~ Does not apply.

24 [X] This is a modification of child support pursuant to RCW
26.09.170 (8) (a) and (c), the obligation has been modified
26 by more than thirty percent and the change would cause
28 significant hardship. The increase in the child support
30 obligation set forth in Paragraph 3.4 shall be implemented
32 in two equal increments, one at the time of entry of the
order and the second on January, 1997 six months from the
entry of the order. *Therefore, child support will be \$200.50*
for the months Jul, Aug, Sept, Oct, Nov, Dec. 1996 and child support will then

34 3.10 HOW SUPPORT PAYMENTS SHALL BE MADE. *90 to \$251.00 commencing Jan. 1997*
and thereon.

36 [X] The Division of Child Support provides support enforcement
38 services for this case (this includes welfare cases, cases
40 in which a parent has requested services from DCS, and cases
42 in which a parent signs the application for services from
DCS on the bottom of the support order). Support payments
shall be made to:

44 Washington State Support Registry
46 P.O. Box 45868
48 Olympia, WA 98504-5868
Phone: 1-800-922-4306
Or: (360) 586-2125

52 [] The Division of Child Support does not provide support
54 enforcement services for this case. Support payments shall
be made to:

56 [] _____

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4 [] Washington State Support Registry
6 P.O. Box 45868
8 Olympia, WA 98504-5868
10 Phone: 1-800-922-4306
12 Or: (360) 586-2125
(DCS will process payments but will not take any collection action.)

14 When payments are to be made to the Support Registry, each party
16 shall notify the Washington State Support Registry of any change
18 in residence address. A party required to make payments to the
20 Washington State Support Registry will not receive credit for a
22 payment made to any other party or entity. The obligor parent
24 shall notify the registry of the name and address of his or her
current employer, whether he or she has access to health
insurance coverage at reasonable cost and, if so, the health
insurance policy information.

26 3.11 WAGE WITHHOLDING ACTION.

28 A notice of payroll deduction may be issued or other income
30 withholding action under Chapter 26.18 RCW or Chapter 74.20A RCW
32 may be taken, without further notice to the obligor parent at any
time after entry of this order unless an alternative provisions
is made below:

34 [If the court orders immediate wage withholding in a case where
36 DCS does not provide support enforcement services, a mandatory
38 wage assignment under Chap. 26.18 RCW must be entered and support
payments must be made to the Support Registry.]

40 3.12 TERMINATION OF SUPPORT:

42 Support shall be paid:

- 44 [] provided that this is a temporary order, until a subsequent
child support order is entered by this court.
46 [] until the child reaches the age of 18, except as otherwise
provided below in Paragraph 3.13.
48 [x] until the child reaches the age of 18 or as long as the
child remains enrolled in high school, whichever occurs
50 last, except as otherwise provided below in Paragraph 3.13.
52 [] after the age of 18 for _____ who
is a dependent adult child, until the child is capable of
54 self-support and the necessity for support ceases.
56 [] until the obligation for post secondary support set forth in

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Paragraph 3.13 begins for the child.

[] other:

3.13 POST SECONDARY EDUCATIONAL SUPPORT:

[] No post secondary educational support shall be paid.

[x] The right to petition for post secondary support is reserved until support terminates as set forth in paragraph 3.12.

[] The parents shall pay for the post secondary educational support of the child(ren).

[] Post secondary support provisions will be decided by agreement or by the court.

[] Other:

3.14 PAYMENT FOR EXPENSES NOT INCLUDED IN THE TRANSFER PAYMENT.

Does not apply.

3.15 PERIODIC ADJUSTMENT.

Does not apply.

3.16 INCOME TAX EXEMPTIONS:

[X] Does not apply.

[] Tax exemptions for the child shall be allocated as follows:

[] The parents shall sign the federal income tax dependency exemption waiver.

[] Other:

3.17 MEDICAL INSURANCE:

Health insurance coverage for the child listed in Paragraph 3.1 shall be provided by both parents if coverage that can be extended to cover the child is or becomes available through employment or is union related and the cost of such coverage does not exceed \$96.75 (twenty-five percent of the obligated parent's basic child support obligation).

The parents shall maintain health insurance coverage, if available for the child listed in Paragraph 3.1, until further order of the court or until health insurance is no longer available through the parents' employer or union and no conversion privileges exist to continue coverage following termination of employment.

A parent who is required under this order to provide health insurance coverage is liable for any covered health care costs for which that parent receives direct payment from an insurer.

2 A parent who is required under this order to provide health
4 insurance coverage shall provide proof that such coverage is
6 available or not available within twenty days of the entry of
this order or within twenty days of the date such coverage
becomes available, to:

8 the Washington State Support Registry if the parent has been
10 notified or ordered to make payments to the Washington State
Support Registry.

12 If proof that health insurance coverage is available or not
14 available is not provided within twenty days the obligee or the
16 Department of Social and Health Services may seek direct
18 enforcement of the coverage through the obligor's employer or
union without further notice to the obligor as provided under
Chapter 26.18 RCW.

20 3.18 EXTRAORDINARY HEALTH CARE EXPENSES:

22 The OBLIGOR shall pay 50% of extraordinary health care expenses
24 (the obligor's proportional share of income from the Support
Schedule, line 6), if monthly medical expenses exceed \$19.35 per
26 child (5% of the basic support obligation from Worksheet, line
5).

30 3.19 BACK CHILD SUPPORT.

Back child support is not addressed in this order.

32 3.20 BACK INTEREST.

34 Back interest is not addressed in this order.

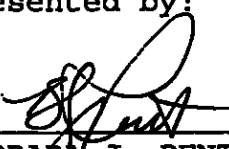
36 3.21 OTHER:

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42 DATED: June 27, 1996



JUDGE/COURT COMMISSIONER

44 Presented by:

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50 BARBARA J. PENTTILA
52 Deputy Prosecuting Attorney
WSBA Number: 22569

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Approved for entry:
Notice of presentation waived:


SHAMARON LEWIS AUSTIN
Father

RACHEL R. LAWLER
Mother

I apply for full support enforcement services from the Department of
Social and Health Services, Division of Child Support.

RACHEL R. LAWLER

SS-Gen Child Support Calculation Summary

Superior Court Cause Number: 96-3-00569-1

County: THURSTON

Variation Description: 3 child

Father: SHAMARON L. AUSTIN

Mother: RACHAEL R. LAWLER

Children and Ages TERRAN/4, Jordan/0, Sandra/0

	Father	Mother	Combined
	-----	-----	-----
Total Gross Monthly Income	2,264	-	
Total Deductions from Gross Income	449	-	
Monthly Net Income	1,815	-	1,815

Basic Child Support Obligation:

Child 1: 251 Child 2: 251 Child 3: 251 Child 4:

Proportional Share of Income	1.000	0.000	
Each Parent's Basic Support Obligation	753	-	
Total Monthly Health Care Expenses	-	-	-
Maximum Ordinary Monthly Health Care			38
Extraordinary Monthly Health Care Costs			-
Total Day Care and Special Expenses	-	-	-
Total Extraordinary Health Care, Day Care and Special Expenses			-
Each Parents Obligation for Extraordinary Health Care, Day Care and Special Expenses	-	-	
Standard Calculation Support Obligation	753	-	
Total Support Credits	-	-	
Net Support Obligation	753 ²⁵¹	75	

* Mother's obligation increased so it would meet minimum \$25 per child.

$\$753 \div 3 \text{ ch} = \251.00 per child

SS-Gen Child Support Calculation Summary

Superior Court Cause Number: 96-

County: THURSTON

Variation Description: 1 child

Father: SHAMARON L. AUSTIN

Mother: RACHAEL R. LAWLER

Children and Ages: TERRAN/4

	Father	Mother	Combined
	-----	-----	-----
Total Gross Monthly Income	2,264	-	
Total Deductions from Gross Income	449	-	
Monthly Net Income	1,815	-	1,815

Basic Child Support Obligation:

Child 1: 387	Child 2:	Child 3:	Child 4:
Proportional Share of Income		1.000	0.000
Each Parent's Basic Support Obligation		387	-
Total Monthly Health Care Expenses		-	-
Maximum Ordinary Monthly Health Care			19
Extraordinary Monthly Health Care Costs			-
Total Day Care and Special Expenses		-	-
Total Extraordinary Health Care, Day Care and Special Expenses			-
Each Parents Obligation for Extraordinary Health Care, Day Care and Special Expenses		-	-
Standard Calculation Support Obligation		387	-
Total Support Credits		-	-
Net Support Obligation		387	25

* Mother's obligation increased so it would meet minimum \$25 per child.

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**Washington State Child Support Schedule
Worksheets**

Mother: **RACHAEL R. LAWLER**

Father: **SHAMARON L. AUSTIN**

County: **THURSTON**

Superior Court Case Number: **96-**

Children and Ages: **TERRAN/4**

PART I: Basic Support Obligation (See Instructions, Page 5)

	<u>Father</u>	<u>Mother</u>
1. Gross Monthly Income		
a. Wages and Salaries	2,264	-
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Spousal Maintenance Received	-	-
e. Other Income	-	-
f. Total Gross Monthly Income (add lines 1a through 1e)	2,264	-
2. Monthly Deductions from Gross Income		
a. Income Taxes	276	-
b. FICA/Self-Employment Taxes	173	-
c. State Industrial Insurance Deductions	-	-
d. Mandatory Union/Professional Dues	-	-
e. Pension Plan Payments	-	-
f. Spousal Maintenance Paid	-	-
g. Normal Business Expenses	-	-
h. Total Deductions from Gross Income (add lines 2a through 2g)	449	-
3. Monthly Net Income (line 1f minus line 2h)	1,815	-
4. Combined Monthly Net Income (add net incomes from line 3)	■ ■ ■ ■	1,815
5. Basic Child Support Obligation (enter total-->) Child 1: 387 Child 2: Child 3: Child 4:	■ ■ ■ ■	387
6. Proportional Share of Income (each parent's income from line 3 divided by line 4)	1.000	0.000
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5)	387	-

PART II: Health Care, Day Care, and Special Child Rearing Expenses (Page 7)

8. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Children	-	-
b. Uninsured Monthly Health Care Paid for Children	-	-
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	-	-
d. Combined Monthly Health Care Expenses (Add father's and mother's totals from line 8c)	■ ■ ■ ■	-
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)	■ ■ ■ ■	19
f. Extraordinary Monthly Health Care Costs (line 8d minus line 8e, if "0" or negative, enter "0")	■ ■ ■ ■	-

Continue to Next Page

Part II: Health Care, Day Care, and Special Child Rearing Expenses (cont.)

	Father	Mother
9. Day Care and Special Expenses		
a. Day Care Expenses	-	-
b. Education Expenses	-	-
c. Long Distance Transportation Expenses	-	-
d. Other Special Expenses (describe):	-	-
	-	-
e. Total Day Care and Special Expenses (add lines 9a through 9d)	-	-

10. Combined Monthly Total of Day Care and Special Expenses (add Father's plus Mother's amount from line 9e)	•••••	-	•••••
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11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	•••••	-	•••••
---	-------	---	-------

12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)		-	-
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PART III: Standard Calculation Child Support Obligation

13. Standard Calculation Child Support Obligation (line 7 plus line 12)		387	-
--	--	-----	---

PART IV: Child Support Credits (See Instructions, Page 8)

	Father	Mother
14. Child Support Credits		
a. Monthly Health Care Expenses Credit	-	-
b. Day Care and Special Expenses Credit	-	-
c. Other Ordinary Expense Credit (describe)	-	-
	-	-
d. Total Support Credits (add lines 14a through 14c)	-	-

PART V: Net Support Obligation/Presumptive Transfer Payment (Page 8)

15. Net Support Obligation (line 13 minus line 14d)		387	25
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PART VI: Additional Factors for Consideration (See Instructions, Page 8)

	Father's Household	Mother's Household
16. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	-	-
b. Stocks and Bonds	-	-
c. Vehicles	-	-
d. Boats	-	-
e. Pensions/IRAs/Bank Accounts	-	-
f. Cash	-	-
g. Insurance Plans	-	-
h. Other (describe):	-	-
	-	-

Continue to Next Page

17. Household Debt (List liens against household assets, extraordinary debt.)	Father's Household	Mother's Household
	-	-
	-	-
	-	-
	-	-
	-	-
18. Other Household Income		
a. Income Of Current Spouse (If not the other parent of this action.) Name: Name:	-	-
b. Income Of Other Adults In Household Name: Name: Name:	-	-
c. Income Of Children (If considered extraordinary) Name: Name:	-	-
d. Income From Child Support Name: Name: Name: Name:	-	-
e. Income From Assistance Programs Program: AFDC Program:	-	440
f. Other Income (describe)	-	-
19. Non-Recurring Income (describe)		
20. Child Support Paid For Other Children Name/age: Name/age: Name/age: Name/age:		
21. Other Children Living In Each Household (First names and ages) Jordan, age ?; Brian, age 6 yoa, mother's hh		

Continue to Next Page

22: Other Factors For Consideration:

Net support obligation of RACHAEL R. LAWLER was adjusted to avoid reducing it below the presumed minimum payment of \$25 per month per child.

Net support obligation of RACHAEL R. LAWLER adjusted to avoid reducing net income below the one person need standard, but not less than the presumed minimum payment of \$25 per month per child.

Respondent mother receives a public assistance grant in the form of AFDC on behalf of the minor child and the State will not impute a gross monthly income to the mother at this time.

Respondent father's income was based upon information provided by him and which reflects a gross monthly income of \$2264.00 per month. The State has calculated that federal taxes and FICA that is withheld from Respondent father's monthly check on a Single and one scale.

It is the State's understanding that Respondent father is responsible for another biological child in his home and is required by court order to pay child support for another child residing outside of his home. Respondent father is requesting that step-parent liability be reviewed at this time. The State has been able to determine that Respondent's step-child does receive current child support. Therefore, the State will be calculating current child support using a three child deviation for this child.

Signature and Dates

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.

Mother's Signature

Date

City

Father's Signature

Date

City

Judge/Reviewing Officer

Date

This worksheet has been certified by the State of Washington Office of the Administrator for the Courts.

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON

'96 JUN 27 09:53

State of Washington on behalf
of:
TERRAN S. LAWLER

BETTY J. LAWLER
BY _____
NO: 96-3-00569-1

Petitioner

ORDER ON MODIFICATION
OF CHILD SUPPORT (FINDINGS
AND CONCLUSIONS)

vs.

(ORMDD)

SHAMARON LEWIS AUSTIN
Father

RACHEL R. LAWLER
Mother

Respondents

I. BASIS

These findings, conclusions and order are based upon:

- An order of default.
- An agreement of the parties.
- A contested hearing on affidavits only.
- A contested hearing at which testimony was presented by:

II. FINDINGS AND CONCLUSIONS

Based on the case record, the child support worksheet, and the testimony heard, if any, the court FINDS and CONCLUDES that:

2.1 JURISDICTION.

The court has proper jurisdiction over the parties and subject matter of this action for the reasons that follow:
There is a Washington Order of Child Support.
The responding party presently resides in the State of Washington.

2.2 INCORPORATED FINDINGS.

The child support worksheet which has been approved by the court has been initialed and filed separately and is incorporated by reference. The Order of Child Support signed by the court on this date is incorporated by reference as part of these findings.

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2 2.3 REASONS FOR MODIFICATION.

4 The Order of Child Support should be modified because:

6 The previous order was entered more than two years ago and there
8 has been a change in the income of the parents.

10 The action was commenced by DSHS for a child who is receiving
12 public assistance money and modification pursuant to RCW
26.09.170(7) is appropriate.

14 The previous order was entered more than a year ago and:
16 Either or both parents should be required to maintain or
18 provide health insurance coverage consistent with RCW
26.09.105.

20 2.4 INCREMENTAL INCREASE (RCW 26.09.170(8)(c)).

22 An incremental increase has ~~not~~ been requested *granted by the court*

24 2.5 ATTORNEY'S FEES AND COSTS.

Attorney's fees and costs have not been requested.

26 2.6 ALTERNATIVE PAYMENT PLAN.

28 An alternative payment plan has not been requested.

30 2.7 OTHER:

32 III. ORDER

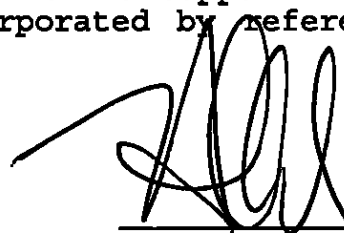
34 IT IS ORDERED that:

36 [] The petition for modification of child support is denied.

38 [X] The petition for modification of child support is granted. The
40 child support worksheet which has been approved by the court has
42 been initialed and filed separately and is incorporated by
44 reference. The Order of Child Support signed by the court on
this date is also incorporated by reference as part of this
order.

46 Other:

48 DATED: June 27, 1996



JUDGE/COURT COMMISSIONER

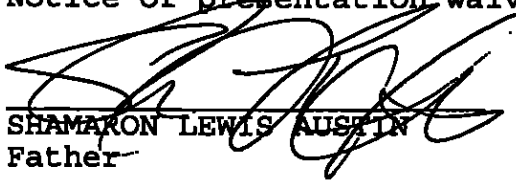
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Presented by:



BARBARA J. PENTTILA
Deputy Prosecuting Attorney
WSBA Number: 22569

Approved for entry:
Notice of presentation waived:



SHAMARON LEWIS AUSTIN
Father

RACHEL R. LAWLER
Mother

7
n.

THURSTON COUNTY SUPERIOR COURT
MONDAY, JUNE 24, 1996
STATE FAMILY LAW CALENDAR 9:00 AM

PAGE 3

COMMISSIONER H. CHRISTOPHER WICKHAM
SANDY SMITH, CLERK

Underlined parties present at hearing

96-3-00297-7
STATE OF WA
VS
DALKE, HAROLD EDWIN JR ET AL

PENTTILA, BARBARA
MEYER, PAUL H.

8.

PRESENTATION OF ORDER

The Court enters an Order on Review of Order Re: Contempt, next hearing date 7-15-96 as presented by Ms. Penttila.

96-3-00519-4
STATE OF WASHINGTON ET AL
VS
STARNES, ROBERT D JR ET AL

PENTTILA, BARBARA JANINE
STARNES, JUANITA PRO SE

9.

MOTION FOR DEFAULT

The Court calls Juanita Starnes; not present. Ms. Penttila presents argument. Mr. Starnes responds. The Court grants Mr. Starnes one child to each party for a tax exemption effective in 1996. The Court enters an Order of Child Support and Order on Modification of Child Support.

96-3-00569-1
STATE OF WASHINGTON ET AL
VS
AUSTIN, SHAMARON LEWIS ET AL

PENTTILA, BARBARA JANINE
AUSTIN, SHAMARON LEWIS PRO SE

10.

MODIFICATION OF CHILD SUPPORT

The Court calls Rachel Lawler; not present. Ms. Penttila presents argument. Mr. Austin responds. The Court states that it will grant a phase-in period for Mr. Austin. The Court enters

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

'96 JUN -4 11:45

BETTY J. GOUIN CLERK
BY *[Signature]*
DEPUTY

SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON

State of Washington on behalf
of:

TERRAN S. LAWLER
Petitioner

vs.

SHAMARON LEWIS AUSTIN
Father

RACHEL R. LAWLER
Mother

Respondents

NO: 96-3-00569-1

DECLARATION FOR ORDER OF
CHILD SUPPORT (MODIFICATION)

(NO MANDATORY FORM
AVAILABLE)

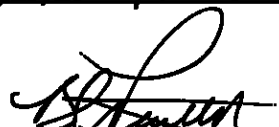
I. DECLARATION

- 1.1 I am the attorney for the state and make this declaration in this capacity.
- 1.2 The State is seeking to enter an order for child support pursuant to it's Petition for Support Modification, filed May 7, 1996.
- 1.3 The State has sought current financial information from the father, SHAMARON LEWIS AUSTIN, and the mother, RACHEL R. LAWLER, in this case in order to set an appropriate level of support pursuant to the Washington State Child Support Schedule (Schedule).
- 1.4 The financial information used for SHAMARON LEWIS AUSTIN's monthly net income was based upon financial information provided by the father, copies of which have been previously filed, and are incorporated herein by this reference.
- 1.5 The mother, RACHEL R. LAWLER, has no income attributed to her because she currently receives a public assistance grant, and pursuant to Standard 4 of the Schedule, her assistance grant is not identified as a source of income.
- 1.6 Using the financial information indicated above, the net support obligation under the Schedule indicates a current support obligation for the/se child of \$387.00 per month.
- 1.7 The State seeks a deviation from the net support obligation to set child support at \$251.00 per month based upon a three-child

2 calculation, because SHAMARON LEWIS AUSTIN is responsible for the
4 care of two other biological children: one of whom currently
6 resides within the father's household; and the other to whom the
father is required to pay court ordered child support.

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

10 Signed at Olympia, Washington on June 4, 1996.

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14 
16 BARBARA J. PENTTILA
18 Deputy Prosecuting Attorney
20 WSBA Number: 22569
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SEMS-109

-A Financial History

06/03/96 11:46:27

AU#: 2438535 CSO: 034

ITIS: 34-C-125956-0

Total Assist: 38,914.85 Adj: .00 Amt this Mo:

349.00 06/01/1996

Payee: 0 LAWLER, RACHAEL R

Type:

Date Paid	Issue	Type	Amount	Warr No	Eff Date
06-01-1996		WARR	349.00		06-1996
05-21-1996		DRA	50.00		05-1996
05-01-1996		WARR	440.00		05-1996
04-23-1996		DRA	50.00		04-1996
04-01-1996		WARR	440.00		04-1996
03-19-1996		DRA	50.00		03-1996
03-01-1996		WARR	440.00		03-1996
02-21-1996		DRA	50.00		02-1996
02-01-1996		WARR	440.00		02-1996
01-23-1996		DRA	50.00		01-1996
01-01-1996		WARR	440.00		01-1996

12-19-1995		DRA	50.00		12-1995
12-01-1995		WARR	440.00		12-1995
11-21-1995		DRA	50.00		11-1995
11-01-1995		WARR	440.00		11-1995
10-24-1995		DRA	50.00		10-1995

Action Code:

There Are More Financial Records

DATE 05/23/96

STATE OF WASHINGTON EMPLOYMENT SECURITY DEPARTMENT

RPT: R2413540-01

TIME 19:17:41

PAGE 50

***** W A G E I N Q U I R Y *****
***** SUBMITTING UNIT-SPECIAL PROJECT *****
***** PERIOD COVERED 05/13/96 *****

REQUESTOR SSA NAME
XX 808 SEU 526-53-6475

QUARTER	NAME	ACCOUNT	EMPLOYER NAME	TYPE	ST CD	WAGES	HOURS	ID	RS	REST WEEK	PROCESS DATE
93/1	AUSTIN S L	639419.00	AIRCRAFT SERVICE	150		1,434.40			00		00-0 -00
93/2	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		4,868.44	520		00		00-0 -00
93/3	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		5,117.03	520		00		00-0 -00
93/3	AUSTIN S L	333194.00	U-HAUL CO OF WESTE	150		2,121.61	343		00		00-0 -00
93/4	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		5,265.43	520		00		00-0 -00
93/4	AUSTIN S L	333194.00	U-HAUL CO OF WESTE	150		1,442.08	231		00		00-0 -00
94/1	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		1,187.56	128		00		00-0 -00
94/1	AUSTIN S L	333194.00	U-HAUL CO OF WESTE	150		198.00	33		00		00-0 -00
94/1	AUSTIN S L	623130.01	GREYHOUND LINES IN	150		6,938.01			00		00-0 -00
94/4	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		5,243.74	453		00		00-0 -00
95/1	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		6,227.87	520		00		00-0 -00
95/2	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		6,755.44	520		00		00-0 -00
95/3	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		9,475.72	520		00		00-0 -00
95/4	AUSTIN SHA	172612.00	EVERGREEN TRAILS I	150		7,011.35	520		00		00-0 -00

Name	AUSTIN
SSN	526-53-6475
1/92	5261.70
2/92	3785.40
3/92	6763.09
4/92	5298.40

DATE 05/13/96

STATE OF WASHINGTON EMPLOYMENT SECURITY DEPARTMENT

RPT: R2413540-01

TIME 19:17:41

***** W A G E I N Q U I R Y *****
***** SUBMITTING UNIT-SPECIAL PROJECT *****
***** PERIOD COVERED 05/13/96 *****

PAGE 70

REQUESTOR
XX BOB SEU

SSA
537-64-9152

NAME

*** NO WAGES FOR THIS SSA ***

Name	SSN
LAWLER	537-64-9152
	Ø
	Ø
	Ø
	Ø

05/13/96 19:17:41
R2413540-01

SS-Gen Child Support Calculation Summary

Superior Court Cause Number: 96-3-00569-1

County: THURSTON

Variation Description: 3 child

Father: SHAMARON L. AUSTIN

Mother: RACHAEL R. LAWLER

Children and Ages: TERRAN/4, Jordan/0, Sandra/0

	Father	Mother	Combined
	-----	-----	-----
Total Gross Monthly Income	2,264	-	
Total Deductions from Gross Income	449	-	
	-----	-----	-----
Monthly Net Income	1,815	-	1,815

Basic Child Support Obligation:

Child 1: 251 Child 2: 251 Child 3: 251 Child 4:

Proportional Share of Income	1.000	0.000	
Each Parent's Basic Support Obligation	753	-	
Total Monthly Health Care Expenses	-	-	-
Maximum Ordinary Monthly Health Care			38
Extraordinary Monthly Health Care Costs			-
Total Day Care and Special Expenses	-	-	-
Total Extraordinary Health Care, Day Care and Special Expenses			-
Each Parents Obligation for Extraordinary Health Care, Day Care and Special Expenses	-	-	
Standard Calculation Support Obligation	753	-	
Total Support Credits	-	-	
Net Support Obligation	753 ²⁵¹	75	

* Mother's obligation increased so it would meet minimum \$25 per child.

$\$753 \div 3 \text{ ch} = \251.00 per child

SS-Gen Child Support Calculation Summary

Superior Court Cause Number: 96-

County: THURSTON

Variation Description: 1 child

Father: SHAMARON L. AUSTIN

Mother: RACHAEL R. LAWLER

Children and Ages: TERRAN/4

	Father	Mother	Combined
	-----	-----	-----
Total Gross Monthly Income	2,264	-	
Total Deductions from Gross Income	449	-	
	-----	-----	-----
Monthly Net Income	1,815	-	1,815

Basic Child Support Obligation:

Child 1: 387	Child 2:	Child 3:	Child 4:
Proportional Share of Income		1.000	0.000
Each Parent's Basic Support Obligation		387	-
Total Monthly Health Care Expenses		-	-
Maximum Ordinary Monthly Health Care			19
Extraordinary Monthly Health Care Costs			-
Total Day Care and Special Expenses		-	-
Total Extraordinary Health Care, Day Care and Special Expenses			-
Each Parents Obligation for Extraordinary Health Care, Day Care and Special Expenses		-	-
Standard Calculation Support Obligation		387	-
Total Support Credits		-	-
Net Support Obligation		387	25

* Mother's obligation increased so it would meet minimum \$25 per child.

**Washington State Child Support Schedule
Worksheets**

Mother: **RACHAEL R. LAWLER**

Father: **SHAMARON L. AUSTIN**

County: **THURSTON**

Superior Court Case Number: **96-**

Children and Ages: **TERRAN/4**

PART I: Basic Support Obligation (See Instructions, Page 5)

	<u>Father</u>	<u>Mother</u>
1. Gross Monthly Income		
a. Wages and Salaries	2,264	-
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Spousal Maintenance Received	-	-
e. Other Income	-	-
f. Total Gross Monthly Income (add lines 1a through 1e)	2,264	-
2. Monthly Deductions from Gross Income		
a. Income Taxes	276	-
b. FICA/Self-Employment Taxes	173	-
c. State Industrial Insurance Deductions	-	-
d. Mandatory Union/Professional Dues	-	-
e. Pension Plan Payments	-	-
f. Spousal Maintenance Paid	-	-
g. Normal Business Expenses	-	-
h. Total Deductions from Gross Income (add lines 2a through 2g)	449	-
3. Monthly Net Income (line 1f minus line 2h)	1,815	-
4. Combined Monthly Net Income (add net incomes from line 3)	1,815	
5. Basic Child Support Obligation (enter total-->) Child 1: 387 Child 2: Child 3: Child 4:	387	
6. Proportional Share of Income (each parent's income from line 3 divided by line 4)	1.000	0.000
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5)	387	-

PART II: Health Care, Day Care, and Special Child Rearing Expenses (Page 7)

8. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Children	-	-
b. Uninsured Monthly Health Care Paid for Children	-	-
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	-	-
d. Combined Monthly Health Care Expenses (Add father's and mother's totals from line 8c)	-	-
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)	19	
f. Extraordinary Monthly Health Care Costs (line 8d minus line 8e, if "0" or negative, enter "0")	-	

Continue to Next Page

Part II: Health Care, Day Care, and Special Child Rearing Expenses (cont.)

	Father	Mother
9. Day Care and Special Expenses		
a. Day Care Expenses	-	-
b. Education Expenses	-	-
c. Long Distance Transportation Expenses	-	-
d. Other Special Expenses (describe):	-	-
	-	-
e. Total Day Care and Special Expenses (add lines 9a through 9d)	-	-
10. Combined Monthly Total of Day Care and Special Expenses (add Father's plus Mother's amount from line 9e)	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	- ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	■ ■ ■ ■ ■ ■ ■ ■ ■ ■	- ■ ■ ■ ■ ■ ■ ■ ■ ■ ■
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	-	-

PART III: Standard Calculation Child Support Obligation

13. Standard Calculation Child Support Obligation (line 7 plus line 12)	387	-
--	-----	---

PART IV: Child Support Credits (See Instructions, Page 8)

14. Child Support Credits		
a. Monthly Health Care Expenses Credit	-	-
b. Day Care and Special Expenses Credit	-	-
c. Other Ordinary Expense Credit (describe)	-	-
d. Total Support Credits (add lines 14a through 14c)	-	-

PART V: Net Support Obligation/Presumptive Transfer Payment (Page 8)

15. Net Support Obligation (line 13 minus line 14d)	387	25
---	-----	----

PART VI: Additional Factors for Consideration (See Instructions, Page 8)

	Father's Household	Mother's Household
16. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	-	-
b. Stocks and Bonds	-	-
c. Vehicles	-	-
d. Boats	-	-
e. Pensions/IRAs/Bank Accounts	-	-
f. Cash	-	-
g. Insurance Plans	-	-
h. Other (describe):	-	-
	-	-
	-	-

Continue to Next Page

17. Household Debt (List liens against household assets, excluding ordinary debt.)	Father's Household	Mother's Household
	-	-
	-	-
	-	-
	-	-
	-	-
	-	-

18. Other Household Income		
a. Income Of Current Spouse (If not the other parent of this action.) Name: Name:	-	-
b. Income Of Other Adults In Household Name: Name: Name:	-	-
c. Income Of Children (If considered extraordinary) Name: Name:	-	-
d. Income From Child Support Name: Name: Name: Name:	-	-
e. Income From Assistance Programs Program: AFDC Program:	-	440 -
f. Other Income (describe)	-	-
19. Non-Recurring Income (describe)	-	-
20. Child Support Paid For Other Children Name/age: Name/age: Name/age: Name/age:	-	-
21. Other Children Living In Each Household (First names and ages) Jordan, age ?; Brian, age 6 yoa, mother's hh		

Continue to Next Page

22. Other Factors For Consideration:

Net support obligation of RACHAEL R. LAWLER was adjusted to avoid reducing it below the presumed minimum payment of \$25 per month per child.

Net support obligation of RACHAEL R. LAWLER adjusted to avoid reducing net income below the one person need standard, but not less than the presumed minimum payment of \$25 per month per child.

Respondent mother receives a public assistance grant in the form of AFDC on behalf of the minor child and the State will not impute a gross monthly income to the mother at this time.

Respondent father's income was based upon information provided by him and which reflects a gross monthly income of \$2264.00 per month. The State has calculated that federal taxes and FICA that is withheld from Respondent father's monthly check on a Single and one scale.

It is the State's understanding that Respondent father is responsible for another biological child in his home and is required by court order to pay child support for another child residing outside of his home. Respondent father is requesting that step-parent liability be reviewed at this time. The State has been able to determine that Respondent's step-child does receive current child support. Therefore, the State will be calculating current child support using a three child deviation for this child.

Signature and Dates

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.

Mother's Signature

Father's Signature

Date City

Date City

Judge/Reviewing Officer

Date

This worksheet has been certified by the State of Washington
Office of the Administrator for the Courts.

SR

SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

96 JUN -4 AM 1:45

State of Washington on behalf
of:
TERRAN S. LAWLER
Petitioner

BETTY J. GOULD CLERK
NO: 96-3 00569-1

vs.

NOTICE OF HEARING DEPUTY
(SUPPORT MODIFICATION
--OPTIONAL USE)

SHAMARON LEWIS AUSTIN
Father
RACHEL R. LAWLER
Mother

(NTHG)

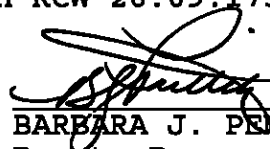
Respondents

TO: SHAMARON LEWIS AUSTIN and RACHEL R. LAWLER

1. It has been requested that this matter be scheduled for hearing.
2. A hearing date has been set:
On: Monday, JUNE 24, 1996, 9:00 a.m.
At: Thurston County Superior Court
2000 Lakeridge Drive SW, Olympia WA 98502
Court, Room/Dept: Building 2
3. The purpose of the hearing is to determine whether the relief requested in the Petition for Modification of Child Support should be granted.
4. The Petition for Modification of Child Support will be heard by the court on the financial affidavits, child support worksheets and other documents filed by the parties without oral testimony, unless oral testimony is authorized by the court pursuant to RCW 26.09.175(5).
5. If you wish to present oral testimony you must file a Motion to Present Oral Testimony and a proposed Order on Motion to Present Oral Testimony as set forth in RCW 26.09.175(6) and local court rules.

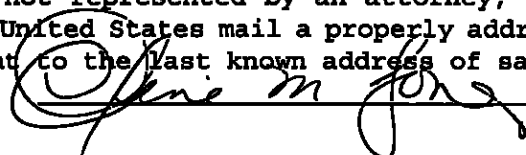
Dated:

June 4, 1996



BARBARA J. PENTTILA WSBA #22569
Deputy Prosecuting Attorney

I certify that on 6-4-96 I delivered copies of this document by legal messengers service or by United States mail for delivery and/or service upon the above-named attorneys. If an above-named party is not represented by an attorney, I certify that on the same date I deposited in the United States mail a properly addressed and stamped envelope containing this document to the last known address of said party.



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FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

'96 MAY 15 P3:21

SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON

BETTY J. GOULD CLERK
BY 3-005 DEPUTY

State of Washington on behalf
of:
TERRAN S. LAWLER

NO: 96-3-005

Petitioner

ANSWER (SUPPORT
MODIFICATION)

vs.

(AN)

SHAMARON LEWIS AUSTIN
Father

SHAMARON LEWIS AUSTIN

RACHAEL R. LAWLER
Mother

Respondents

TO: The State of Washington.

1. ADMISSIONS AND DENIALS.

The allegations of the petition in this matter are ADMITTED or DENIED as follows (check only one for each paragraph):

Paragraph of the Petition

1.1	<input checked="" type="checkbox"/>	Admitted	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Lacks Information
1.2	<input checked="" type="checkbox"/>	Admitted	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Lacks Information
1.3	<input checked="" type="checkbox"/>	Admitted	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Lacks Information
1.4	<input checked="" type="checkbox"/>	Admitted	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Lacks Information
1.5	<input checked="" type="checkbox"/>	Admitted	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Lacks Information
1.6	<input type="checkbox"/>	Admitted	<input type="checkbox"/>	Denied	<input checked="" type="checkbox"/>	Lacks Information

The allegations of the petition which are denied, are denied for the following reasons:

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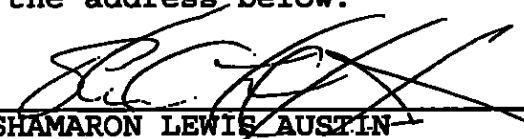
2. REQUEST FOR RELIEF.

- Does not apply.
- The court should modify the order of child support by:

3. NOTICE OF FURTHER PROCEEDINGS.

Notice of all further proceedings in this matter should be sent to the nonmoving party care of the address below.

Dated: 5-9-96



 SHAMARON LEWIS AUSTIN
4455 NE 12TH ST. #17-3
 Address
Renton, WA 98059
 City, State, ZIP

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

'96 MAY 15 P3:21

**SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON**

BETTY J. GUILD CLERK

BY _____ DEPUTY

NO: 96-3 00569-1

State of Washington on behalf
of:
TERRAN S. LAWLER

Petitioner

vs.

**PRO SE NOTICE OF APPEARANCE
(NTAPR)**

SHAMARON LEWIS AUSTIN
Father

SHAMARON LEWIS AUSTIN

RACHAEL R. LAWLER
Mother

Respondents

The undersigned enters an appearance in this action, and demands notice of all further proceedings. The clerk of the court, the state's attorney and the other party will be informed of any change in address. Any notices may be sent to:

Address: 4155 NE 12th St #17-3
Renton, WA 98059

Phone Number: (206) 271-2889

Dated: 5/9/96


SHAMARON LEWIS AUSTIN

RECEIVED
MAY 15 1996

psp01

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2 SUPERIOR COURT OF WASHINGTON
3 COUNTY OF

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

4 State of Washington on behalf of:

6 Terran Lawler

Petitioner

8 vs.

10 Shamaron L. Austin

Alleged Father

12 Rebeccah R. Lawler

14 Mother

16 Respondent

NO.

96-3-08 ^{DE STAP 95} / P3:21

FINANCIAL DECLARATION

FATHER
 MOTHER

FNDCLR

BETTY J. GOULD CLERK

DEPUTY

18 NAME: Shamaron L. Austin DATE OF BIRTH: 7-15-69

20 SOCIAL SECURITY NUMBER: 526-53-6475

22 I. SUMMARY OF BASIC INFORMATION

24 Declarant's Total Monthly Net Income (from § 3.3 below)

\$ 1649

26 Declarant's Total Household Expenses (from § 3.9 below)

\$ 1610

28 Declarant's Total Monthly Debt Expenses (from § 3.11 below)

\$ 525

30 Declarant's Total Expenses (from § 3.12 below)

\$ 2135

32 Estimate of the other party's gross monthly income (from § 3.11 below)

Yes
 No

\$ unknown

34 II. PERSONAL INFORMATION

36 2.1 Occupation: Network Administrator

38 2.2 The highest year of education completed: 12

40 2.3 Are you presently employed Yes No

42 a. If yes: (1) Where do you work (name & address)?

Volt Computer Services
8461 154TH Ave NE
Redmond, WA 98052

(2) When did you start work there (month/year)?

April 1996

44 b. If no: (1) When did you last work (month/year)?

(2) What were your gross monthly earnings?

\$

(3) Why are you presently unemployed?

52 FINANCIAL DECLARATION

54 WPF 4D 01.0550 (7/93)

RCW 26.18.220(1)

56 Page 1

1-VD: P00181

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III. INCOME INFORMATION

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is NOT at issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 GROSS MONTHLY INCOME.

If you are paid on a weekly basis, multiply your gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	Mother	Father
a. Wages & salaries	\$ _____	\$ 2,264
b. Interest and Dividend Income	\$ _____	\$ 0
c. Business Income	\$ _____	\$ 0
d. Spousal Maintenance from Other Relationships	\$ _____	\$ 0
e. Other Income	\$ _____	\$ 0
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ 2,264
g. Actual Gross Income (Year to date)	\$ _____	\$ 4,176

3.2 MONTHLY DEDUCTIONS FROM GROSS INCOME

a. Income Taxes	\$ _____	\$ 430
b. FICA/Self-Employment Taxes	\$ _____	\$ 185
c. State Industrial Insurance Deductions	\$ _____	\$ 0
d. MANDATORY Union/Professional Dues	\$ _____	\$ 0
e. Pension Plan Payments	\$ _____	\$ 0
f. Spousal Maintenance Paid	\$ _____	\$ 0
g. Normal Business Expense	\$ _____	\$ 0
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ 615

3.3 MONTHLY NET INCOME (Line 3.1f minus 3.2h or line 3 from the Child Support Worksheet(s).)

\$ _____ \$ 1649

3.4 MISCELLANEOUS INCOME

a. Child Support received from other relationships	\$ _____	\$ 0
b. Other miscellaneous income (list source and amounts)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
c. Total Miscellaneous Income (add lines 3.4a-3.4b)	\$ _____	\$ _____

3.5 Income of Other Adults in Household

\$ _____ \$ 0

3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. AVAILABLE ASSETS

4.1 Cash on hand	\$ _____	\$ 0
4.2 On deposit in banks	\$ _____	\$ 0
4.3 Stocks and Bonds, cash value of life insurance	\$ _____	\$ 0
4.4 Other liquid assets:	\$ _____	\$ 0

FINANCIAL DECLARATION

WFF 4D 01.0550 (7/93)

RCW 26.18.220(1)

Page 2

V. MONTHLY EXPENSE INFORMATION

Monthly expenses for myself and 3 dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

5.1 HOUSING

Real, 1st Mortgage or contract payments	\$ 540	
Installment payments for other Mortgages or encumbrances	\$ 0	
Taxes & insurance (if not in monthly payment)	\$ 10	
Total Housing		\$ <u>550</u>

5.2 UTILITIES

Heat, (gas & oil)	\$ 0	
Electricity	\$ 60	
Water, sewer, garbage	\$ 0	
Telephone	\$ 85	
Cable	\$ 25	
Other	\$ 0	
Total Utilities		\$ <u>170</u>

5.3 FOOD AND SUPPLIES

Food for <u>4</u> persons	\$ 250	
Supplies (paper, tobacco, pets)	\$ 0	
Meals eaten out	\$ 40	
Other	\$ 0	
Total Food Supplies		\$ <u>300</u>

5.4 CHILDREN

Day Care/Babysitting	\$ 0	
Clothing	\$ 40	
Tuition (if any)	\$ 0	
Other child related expenses <i>Diapers</i>	\$ 30	
Total Expenses Children		\$ <u>70</u>

5.5 TRANSPORTATION

Vehicle Payments or leases	\$ 260	
Vehicle insurance & license	\$ 110	
Vehicle gas, oil, ordinary maintenance	\$ 90	
Parking	\$ 0	
Other Transportation expense	\$ 0	
Total Transportation		\$ <u>460</u>

5.6 HEALTH CARE (Omit if fully Covered)

Insurance	\$ 0	
Uninsured dental, orthodontic, medical, eye care expenses	\$ 0	
Other uninsured medical health expenses	\$ 0	
Total Health Care		\$ <u>0</u>

NO Health Ins.

5.7 PERSONAL EXPENSES (not including child(ren))

Clothing	\$ 25	
Hair care/personal care expenses	\$ 15	
Clubs and recreation	\$ 0	
Education	\$ 0	
Books, newspapers, magazines and photos	\$ 10	
Gifts	\$ 10	
Other	\$ 0	
Total Personal Expenses		\$ <u>60</u>

FINANCIAL DECLARATION

WPF 4D 01.0550 (7/93)

RCW 26.18.220(1)

Page 3

2 5.8 MISCELLANEOUS EXPENSES

4 Life insurance (if not deducted from income) \$ _____

Other _____ \$ _____

Other _____ \$ _____

6 Total Miscellaneous Expenses \$ _____

8 5.9 TOTAL HOUSEHOLD EXPENSES (The total of Paragraph 5.1 through 5.8) \$ 1610

10 5.10 INSTALLMENT DEBTS INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8

Creditor	Description of Debt	Balance	Month of Last Payment
Seafirst Bank	Car Loan	\$9000.00	April 96
Reliance Insurance	Car Insurance		April 96

18 5.11 OTHER DEBTS AND MONTHLY EXPENSES NOT INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.

Creditor	Description of Debt	Balance	Month of Last Payment	Amount of Monthly Payment
Incredible Universe	Credit Card	\$2500	May 96	\$55.00
Snap-On	Tools	\$700	April 96	\$100.00
Consumer Credit Counseling	Bill Consolidation	\$8000	April 96	\$230.00
American General	Misc. Loan	\$2000	April 96	\$90.00
Total Month Payments for Other Debts and Monthly Expenses				\$525.00

28 5.12 TOTAL EXPENSES (Add paragraphs 5.9 and 5.11) \$ 2135

30 VI. ATTORNEY FEES

32 6.1 Amount paid for attorney fees and costs to date: \$ 0

34 6.2 The source of this money was:

36 6.3 Fees and costs incurred to date: \$ _____

38 6.4 Arrangements for attorney fees and costs are:

40 6.5 Other:

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

Signed at Renton, Washington on 5-9-96
(City and State)



Shamaron L. Austin
Print or Type Name

48 THE OTHER PARTY MUST BE SERVED COPIES OF YOUR TAX RETURNS FROM THE LAST TWO YEARS AND COPIES OF YOUR PAYSTUBS FOR THE LAST SIX MONTHS TO VERIFY YOUR INCOME. IF THERE IS A HEARING, YOU SHOULD ALSO BRING COPIES OF YOUR TAX RETURNS FROM THE LAST TWO YEARS AND COPIES OF YOUR PAYSTUBS FOR THE LAST SIX MONTHS TO YOUR COURT HEARINGS.

54 FINANCIAL DECLARATION

WFF 4D 01.0350 (7/93)

RCW 26.18.220(1)

56 Page 4

Washington State Child Support Schedule Worksheets

Mother _____

Father Shamaron L. Austin

County _____

Superior Court Case Number _____

Children and Ages:			
Part I: Basic Child Support Obligation (See Instructions, Page 5)			
	Father	Mother	
1. Gross Monthly Income			
a. Wages and Salaries	\$ 2264		
b. Interest and Dividend Income	\$ 0		
c. Business Income	\$ 0		
d. Spousal Maintenance Received	\$ 0		
e. Other Income	\$ 0		
f. Total Gross Monthly Income (add lines 1a through 1e)	\$ 2264		
2. Monthly Deductions from Gross Income			
a. Income Taxes	\$ 430		
b. FICA/Self-Employment Taxes	\$ 185		
c. State Industrial Insurance Deductions	\$ 0		
d. Mandatory Union/Professional Dues	\$ 0		
e. Pension Plan Payments	\$ 0		
f. Spousal Maintenance Paid	\$ 0		
g. Normal Business Expenses	\$ 0		
h. Total Deductions from Gross Income (add lines 2a through 2g)	\$ 615		
3. Monthly Net Income (line 1f minus line 2h)	\$ 1649		
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3)	\$		
5. Basic Child Support Obligation (enter total amount in box →) Child #1 <u>Sandra Austin</u> Child #3 <u>Brian Keaton</u> Living with Child #2 <u>Terran Lawler</u> Child #4 <u>Jordan Austin</u> <u>Shamaron Austin</u>	\$		
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)			
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5)	\$		\$
Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 7)			
8. Health Care Expenses			
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$	
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$	\$	
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	\$	\$	
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)	\$		
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)	\$		
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e, if "0" or negative, enter "0")	\$		
Continue to Next Page			

Part II: Health Care, Day Care, and Special Child Rearing Expenses (cont.)		
9. Day Care and Special Child Rearing Expenses	Father	Mother
a. Day Care Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$ 30	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 9a through 9d)	\$ 30	\$
10. Combined Monthly Total of Day Care and Special Expenses (add father's and mother's total day care and special expenses from line 9e)	\$	\$
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	\$	\$
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$	\$
Part III: Standard Calculation Child Support Obligation		
13. Standard Calculation Support Obligation (line 7 plus line 12)	\$	\$
Part IV: Child Support Credits (See Instructions, Page 8)		
14. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expense Credit (describe)	\$	\$
d. Total Support Credits (add lines 14a through 14c)	\$	\$
Part V: Net Support Obligation/Presumptive Transfer Payment (See Instructions, Page 8)		
15. Net Support Obligation (line 13 minus line 14d)	\$	\$
Part VI: Additional Factors for Consideration (See Instructions, Page 8)		
16. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	\$ 0	\$
b. Stocks and Bonds	\$ 0	\$
c. Vehicles	\$ 7,000	\$
d. Boats	\$ 0	\$
e. Pensions/IRAs/Bank Accounts	\$ 0	\$
f. Cash	\$ 0	\$
g. Insurance Plans	\$ 0	\$
h. Other (describe)	\$ 0	\$
	\$	\$
	\$	\$
	\$	\$

Continue to Next Page

Part II: Health Care, Day Care, and Special Child Rearing Expenses (cont.)

9. Day Care and Special Child Rearing Expenses	Father	Mother
a. Day Care Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$ 30	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 9a through 9d)	\$ 30	\$
10. Combined Monthly Total of Day Care and Special Expenses (add father's and mother's total day care and special expenses from line 9e)	\$	\$
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	\$	\$
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$	\$

Part III: Standard Calculation Child Support Obligation

13. Standard Calculation Support Obligation (line 7 plus line 12)	\$	\$
--	----	----

Part IV: Child Support Credits (See Instructions, Page 8)

14. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expense Credit (describe)	\$	\$
	\$	\$
d. Total Support Credits (add lines 14a through 14c)	\$	\$

Part V: Net Support Obligation/Presumptive Transfer Payment (See Instructions, Page 8)

15. Net Support Obligation (line 13 minus line 14d)	\$	\$
--	----	----

Part VI: Additional Factors for Consideration (See Instructions, Page 8)

16. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	\$ 0	\$
b. Stocks and Bonds	\$ 0	\$
c. Vehicles	\$ 7,000	\$
d. Boats	\$ 0	\$
e. Pensions/IRAs/Bank Accounts	\$ 0	\$
f. Cash	\$ 0	\$
g. Insurance Plans	\$ 0	\$
h. Other (describe)	\$ 0	\$
	\$	\$
	\$	\$
	\$	\$

Continue to Next Page

17. Household Debt (List liens against household assets, extraordinary debt.)	Father's Household	Mother's Household
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
18. Other Household Income		
a. Income Of Current Spouse (if not the other parent of this action)		
Name _____	\$	\$
Name _____	\$	\$
b. Income Of Other Adults in Household		
Name <u>Dawn M. Keaton</u>	\$ <u>Ø</u>	\$
Name _____	\$	\$
c. Income Of Children (if considered extraordinary)		
Name _____	\$	\$
Name _____	\$	\$
d. Income From Child Support		
Name _____	\$	\$
Name _____	\$	\$
e. Income From Assistance Programs		
Program _____	\$	\$
Program _____	\$	\$
f. Other income (describe)		
_____	\$	\$
_____	\$	\$
19. Non-Recurring Income (describe)		
_____	\$	\$
_____	\$	\$
20. Child Support Paid For Other Children		
Name/age: _____	\$	\$
Name/age: _____	\$	\$
21. Other Children Living In Each Household		
(First names and ages)		
<u>Beau, 6</u>	<u>Brian, 6</u>	
<u>Jordan, 1</u>	<u>Jordan, 1</u>	

Continue to Next Page

22. Other Factors For Consideration

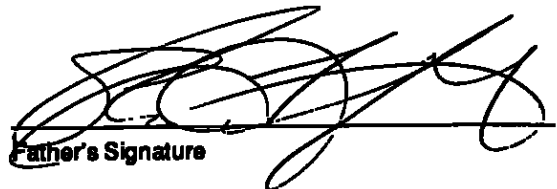
See attached letter

Signature and Dates

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.

Mother's Signature

Father's Signature



Date

City

Date

City

5-9-96 Renton, WA

Judge/Reviewing Officer

Date

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

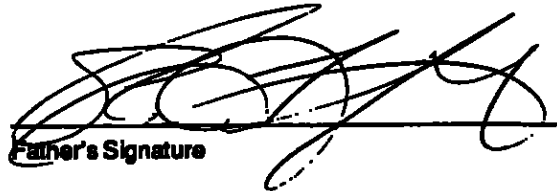
22. Other Factors For Consideration

See attached letter

Signature and Dates

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.

Mother's Signature



Father's Signature

Date

City

5-9-96

Date

Renton, WA

City

Judge/Reviewing Officer

Date

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

To: Barbara J. Penttila
Family Support Section
2000 Lakeridge Drive SW
Olympia, WA 98502

10 May 1996

From: Shamaron L. Austin

RE: Support Obligation

To whom it may concern,

I am writing this letter to you concerning the review of my child support obligations. First of all, I have recently secured new employment with Volt Computer Services to which Seattle O.S.E. was promptly notified and my support obligation was temporarily negotiated on waiting for this review. Contrary to popular belief, my income has not risen substantially. Below I have listed some things that I wish to be taken into account while determining my support obligation. These figures came from combining my two accounts.

Case #'s 900181
857996

Account # 2846095

Wages:

Before \$11.90/hr.
After \$14.15/hr.
Difference \$ 2.25/hr.

My previous obligations were:

Support \$285/mo.
Back Support \$ 50/mo.
Total \$335/mo.

Current Obligation \$400/mo.
Obligation raised \$ 90/mo. after a \$2.25/hr. increase in wages.

I faithfully provide support for two more children and one adult currently residing with me. Each year my income tax return is intercepted to pay my back support to which I have given no resistance. I have recently purchased the following items for Terran S. Lawler with monies in addition to my monthly support obligation due to the extremely poor condition of his clothes and his passing birthday. Furthermore, with this in mind, I would like to request an itemized list of what is being purchased with my child support, from Rachel R. Lawler.

Bicycle - 1	Underwear - 9 pr.
Bicycle Helmet - 1	Socks - 9 pr.
Jacket - 1	Tenneshoes - 2 pr.
Jeans - 6 pr.	Boots - 1 pr.
Sweatpants - 4 pr.	Sandals - 1 pr.
T-shirts - 8	Sweatshirts - 3

I am currently setting aside wages to settle my back support obligation in order to purchase a house and have Terran reside with me due to the unsanitary living conditions at Rachel's residence. I have been given reason to believe that Terran is residing with his grandmother, in Shelton, and not with his natural mother, Rachel. I can also verify that Rachel is currently, and has been living with her boyfriend, Greg Leonard (a Washington State Corrections Officer at Shelton State Prison) as a family since 1993 at 713 NE Wilson St., Olympia, WA 98506. Due to these recent enlightenments, and the information contained on the enclosed documents, I would like to ask, is there really any justification for raising my current obligation? I trust you will make a swift and fair judgement. If there is anything else that I may help you with, I can be contacted at any of the following locations. Thank you for your time.

Sincerely,



Shamaron L. Austin
4455 NE 12th St. Apt. 17-3
Renton, WA 98059

Home - (206)271-2289

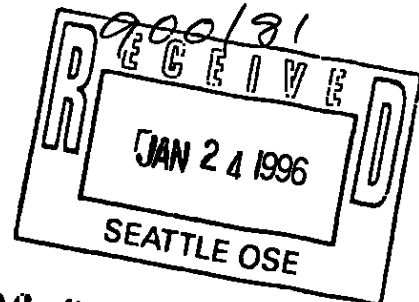
Work - (206)882-8080

Ext. 13041

E-mail - Sham@dirconnect.com

a-shama@microsoft.com

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.



SUPERIOR COURT OF WASHINGTON 96 MAY -7 10:29
COUNTY OF Mason

96 3 00569 1

In re: Rochel R. Lawler BY BETTY J. GOURD CLERK
and Shamaron Lewis Austin)
Petitioner)
Respondent)
NO. ~~96-3-00569-1~~
FINANCIAL DECLARATION
 PETITIONER
 RESPONDENT
(FNDCLR)

Name: Rochel R. Lawler Date of Birth: 10/3/71
Social Security Number: 537-64-9152

I. SUMMARY OF BASIC INFORMATION

Declarant's Total Monthly Net Income (from § 3.3 below) \$ 985
Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ 1448
Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ 1225
Declarant's Total Monthly Expenses (from § 5.12 below) \$ 2673
Estimate of the other party's gross monthly income (from § 3.1f below) \$ 2400⁰⁰
 unknown

II. PERSONAL INFORMATION

2.1 Occupation: None
2.2 The highest year of education completed: 2 1/2 yrs college
2.3 Are you presently employed? Yes No
a. If yes: (1) Where do you work (name and address)?
(2) When did you start work there (month/year)?
b. If no: (1) When did you last work (month/year)? 9/91
(2) What were your gross monthly earnings? \$?
(3) Why are you presently unemployed? Disabled

4

III. INCOME INFORMATION

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is NOT an issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 GROSS MONTHLY INCOME.

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	<u>Petitioner</u>	<u>Respondent</u>
a. Wages and Salaries	\$ _____	\$ _____
b. Interest and Dividend Income	\$ _____	\$ _____
c. Business Income	\$ _____	\$ _____
d. Spousal Maintenance From Other Relationships	\$ _____	\$ _____
e. Other Income	\$ _____	\$ _____
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ _____
g. Actual Gross Income (Year to date)	\$ _____	\$ _____

3.2 MONTHLY DEDUCTIONS FROM GROSS INCOME.

a. Income Taxes	\$ _____	\$ _____
b. FICA/Self-employment Taxes	\$ _____	\$ _____
c. State Industrial Insurance Deductions	\$ _____	\$ _____
d. MANDATORY Union/Professional Dues	\$ _____	\$ _____
e. Pension Plan Payments	\$ _____	\$ _____
f. Spousal Maintenance Paid	\$ _____	\$ _____
g. Normal Business Expenses	\$ _____	\$ _____
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____

3.3 MONTHLY NET INCOME. (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s).)

\$ 995 \$ _____

3.4 MISCELLANEOUS INCOME.

a. Child support received from other relationships	\$ _____	\$ _____
b. Other miscellaneous income (list source and amounts):	\$ _____	\$ _____
<u>DSHS</u> <u>SSI</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
c. Total Miscellaneous Income (add lines 3.4a through 3.4c)	\$ <u>985</u>	\$ _____

3.5 Income of Other Adults in Household

\$ _____ \$ _____

3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. AVAILABLE ASSETS

4.1 Cash on hand	\$ <u>0</u>
4.2 On deposit in banks	\$ <u>0</u>
4.3 Stocks and Bonds, cash value of life insurance	\$ <u>0</u>
4.4 Other liquid assets:	\$ <u>0</u>

III. INCOME INFORMATION

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is NOT an issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 GROSS MONTHLY INCOME.

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	<u>Petitioner</u>	<u>Respondent</u>
a. Wages and Salaries	\$ _____	\$ _____
b. Interest and Dividend Income	\$ _____	\$ _____
c. Business Income	\$ _____	\$ _____
d. Spousal Maintenance From Other Relationships	\$ _____	\$ _____
e. Other Income	\$ _____	\$ _____
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ _____
g. Actual Gross Income (Year to date)	\$ _____	\$ _____

3.2 MONTHLY DEDUCTIONS FROM GROSS INCOME.

a. Income Taxes	\$ _____	\$ _____
b. FICA/Self-employment Taxes	\$ _____	\$ _____
c. State Industrial Insurance Deductions	\$ _____	\$ _____
d. MANDATORY Union/Professional Dues	\$ _____	\$ _____
e. Pension Plan Payments	\$ _____	\$ _____
f. Spousal Maintenance Paid	\$ _____	\$ _____
g. Normal Business Expenses	\$ _____	\$ _____
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____

3.3 MONTHLY NET INCOME. (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s).)

\$ 995 \$ _____

3.4 MISCELLANEOUS INCOME.

a. Child support received from other relationships	\$ _____	\$ _____
b. Other miscellaneous income (list source and amounts):	\$ _____	\$ _____
<u>DSHS</u> <u>SSF</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
c. Total Miscellaneous Income (add lines 3.4a through 3.4c)	\$ <u>995</u>	\$ _____

3.5 Income of Other Adults in Household

\$ _____ \$ _____

3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. AVAILABLE ASSETS

4.1 Cash on hand	\$ <u>0</u>
4.2 On deposit in banks	\$ <u>0</u>
4.3 Stocks and Bonds, cash value of life insurance	\$ <u>0</u>
4.4 Other liquid assets:	\$ <u>0</u>

V. MONTHLY EXPENSE INFORMATION

Monthly expenses for myself and 2 dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

5.1 HOUSING.

Rent, 1st mortgage or contract payments	\$ <u>480</u>	
Installment payments for other mortgages or encumbrances	\$ _____	
Taxes & insurance (if not in monthly payment)	\$ _____	
Total Housing		\$ <u>480</u>

5.2 UTILITIES.

Heat (gas & oil)	\$ <u>75</u>	
Electricity	\$ _____	
Water, sewer, garbage	\$ <u>50</u>	
Telephone	\$ <u>30</u>	
Cable	\$ <u>70</u>	
Other	\$ _____	
Total Utilities		\$ <u>225</u>

5.3 FOOD AND SUPPLIES.

Food for <u>3</u> persons	\$ <u>200</u>	
Supplies (paper, tobacco, pets)	\$ <u>50</u>	
Meals eaten out	\$ <u>20</u>	
Other	\$ _____	
Total Food Supplies		\$ <u>270</u>

5.4 CHILDREN.

Day Care/Babysitting	\$ _____	
Clothing	\$ <u>25</u>	
Tuition (if any)	\$ _____	
Other child related expenses	\$ _____	
Total Expenses Children		\$ <u>25</u>

5.5 TRANSPORTATION.

Vehicle payments or leases	\$ <u>11</u>	
Vehicle insurance & license	\$ <u>191</u>	
Vehicle gas, oil, ordinary maintenance	\$ <u>67</u>	
Parking	\$ <u>35</u>	
Other transportation expenses	\$ _____	
Total Transportation		\$ <u>393</u>

5.6 HEALTH CARE. (Omit if fully covered)

Insurance	\$ _____	
Uninsured dental, orthodontic, medical, eye care expenses	\$ _____	
Other uninsured health expenses	\$ _____	
Total Health Care		\$ <u>0</u>

5.7 PERSONAL EXPENSES (Not including children).

Clothing	\$ <u>10.00</u>	
Hair care/personal care expenses	\$ <u>20.00</u>	
Clubs and recreation	\$ <u>15.00</u>	
Education	\$ _____	
Books, newspapers, magazines, photos	\$ <u>100.00</u>	
Gifts	\$ <u>5.00</u>	
Other	\$ _____	
Total Personal Expenses		\$ <u>55</u>

2 5.8 MISCELLANEOUS EXPENSES.

4 Life insurance (if not deducted from income) \$ _____
 4 Other _____ \$ _____
 6 Other _____ \$ _____
 8 Total Miscellaneous Expenses \$ _____

\$ ~~1448~~ 00

10 5.9 TOTAL HOUSEHOLD EXPENSES (The total of Paragraphs 5.1 through 5.8)

12 5.10 INSTALLMENT DEBTS INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.

14 Creditor	Description of Debt	Balance	Month of Last Payment
16 _____	_____	_____	_____
18 _____	_____	_____	_____
20 _____	_____	_____	_____

22 5.11 OTHER DEBTS AND MONTHLY EXPENSES NOT INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.

24 Creditor	Description of Debt	Balance	Month of Last Payment	Amount of Monthly Payment
26 US West	Past dup	500	Nov 95	\$ 25
28 RCA		100.00	Jan 95	\$ 9.00
30 AT	Past dup	150.00	2	\$ 15.00
32 US West		850.00		\$ 85.00
34 _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

34 Total Monthly Payments for Other Debts and Monthly Expenses

\$ 1225
~~25~~ 273 00

36 5.12 TOTAL EXPENSES (Add Paragraphs 5.9 and 5.11)

40 VI. ATTORNEY FEES

42 6.1 Amount paid for attorney fees and costs to date: \$ _____

44 6.2 The source of this money was:

46 6.3 Fees and costs incurred to date: \$ _____

48 6.4 Arrangements for attorney fees and costs are:

50 6.5 Other:

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

54 Signed at Olympia Wa on 1-21-96
 56 (City and State) (Date)

58 Rachael Lawler
 Signature:
 60 Rachael Lawler
 Print or Type Name

62 THE OTHER PARTY MUST BE SERVED COPIES OF YOUR TAX RETURNS FROM THE LAST TWO YEARS AND
 64 COPIES OF YOUR PAYSTUBS FOR THE LAST SIX MONTHS TO VERIFY YOUR INCOME. YOU SHOULD ALSO
 66 BRING COPIES OF YOUR TAX RETURNS FROM THE LAST TWO YEARS AND COPIES OF YOUR PAYSTUBS FOR
 THE LAST SIX MONTHS TO YOUR COURT HEARINGS.

Washington State Child Support Schedule Worksheets

Mother Rachael Lawler
County _____

Father Shamaron Austin
Superior Court Case Number _____

Children and Ages: Terran 3

Part I: Basic Child Support Obligation (See Instructions, Page 5)

1. Gross Monthly Income	Father	Mother
a. Wages and Salaries	\$	\$ <u>985</u>
b. Interest and Dividend Income	\$	\$
c. Business Income	\$	\$
d. Spousal Maintenance Received	\$	\$
e. Other Income	\$	\$
f. Total Gross Monthly Income (add lines 1a through 1e)	\$	\$ <u>985</u>
2. Monthly Deductions from Gross Income		
a. Income Taxes	\$	\$
b. FICA/Self-Employment Taxes	\$	\$
c. State Industrial Insurance Deductions	\$	\$
d. <i>Mandatory</i> Union/Professional Dues	\$	\$
e. Pension Plan Payments	\$	\$
f. Spousal Maintenance Paid	\$	\$
g. Normal Business Expenses	\$	\$
h. Total Deductions from Gross Income (add lines 2a through 2g)	\$	\$
3. Monthly Net Income (line 1f minus line 2h)	\$	\$ <u>985</u>
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3)	\$	\$
5. Basic Child Support Obligation (enter total amount in box \longrightarrow) Child #1 _____ Child #3 _____ Child #2 _____ Child #4 _____	\$	\$
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)		
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5)	\$	\$

Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 7)

8. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	\$	\$
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)	\$	\$
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)	\$	\$
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e, if "0" or negative, enter "0")	\$	\$

Continue to Next Page

Part II: Health Care, Day Care, and Special Child Rearing Expenses (cont.)

9. Day Care and Special Child Rearing Expenses	Father	Mother
a. Day Care Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 9a through 9d)	\$	\$

10. Combined Monthly Total of Day Care and Special Expenses (add father's and mother's total day care and special expenses from line 9e)	\$	
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	\$	
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$	\$

Part III: Standard Calculation Child Support Obligation

13. Standard Calculation Support Obligation (line 7 plus line 12)	\$	\$
--	----	----

Part IV: Child Support Credits (See Instructions, Page 8)

14. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expense Credit (describe)	\$	\$
d. Total Support Credits (add lines 14a through 14c)	\$	\$

Part V: Net Support Obligation/Presumptive Transfer Payment (See Instructions, Page 8)

15. Net Support Obligation (line 13 minus line 14d)	\$	\$
--	----	----

Part VI: Additional Factors for Consideration (See Instructions, Page 8)

16. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	\$	\$
b. Stocks and Bonds	\$	\$
c. Vehicles	\$	\$
d. Boats	\$	\$
e. Pensions/IRAs/Bank Accounts	\$	\$
f. Cash	\$	\$
g. Insurance Plans	\$	\$
h. Other (describe)	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Continue to Next Page

17. Household Debt (List liens against household assets, extraordinary debt.)	Father's Household	Mother's Household
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
18. Other Household Income		
a. Income Of Current Spouse (if not the other parent of this action)		
Name _____	\$	\$
Name _____	\$	\$
b. Income Of Other Adults In Household		
Name _____	\$	\$
Name _____	\$	\$
c. Income Of Children (if considered extraordinary)		
Name <u>Brooklyn Lawler</u>	\$	\$ 495
Name _____	\$	\$
d. Income From Child Support		
Name <u>Terran</u>	\$	\$ 50 ⁰⁰
Name _____	\$	\$
e. Income From Assistance Programs		
Program <u>DSHS</u>	\$	\$ 440
Program _____	\$	\$
f. Other Income (describe)		
_____	\$	\$
_____	\$	\$
19. Non-Recurring Income (describe)		
_____	\$	\$
_____	\$	\$
20. Child Support Paid For Other Children		
Name/age: _____	\$	\$
Name/age: _____	\$	\$
21. Other Children Living In Each Household (First names and ages)		6
<u>Brooklyn Lawler 6</u>		

Continue to Next Page

22. Other Factors For Consideration

Shemarcon Austin lives with Dawn
Kearney. They have a child & she has one
of her own. He is the only one employed
& is paying for the care of Dawn's son
also. I feel that if he can support
two people he is not responsible for
he can pay more for the care of his
son.

Shemarcon will do anything in his
power to avoid paying more. i.e. change
SS # on W-2; working underneath
the table.

Signature and Dates

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.

Rehael Lawler

Mother's Signature

Father's Signature

1/22/94

Date

Olympia

City

Date

City

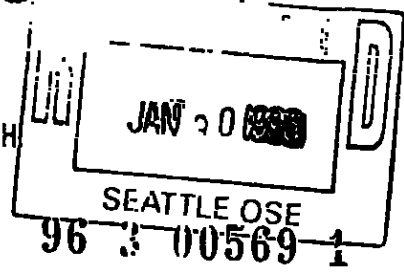
Judge/Reviewing Officer

Date

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

900181

FILED
SUPERIOR COURT
THURSTON COUNTY WASH



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SUPERIOR COURT OF WASHINGTON
COUNTY OF ~~Thurston~~

'96 MAY -7 110:29

In re:
Rochel R. Lawler

BETTY H. GOU D CL NO. ~~96-00569-1~~

and
Shamaron Lewis Austin

Petitioner)
Respondent)
FINANCIAL DECLARATION
PETITIONER
RESPONDENT
(FNDCLR)

Name: *Shamaron L Austin* Date of Birth: _____
Social Security Number: _____

I. SUMMARY OF BASIC INFORMATION

Declarant's Total Monthly Net Income (from § 3.3 below) \$ 1358
Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ 1525
Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ 510
Declarant's Total Monthly Expenses (from § 5.12 below) \$ 2035
Estimate of the other party's gross monthly income (from § 3.1f below) \$ _____
 unknown

II. PERSONAL INFORMATION

2.1 Occupation: *Bus mechanic*
2.2 The highest year of education completed: *12*
2.3 Are you presently employed? Yes No
a. If yes: (1) Where do you work (name and address)?
*Grayline of Seattle
Forest St.
Seattle, WA*
(2) When did you start work there (month/year)?
October 1995
b. If no: (1) When did you last work (month/year)?
(2) What were your gross monthly earnings? \$ _____
(3) Why are you presently unemployed?

5

III. INCOME INFORMATION

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is NOT an issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 GROSS MONTHLY INCOME.

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	Petitioner	Respondent
a. Wages and Salaries	\$ _____	\$ 1904
b. Interest and Dividend Income	\$ _____	\$ 0
c. Business Income	\$ _____	\$ 0
d. Spousal Maintenance From Other Relationships	\$ _____	\$ 0
e. Other Income	\$ _____	\$ 0
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ 1904
g. Actual Gross Income (Year to date)	\$ _____	\$ 1904

3.2 MONTHLY DEDUCTIONS FROM GROSS INCOME.

a. Income Taxes	\$ _____	\$ 355
b. FICA/Self-employment Taxes Social Security & Medicare Tax	\$ _____	\$ 160
c. State Industrial Insurance Deductions	\$ _____	\$ 0
d. MANDATORY Union/Professional Dues	\$ _____	\$ 31
e. Pension Plan Payments	\$ _____	\$ 0
f. Spousal Maintenance Paid	\$ _____	\$ 0
g. Normal Business Expenses	\$ _____	\$ 0
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ 546

3.3 MONTHLY NET INCOME. (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s).)

\$ _____ \$ 1358

3.4 MISCELLANEOUS INCOME.

a. Child support received from other relationships	\$ _____	\$ 0
b. Other miscellaneous income (list source and amounts):	\$ _____	\$ 0
_____	\$ _____	\$ 0
_____	\$ _____	\$ 0
_____	\$ _____	\$ 0
c. Total Miscellaneous Income (add lines 3.4a through 3.4c)	\$ _____	\$ 0

3.5 Income of Other Adults in Household

\$ _____ \$ 0

3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. AVAILABLE ASSETS

4.1 Cash on hand	\$ _____	\$ 0
4.2 On deposit in banks	\$ _____	\$ _____
4.3 Stocks and Bonds, cash value of life insurance	\$ _____	\$ 0
4.4 Other liquid assets:	\$ _____	\$ 0

V. MONTHLY EXPENSE INFORMATION

Monthly expenses for myself and 3 dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

5.1 HOUSING.

Rent, 1st mortgage or contract payments	\$ <u>505</u>	
Installment payments for other mortgages or encumbrances	\$ <u>0</u>	
Taxes & insurance (if not in monthly payment)	\$ <u>10</u>	
Total Housing		\$ <u>515</u>

5.2 UTILITIES.

Heat (gas & oil)	\$ <u>60</u>	
Electricity	\$ <u>60</u>	
Water, sewer, garbage	\$ <u>100</u>	
Telephone	\$ <u>30</u>	
Cable	\$ <u>0</u>	
Other	\$ <u>0</u>	
Total Utilities		\$ <u>190</u>

5.3 FOOD AND SUPPLIES.

Food for <u>4</u> persons	\$ <u>250</u>	
Supplies (paper, tobacco, pets)	\$ <u>10</u>	
Meals eaten out	\$ <u>40</u>	
Other	\$ <u>0</u>	
Total Food Supplies		\$ <u>300</u>

5.4 CHILDREN.

Day Care/Babysitting	\$ <u>0</u>	
Clothing	\$ <u>50</u>	
Tuition (if any)	\$ <u>20</u>	
Other child related expenses	\$ <u>0</u>	
Total Expenses Children		\$ <u>75</u>

5.5 TRANSPORTATION.

Vehicle payments or leases	\$ <u>260</u>	
Vehicle insurance & license	\$ <u>100</u>	
Vehicle gas, oil, ordinary maintenance	\$ <u>80</u>	
Parking	\$ <u>0</u>	
Other transportation expenses	\$ <u>0</u>	
Total Transportation		\$ <u>440</u>

5.6 HEALTH CARE. (Omit if fully covered)

Insurance	\$ <u>0</u>	
Uninsured dental, orthodontic, medical, eye care expenses	\$ <u>0</u>	
Other uninsured health expenses	\$ <u>0</u>	
Total Health Care		\$ <u>0</u>

NO HEALTH INS.

5.7 PERSONAL EXPENSES (Not including children).

Clothing	\$ <u>30</u>	
Hair care/personal care expenses	\$ <u>20</u>	
Clubs and recreation	\$ <u>0</u>	
Education	\$ <u>0</u>	
Books, newspapers, magazines, photos	\$ <u>10</u>	
Gifts	\$ <u>10</u>	
Other	\$ <u>0</u>	
Total Personal Expenses		\$ <u>70</u>

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5.8 MISCELLANEOUS EXPENSES.

Life insurance (if not deducted from income) \$ 0
Other _____ \$ 0
Other _____ \$ 0
Total Miscellaneous Expenses \$ 0

5.9 TOTAL HOUSEHOLD EXPENSES (The total of Paragraphs 5.1 through 5.8) \$ 1525

5.10 INSTALLMENT DEBTS INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.

Creditor	Description of Debt	Balance	Month of Last Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.11 OTHER DEBTS AND MONTHLY EXPENSES NOT INCLUDED IN PARAGRAPHS 5.1 THROUGH 5.8.

Creditor	Description of Debt	Balance	Month of Last Payment	Amount of Monthly Payment
Consumer Credit Counseling	Bill Consolidation	7000.00	Jan. 1996	\$ 280
Incredible Universe	Credit Card	1500.00	Jan. 1996	\$ 40
American General	Furniture loan	2400.00	Jan. 1996	\$ 90
Snap-on Tools	Tools	1800.00	Jan 1996	\$ 100
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Monthly Payments for Other Debts and Monthly Expenses \$ 510

5.12 TOTAL EXPENSES (Add Paragraphs 5.9 and 5.11) \$ 2035

VI. ATTORNEY FEES

6.1 Amount paid for attorney fees and costs to date: \$ 0

6.2 The source of this money was:

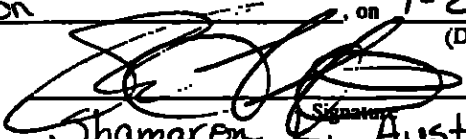
6.3 Fees and costs incurred to date: \$ 0

6.4 Arrangements for attorney fees and costs are:

6.5 Other:

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

Signed at Renton, Washington on 1-23-96
(City and State) (Date)



Shamaron E. Austin
Print or Type Name

THE OTHER PARTY MUST BE SERVED COPIES OF YOUR TAX RETURNS FROM THE LAST TWO YEARS AND COPIES OF YOUR PAYSTUBS FOR THE LAST SIX MONTHS TO VERIFY YOUR INCOME. YOU SHOULD ALSO BRING COPIES OF YOUR TAX RETURNS FROM THE LAST TWO YEARS AND COPIES OF YOUR PAYSTUBS FOR THE LAST SIX MONTHS TO YOUR COURT HEARINGS.

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

'96 MAY -7 AIO:29

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**SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON**

BETTY J. GOULD CLERK
BY 463 00569 1
NO: DEPUTY

10 State of Washington on behalf
12 of:
14 TERRAN S. LAWLER

14 Petitioner

16 vs.

18 SHAMARON LEWIS AUSTIN
19 Father

20 RACHAEL R. LAWLER
22 Mother

24 Respondents

RETURN OF SERVICE
(SUPPORT MODIFICATION)

(RTS)

26 I DECLARE that:

28 1. I am over the age of 18 years, and I am not a party to this
action.

30 2. I served RACHAEL R. LAWLER with the following documents:

- 32 [X] A petition for modification of child support.
34 [X] A summons.
36 [X] The Washington State Child Support Schedule Worksheet.
[X] Financial Declaration completed by SHAMARON L. AUSTIN.
38 [X] A blank copy of the Washington State Child Support Schedule
Worksheet to be completed by the responding party.
[X] A blank answer form.
40 [X] A blank financial declaration form.
[X] Other: Financial Declaration completed by RACHAEL LAWLER.

42 3. The date, time and place of service were (if by mail or
44 publication refer to Paragraph 4 below):

46 Date:

48 Time: _____

50 Address:

52 4. Service was made pursuant to Civil Rule 4(d) and RCW 26.09.175
(2) and (3) by:

54 [] delivery to the person named in paragraph 2 above.
56

- [] delivery to _____ a person of suitable age and discretion residing at the usual abode of the person listed in paragraph 2 above.
- [] publication as provided in RCW 4.28.100. (A copy of the summons is attached.)
- [X] (check only if the decree to be modified was entered in this state) a form of mail requiring a return receipt as provided in RCW 26.09.175(2). (Attach return receipt below.) The copies of the papers were mailed on MAY 2, 1996.
- [] (check only if there is a court order authorizing service by mail) mailing two copies postage prepaid to the person named in the order entered by the court on _____. One copy was mailed by ordinary first class mail, the other copy was sent by certified mail return receipt requested. (Attach return receipt below.) The copies were mailed on _____.
- [] Other: _____

5. SERVICE ON THE ATTORNEY GENERAL, IF THE CHILD IS RECEIVING PUBLIC ASSISTANCE.
Does not apply.

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 May 2, 1996.

Caroline M. Jones
CAROLYN M. JONES

Is your RETURN ADDRESS completed on the reverse side?	SENDER: <ul style="list-style-type: none"> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	Thank you for using Return Receipt Service.
	3. Article Addressed to: RACHAEL K. LAWLER KNOWN TO WSSR	4a. Article Number Z 707 448 925 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 5-3-96	
	5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)	
	6. Signature: (Addressee or Agent) X <i>Rachael Lawler</i>		
	PS Form 3811, December 1994		Domestic Return Receipt

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8 SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON

'96 MAY -7 110:29

10 State of Washington on behalf
12 of:
TERRAN S. LAWLER

BETTY J. GOULD CLERK
BY: *MJ* 96-110569 1
NO: DEPUTY

14 Petitioner

RETURN OF SERVICE
(SUPPORT MODIFICATION)

16 vs.

(RTS)

18 SHAMARON LEWIS AUSTIN
Father

20 RACHAEL R. LAWLER
22 Mother

24 Respondents

26 I DECLARE that:

- 28 1. I am over the age of 18 years, and I am not a party to this
action.
30 2. I served SHAMARON LEWIS AUSTIN with the following documents:

- 32 [X] A petition for modification of child support.
34 [X] A summons.
[X] The Washington State Child Support Schedule Worksheet.
36 [x] Financial Declaration completed by SHAMARON L. AUSTIN.
[X] A blank copy of the Washington State Child Support Schedule
Worksheet to be completed by the responding party.
38 [X] A blank answer form.
40 [X] A blank financial declaration form.
42 [X] Other: Financial Declaration completed by RACHAEL R.
LAWLER.

- 44 3. The date, time and place of service were (if by mail or
publication refer to Paragraph 4 below):

46 Date:

48 Time: _____

50 Address:

- 52 4. Service was made pursuant to Civil Rule 4(d) and RCW 26.09.175
54 (2) and (3) by:

56 RETURN OF SERVICE (SUPPORT MOD)
WPF 4D 06.0250 (7/93)
RCW 26.09.175
Page 1 IVD #:900181

BERARDEAN BRONDCUS
THURSTON COUNTY PROSECUTING ATTORNEY
FAMILY SUPPORT SECTION
2404 CHANDLER COURT SW, SUITE 270
OLYMPIA, WASHINGTON 98502
(360) 786-5536 FAX (360) 786-5551

- 2 [] delivery to the person named in paragraph 2 above.
- 4 [] delivery to _____ a person of suitable age and discretion residing at the usual abode of the person listed in paragraph 2 above.
- 6 [] publication as provided in RCW 4.28.100. (A copy of the summons is attached.)
- 8 [X] (check only if the decree to be modified was entered in this state) a form of mail requiring a return receipt as provided in RCW 26.09.175(2). (Attach return receipt below.) The copies of the papers were mailed on May 2, 1996.
- 10 [] (check only if there is a court order authorizing service by mail) mailing two copies postage prepaid to the person named in the order entered by the court on _____.
- 12 One copy was mailed by ordinary first class mail, the other copy was sent by certified mail return receipt requested. (Attach return receipt below.) The copies were mailed on _____.
- 14 [] Other: _____

5. SERVICE ON THE ATTORNEY GENERAL, IF THE CHILD IS RECEIVING PUBLIC ASSISTANCE.
Does not apply.

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 May 7, 1996.

Dee M. Jones

Is your RETURN ADDRESS completed on the reverse side?	SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee): 1. <input checked="" type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to: SHAMARON L. AUSTIN 4455-NE 12th, #17-3 RENTON WA 98059	4a. Article Number Z 707 448 926
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) <i>[Signature]</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	
7. Date of Delivery <u>5/4/96</u>		8. Addressee's Address (Only if requested and fee is paid) <u>4455-NE 12th #17-3</u> <u>RENTON, WASH, 98059</u>
Domestic Return Receipt PS Form 3811, December 1994		

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

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8 SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON

'96. MAY -7 110 :30

10 State of Washington on behalf
12 of:
14 TERRAN S. LAWLER

BETTY J. GOULD CLERK

BY _____
NO: _____ DEPUTY

96 3 00569 1

Petitioner

16 vs.

STATE'S PETITION FOR
SUPPORT MODIFICATION

18 SHAMARON LEWIS AUSTIN
Father

(PTMD)

20 RACHAEL R. LAWLER
22 Mother

24 Respondents

26 I. BASIS

28 1.1 PLACE OF RESIDENCE.

30 RACHAEL R. LAWLER resides in THURSTON COUNTY, WASHINGTON.
32 TERRAN S. LAWLER resides in THURSTON COUNTY, WASHINGTON.
SHAMARON LEWIS AUSTIN resides in KING COUNTY, WASHINGTON.

34 1.2 JURISDICTION OVER PARENTS.

36 This court has jurisdiction over the parents for the reasons that
38 follow.

40 [x] : There is a Washington Order of Child Support.

42 [x]' Both parties presently reside in the State of Washington.

44 [] Other:

46 1.3 MOST RECENT SUPPORT ORDER.

48 The most recent support order was entered in MASON COUNTY,
WASHINGTON on AUGUST 12, 1992.

50 The order provides for child support as follows:

<u>Name of the Child</u>	<u>Monthly Amount</u>
TERRAN S. LAWLER	\$150.00

52 STATE'S PETITION FOR
54 SUPPORT MODIFICATION
56 WPF 4D 06.0100 (7/93)
RCW 26.09.170; .175

Page 1 IVD #:900181

BERNARDEAN BRONCUS
THURSTON COUNTY PROSECUTING ATTORNEY
FAMILY SUPPORT SECTION
2404 CHANDLER COURT SW, SUITE 270
OLYMPIA, WASHINGTON 98502
(360) 786-5536 FAX (360) 786-5551

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2 1.4 LEGAL BASIS FOR STATE ACTION.

4 The State has started this action because the State is paying
6 public assistance benefits and is required to review and modify
8 this case by 42 U.S.C. §666(a)(10)(B).

10 1.5 REASONS FOR MODIFYING CHILD SUPPORT.

12 The order of child support should be modified for the following
14 reasons:

16 The previous order was entered more than two years ago and there
18 has been a change in the income of the parents.

20 The action was commenced by DSHS for a child who is receiving
22 public assistance money and modification pursuant to RCW
24 26.09.170(7) is appropriate.

26 Either or both parents should be required to maintain or
28 provide health insurance coverage consistent with RCW
30 26.09.105.

32 1.6 OTHER:

34 II. RELIEF REQUESTED

36 The court should modify the order of child support by requiring either
38 or both parents to maintain or provide health insurance coverage
40 consistent with RCW 26.09.105 for the child, if not previously
42 ordered, and if applicable, by:

44 Ordering child support payments which are based upon the
46 Washington State Child Support Schedule. A copy of the child
48 support worksheets are filed with this action.

50 Requiring a periodic adjustment of support.

52 Extending child support beyond the child's eighteenth birthday to
54 allow the child to complete high school.

56 Extending the child support beyond the child's eighteenth
birthday until the child is no longer dependent upon either or
both parents and is capable of self-support.

Allowing for postsecondary educational support for the child.

Ordering the payment of day care.

Ordering the payment of educational expenses.

Ordering the payment of long distance transportation expenses.


Ordering the payment of uncovered health care expenses.

Awarding a tax exemption for the child.

2 Ordering the payment of attorney's fees and costs.

4 Other: Ordering other relief be provided as the court deems fair
6 and equitable.


8 Dated: May 1, 1996



BARBARA J. PENTTILA
Deputy Prosecuting Attorney
WSBA Number: 22569

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

16 SIGNED at Olympia, Washington on May 1, 1996.



BARBARA J. PENTTILA
Deputy Prosecuting Attorney
WSBA Number: 22569

WPF PA 06.0500 (4/92)

**SUPERIOR COURT OF WASHINGTON
COUNTY OF MASON**

State of Washington on behalf
of:
TERRAN S LAWLER

Petitioners

vs.

SHAMARON LEWIS AUSTIN
Alleged Father

RACHAEL R LAWLER
Natural Mother

Respondents

RECEIVED AND FILED
IN COUNTY CLERK'S OFFICE

NO: 92-5-09057-13 19 21

**ORDER OF CHILD SUPPORT
(ORS)**

BY SPARTOS, JOHN P. CL.

BY _____

RECEIVED

AUG 17 1992

I. JUDGMENT SUMMARY

- A. Judgment Creditor **STATE OF WASHINGTON**
- B. Judgment Debtor **SHAMARON LEWIS AUSTIN**
- C. Total Judgment Amount **\$400**
- D. Attorney for Judgment Creditor **AMBER L. FINLAY**

II. BASIS

- 2.1 This order is entered pursuant to a finding of parentage.
- 2.2 The child support worksheet which has been approved by the court is attached to this order.

III. ORDER

IT IS ORDERED that:

3.1 CHILD FOR WHOM SUPPORT IS REQUIRED:

**ORDER OF CHILD SUPPORT
RCW 26.09.175; 26.26.132(5)
Page 1**

**GARY P. BURLESON
PROSECUTING ATTORNEY
411 N. 5th
Shelton, WA 98584
(206)427-9670**

NAME	DATE OF BIRTH	SSN
TERRAN S LAWLER	04/22/92	- - 0

3.2 PERSON PAYING SUPPORT (OBLIGOR):

Name SHAMARON LEWIS AUSTIN
 Address 2003 S 104TH ST. W-101
 TACOMA WA 98444
 Social Security Number 526-53-6475
 Employer and Address . . AIRCRAFT SERVICE INTERNATIONAL INC
 PO BOX 6187 FREEHOLD NJ 07728
 Monthly Net Income \$912

3.3 PERSON RECEIVING SUPPORT (OBLIGEE):

Name LAWLER, RACHAEL R
 Address 2800 LIMITED LANE,
 APT. J1 OLYMPIA WA 98502
 Social Security Number 537-64-9152
 Employer and Address N/A

 Monthly Net Income \$916 Imputed

The parent receiving support may be required to submit an accounting of how the support is being spent to benefit the child.

3.4 TRANSFER PAYMENT.

The obligor parent shall pay \$150 per month.

3.5 STANDARD CALCULATION.

\$150 per month. (See Worksheet, line 15.)

3.6 REASONS FOR DEVIATION FROM STANDARD CALCULATION.

The child support amount ordered in paragraph 3.4 does not deviate from the standard calculation.

3.7 REASONS WHY REQUEST FOR DEVIATION WAS DENIED.
Does not apply.

3.8 STARTING DATE AND DAY TO BE PAID:
Starting Date: September 10, 1992
Day(s) of the month support is due: 10th & 25th

~~3.9~~ HOW SUPPORT PAYMENTS SHALL BE MADE.
To the Washington State Support Registry
P.O. Box 9009
Olympia, Washington 98507
Phone: 1-800-922-4306

Each party shall notify the Washington State Support Registry of any change in residence address.

~~3.10~~ WAGE WITHHOLDING ACTION.
A notice of payroll deduction may be issued or other income withholding action under Chapter 26.18 RCW or Chapter 74.20A RCW may be taken, without further notice to the obligor parent at any time after entry of an order by the court, if a payment is past due.

3.11 TERMINATION OF SUPPORT:
Support shall be paid:

Until the child reaches the age of 18, except as otherwise provided below in Paragraph 3.12.

3.12 POST SECONDARY EDUCATIONAL SUPPORT:
Does not apply.

3.13 PAYMENT FOR EXPENSES NOT INCLUDED IN THE TRANSFER PAYMENT.
Does not apply.

3.14 PERIODIC MODIFICATION.

If the financial situation of either party changes significantly.

3.15 INCOME TAX EXEMPTIONS:

Does not apply.

3.16 MEDICAL INSURANCE:

Health insurance coverage for the child listed in Paragraph 3.1 shall be provided by the father if coverage that can be extended to cover the child is or becomes available through employment or is union related and the cost of such coverage does not exceed \$38.00 (twenty-five percent of the obligated parent's basic child support obligation).

The parents shall maintain health insurance coverage, if available for the child listed in Paragraph 3.1, until further order of the court or until health insurance is no longer available through the parents' employer or union and no conversion privileges exist to continue coverage following termination of employment.

A parent who is required under this order to provide health insurance coverage is liable for any covered health care costs for which that parent receives direct payment from an insurer.

A parent who is required under this order to provide health insurance coverage shall provide proof of such coverage within twenty days of the entry of this order or within twenty days of the date such coverage becomes available, to The Washington State Support Registry if the parent has been notified or ordered to make payments to the Washington State Support Registry.

If proof of health insurance coverage is not provided within twenty days the obligee or the Department of Social and Health Services may seek direct enforcement of the coverage through the obligor's employer or union without further notice to the obligor as provided under Chapter 26.18 RCW.

3.17 EXTRAORDINARY HEALTH CARE EXPENSES:

The OBLIGOR shall pay 50% of extraordinary health care expenses (the obligor's proportional share of income from the Support Schedule, line 5), if monthly medical expenses exceed \$8.00 per child (5% of the basic support obligation from Worksheet, line 5).

3.18 BACK CHILD SUPPORT.

STATE OF WASHINGTON is awarded a judgment against SHAMARON LEWIS AUSTIN in the amount of \$400 for back child support for the period from 4/92 to 8/92.

3.20 PAYMENT OF BACK CHILD SUPPORT/JUDGMENT.

The back child support shall be paid in one monthly payment of \$ 25.00.

DATED: Aug. 12, 1992

Victoria Meadows
JUDGE/COURT COMMISSIONER

VICTORIA C. MEADOWS

Presented by:

Amber L. Finlay
AMBER L. FINLAY
Deputy Prosecuting Attorney
WSBA Number: 20157

Approved for entry:
Notice of presentation waived:

Sharon Lewis Austin 8-9-92
SHAMARON LEWIS AUSTIN
Father

Rachael R Lawler
RACHAEL R LAWLER
Natural Mother

I apply for full support enforcement services from the Department of Social and Health Services, Office of Support Enforcement.

Rachael R Lawler
RACHAEL R LAWLER
Natural Mother

ITIS Case Data

05/01/96 13:23:12

PAYEE: LAWLER, RACHAEL R

DPS PROCESS: 04/24/96

CASE STATUS: ACTIVE-REG

CIRC CHG	SHLTR	LV	AU	CO	UTIL	SH COST	USDA	FS AMT	FS CLSNG	SIM	PSC CD
04/20/96	3	02	00	34	1	460.00	5	.00	10/95	.00	00

OPENED	SSI	MIG-HH	APP/INF	AUTH/CERT	ELIG REV	AREA PR	LANG
02/04/91			04/20/96	04/20/96	04/96	3K	13

PREV W/R	GRANT	LAST ACTION	WRC	EFFECTIVE	SUPP	W/R	TRANS
05/96	349.00	RECOMPUTE		05/01/96	.00	05/96	06113

TOT RQ	RTBL	EXCPT	INCOME	NEED	DEDUCT	OV/SIM	GRANT
440.00	.00	.00	.00	440.00	.00	.00	440.00

PERSONS	NAME	BIRTH	SEX	M	FC	MED	SSA #	A/C	RQTS	INCOME
LAWLER,	RACHEL R	10/03/71	F	1		0	537-64-9152		11	5.92
LAWLER,	TERRAN S	04/22/92	M	2		0	532-27-1844		65	50.00

PAGE 1 END

NUMBER ENTERED: 34-C-125956-0

Action Code:

SEMS-109

Financial History

05/01/96 13:22:32

AU#: 2438535 CSO: 034

ITIS: 34-C-125956-0

Total Assist: 38,515.85 Adj: .00 Amt this Mo:

440.00 05/01/1996

Payee: 0 LAWLER, RACHAEL R

Type:

Date Paid	Issue	Type	Amount	Warr No	Eff Date
05-01-1996		WARR	440.00		05-1996
04-23-1996		DRA	50.00		04-1996
04-01-1996		WARR	440.00		04-1996
03-19-1996		DRA	50.00		03-1996
03-01-1996		WARR	440.00		03-1996
02-21-1996		DRA	50.00		02-1996
02-01-1996		WARR	440.00		02-1996
01-23-1996		DRA	50.00		01-1996
01-01-1996		WARR	440.00		01-1996

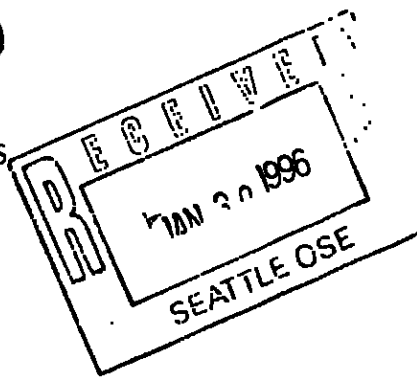
12-19-1995		DRA	50.00		12-1995
12-01-1995		WARR	440.00		12-1995
11-21-1995		DRA	50.00		11-1995
11-01-1995		WARR	440.00		11-1995
10-24-1995		DRA	50.00		10-1995
10-01-1995		WARR	440.00		10-1995
09-19-1995		DRA	50.00		09-1995

Action Code:

There Are More Financial Records



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)



EMPLOYER INQUIRY

(RCW 74.04.290)

January 16, 1996

TO: 900181-0028-18960118-180853-5
GRAY LINE OF SEATTLE
ATTN PAYROLL/PERSONNEL
720 S FOREST
SEATTLE, WA 98134

RE: Shamaron Lewis Austin
SSN: 526-53-6475

The Division of Child Support (DCS) is trying to get information about the above-named person. We need your help.

If you are a tribe, tribally-owned business, or Indian business located on a reservation, please enter your Washington State employment security identification number here (if you do not have a number, enter *none*) _____
DCS uses the number to help prevent certain types of future mailings to you. If you belong to one of the following employer categories, mark the one that applies to you.

Tribe Indian-owned business located on a reservation Tribally-owned business

Please answer all questions about the above-named person.

Please answer only the questions about the above-named person that we marked.

1. Social security number: _____

2. Birth date: _____

3. Last-known address: _____

4. Gross earnings (excluding bonuses) for the period 11/01/95 through 12/31/95

Month	Year	Gross Earnings	Month	Year	Gross Earnings
11-15	95	1165.82			
11-30	95	1039.90			
12-15	95	1081.42			
12-31	95	1286.70			

5. Bonuses paid for the period 11/01/95 through 12/31/95

Month	Year	Gross Bonus	Month	Year	Gross Bonus
<u>11-30</u>	<u>95</u>	<u>15.00</u>			
<u>12-12</u>	<u>95</u>	<u>200.00</u>			

6. Currently employed by you? Yes No. Date hired: 10-1-94
 Last date paid: 1-15-96 Pay rate: \$11.90
 Paid: Weekly Biweekly Monthly Semi monthly Other _____

7. If currently employed by you, list union information:

Union's Name

P.O. Box or Street Number Local Affiliation Number

City State Zip Code

8. If currently employed by you, is health insurance available for the employee's children through:

a. Your company? Yes No.

b. A union? Yes No.

If either answer is yes, are the employee's children enrolled? Yes No. If yes, list:

Insurance Company's Name

P.O. Box or Street Number

City State Zip Code

Policy/Group Number Effective Date

c. Mark the coverages offered: Medical Dental Other _____

d. List the names of the children covered by the health insurance.

e. What is the monthly premium for the children's health insurance coverage? _____

9. If not currently employed by you, do you plan to rehire this person? Yes No. If yes, on what date do you plan to rehire? _____

10. If not currently employed by you, please list the present employer.

Employer's Name		
P.O. Box or Street Number	Telephone Number	
City	State	Zip Code

11. Other information:

If you received a wage withholding notice from another state and have questions, call us at 1-800-591-2760.

Return this completed form to our field office. Use the enclosed business reply envelope or mailing address label.

1-25-96
Date

Spencer Danheke
Name of Person Entering Information

(206) 298-5107
Telephone Number

payroll specialist
Title

If you have questions, contact:
DIVISION OF CHILD SUPPORT
500 First Avenue S
MS: N17-28
Seattle Wa 98104-2830
(206) 464-7020
TTY/TDD services available for the speech or hearing impaired.

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities.

In reply, refer to:
Case #: 900181 857996 1072480

SS-Gen Child Support Calculation Summary

Superior Court Cause Number: 96-

County: THURSTON

Variation Description: 2 child

Father: SHAMARON L. AUSTIN

Mother: RACHAEL R. LAWLER

Children and Ages: TERRAN/4, unknown/0

	Father	Mother	Combined
	-----	-----	-----
Total Gross Monthly Income	2,063	-	
Total Deductions from Gross Income	546	-	
Monthly Net Income	1,517	-	1,517

Basic Child Support Obligation:

Child 1: 254	Child 2: 254	Child 3:	Child 4:
Proportional Share of Income		1.000	0.000
Each Parent's Basic Support Obligation		508	-
Total Monthly Health Care Expenses		-	-
Maximum Ordinary Monthly Health Care			25
Extraordinary Monthly Health Care Costs			-
Total Day Care and Special Expenses		-	-
Total Extraordinary Health Care, Day Care and Special Expenses			-
Each Parents Obligation for Extraordinary Health Care, Day Care and Special Expenses		-	-
Standard Calculation Support Obligation		508	-
Total Support Credits		-	-
Net Support Obligation		508 254	50

* Mother's obligation increased so it would meet minimum \$25 per child.

$\$508 \div 2 = \254

SS-Gen Child Support Calculation Summary

Superior Court Cause Number: 96-

County: THURSTON

Variation Description: 1 child

Father: SHAMARON L. AUSTIN

Mother: RACHAEL R. LAWLER

Children and Ages: TERRAN/4

	Father	Mother	Combined
	-----	-----	-----
Total Gross Monthly Income	2,063	-	
Total Deductions from Gross Income	546	-	
	-----	-----	-----
Monthly Net Income	1,517	-	1,517

Basic Child Support Obligation:

Child 1: 327	Child 2:	Child 3:	Child 4:
--------------	----------	----------	----------

Proportional Share of Income	1.000	0.000	
------------------------------	-------	-------	--

Each Parent's Basic Support Obligation	327	-	
--	-----	---	--

Total Monthly Health Care Expenses	-	-	-
Maximum Ordinary Monthly Health Care			16
Extraordinary Monthly Health Care Costs			-

Total Day Care and Special Expenses	-	-	-
-------------------------------------	---	---	---

Total Extraordinary Health Care, Day Care and Special Expenses			-
--	--	--	---

Each Parents Obligation for Extraordinary Health Care, Day Care and Special Expenses	-	-	
--	---	---	--

Standard Calculation Support Obligation	327	-	
---	-----	---	--

Total Support Credits	-	-	
-----------------------	---	---	--

Net Support Obligation	327	25	
------------------------	-----	----	--

* Mother's obligation increased so it would meet minimum \$25 per child.

**Washington State Child Support Schedule
Worksheets**

Mother: **RACHAEL R. LAWLER**

Father: **SHAMARON L. AUSTIN**

County: **THURSTON**

Superior Court Case Number: **96-**

Children and Ages: **TERRAN/4**

PART I: Basic Support Obligation (See Instructions, Page 5)

	<u>Father</u>	<u>Mother</u>
1. Gross Monthly Income		
a. Wages and Salaries	2,063	-
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Spousal Maintenance Received	-	-
e. Other Income	-	-
f. Total Gross Monthly Income (add lines 1a through 1e)	2,063	-
2. Monthly Deductions from Gross Income		
a. Income Taxes	355	-
b. FICA/Self-Employment Taxes	160	-
c. State Industrial Insurance Deductions	-	-
d. Mandatory Union/Professional Dues	31	-
e. Pension Plan Payments	-	-
f. Spousal Maintenance Paid	-	-
g. Normal Business Expenses	-	-
h. Total Deductions from Gross Income (add lines 2a through 2g)	546	-
3. Monthly Net Income (line 1f minus line 2h)	1,517	-
4. Combined Monthly Net Income (add net incomes from line 3)	1,517	
5. Basic Child Support Obligation (enter total-->) Child 1: 327 Child 2: Child 3: Child 4:	327	
6. Proportional Share of Income (each parent's income from line 3 divided by line 4)	1.000	0.000
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5)	327	-

PART II: Health Care, Day Care, and Special Child Rearing Expenses (Page 7)

8. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Children	-	-
b. Uninsured Monthly Health Care Paid for Children	-	-
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	-	-
d. Combined Monthly Health Care Expenses (Add father's and mother's totals from line 8c)	-	-
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)	16	
f. Extraordinary Monthly Health Care Costs (line 8d minus line 8e, if "0" or negative, enter "0")	-	

Continue to Next Page

Part II: Health Care, Day Care, and Special Child Rearing Expenses (cont.)

	Father	Mother
9. Day Care and Special Expenses		
a. Day Care Expenses	-	-
b. Education Expenses	-	-
c. Long Distance Transportation Expenses	-	-
d. Other Special Expenses (describe):	-	-
e. Total Day Care and Special Expenses (add lines 9a through 9d)	-	-
10. Combined Monthly Total of Day Care and Special Expenses (add Father's plus Mother's amount from line 9e)	[grid]	-
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	[grid]	-
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	-	-

PART III: Standard Calculation Child Support Obligation

13. Standard Calculation Child Support Obligation (line 7 plus line 12)	327	-
---	------------	---

PART IV: Child Support Credits (See Instructions, Page 8)

14. Child Support Credits		
a. Monthly Health Care Expenses Credit	-	-
b. Day Care and Special Expenses Credit	-	-
c. Other Ordinary Expense Credit (describe)	-	-
d. Total Support Credits (add lines 14a through 14c)	-	-

PART V: Net Support Obligation/Presumptive Transfer Payment (Page 8)

15. Net Support Obligation (line 13 minus line 14d)	327	25
--	------------	-----------

PART VI: Additional Factors for Consideration (See Instructions, Page 8)

	Father's Household	Mother's Household
16. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	-	-
b. Stocks and Bonds	-	-
c. Vehicles	-	-
d. Boats	-	-
e. Pensions/IRAs/Bank Accounts	-	-
f. Cash	-	-
g. Insurance Plans	-	-
h. Other (describe):	-	-

Continue to Next Page

17. Household Debt (List liens against household assets, extraordinary debt.)	Father's Household	Mother's Household
	-	-
	-	-
	-	-
	-	-
	-	-
18. Other Household Income		
a. Income Of Current Spouse (If not the other parent of this action.) Name: Name:	-	-
b. Income Of Other Adults In Household Name: Name: Name:	-	-
c. Income Of Children (If considered extraordinary) Name: Name:	-	-
d. Income From Child Support Name: Name: Name: Name:	-	-
e. Income From Assistance Programs Program: AFDC Program:	-	440 -
f. Other Income (describe)	-	-
19. Non-Recurring Income (describe)	-	-
20. Child Support Paid For Other Children Name/age: Name/age: Name/age: Name/age:	-	-
21. Other Children Living In Each Household (First names and ages)		

Continue to Next Page

22. Other Factors For Consideration:

Net support obligation of RACHAEL R. LAWLER was adjusted to avoid reducing it below the presumed minimum payment of \$25 per month per child.

Net support obligation of RACHAEL R. LAWLER adjusted to avoid reducing net income below the one person need standard, but not less than the presumed minimum payment of \$25 per month per child.

Respondent mother receives a public assistance grant in the form of AFDC on behalf of the minor child and the State will not impute a gross monthly income to the mother at this time.

Respondent father's income was based upon information provided by him and his employer which states Respondent father has an hourly wage of \$11.90 per hour which reflects an average gross monthly income of \$2062.51: $\$11.90 \times 40 \text{ hrs} = \$476.00 \times 4.333 \text{ weeks} = \2062.51 .

It is the State's understanding that Respondent father is responsible for another biological child in his home. Therefore, the State will be recognizing a two child deviation for this child.

Signature and Dates

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.

Mother's Signature

Father's Signature

Date

City

Date

City

Judge/Reviewing Officer

Date

This worksheet has been certified by the State of Washington
Office of the Administrator for the Courts.

FILED
SUPERIOR COURT
THURSTON COUNTY WASH.

SUPERIOR COURT OF WASHINGTON
COUNTY OF THURSTON

'96 MAY -7 10:30

State of Washington on behalf
of:
TERRAN S. LAWLER

BETTY J. GOULD CLERK

BY M 96 3 00569 4
NO: DEPUTY

Petitioner

SUMMONS FOR SUPPORT
MODIFICATION

vs.

(SM)

SHAMARON LEWIS AUSTIN
Father

RACHAEL R. LAWLER
Mother

Respondents

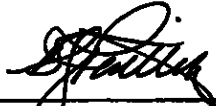
TO: SHAMARON LEWIS AUSTIN and RACHAEL R. LAWLER

1. An action has been started against you in the above court requesting that the court modify the child support provisions of your support order... The requests are stated in the petition, a copy of which is served upon you with this summons.
2. You must respond to this summons and petition by filing a written answer with the clerk of the court and by serving a copy of your answer on the person signing this summons. You must also complete the Washington Child Support Schedule Worksheet and Financial Declaration (Form WPF 4D 01.0550) served with this summons. The completed worksheet and declaration must be filed and served with your written answer.
3. Your written answer to the summons and petition must be on form WPF 4D 06.0300, Answer (Support Modification). This form may be obtained by contacting the clerk of the court at the address below, or by contacting the Office of the Administrator for the Courts at (360) 705-5328.
4. If you do not file and serve your written answer within 20 days (60 days if you are served outside of the State of Washington) after the date this summons was served on you, exclusive of the date of service, the court may, without further notice to you, enter a default judgment against you ordering the relief requested in the petition. If you serve a notice of appearance on the undersigned person, you are entitled to notice before an order of default may be entered.

- 2 5. You may demand that the other party file this action with the
4 court. If you do so, the demand must be in writing and must be
6 served upon the person signing this summons. Within 14 days
8 after you serve the demand, the other party must file this action
10 with the court, or the service of this summons and petition will
12 be void.
- 14 6. If you wish to seek the advice of an attorney in this matter, you
16 should do so promptly so that your written answer, if any, may be
18 served on time. Copies of these papers have not been served upon
20 your attorney.
- 22 7. One method of serving your written Answer, completed worksheet,
24 and Financial Declaration is to send them by certified mail with
26 return receipt requested.

18 This summons is issued pursuant to Superior Court Civil Rule 4.1 and
20 RCW 26.09.175 (2) and (3) of the State of Washington.

22 Dated: May 1, 1996



24 BARBARA J. PENTTILA
26 Deputy Prosecuting Attorney
28 WSBA Number: 22569

28 **FILE ORIGINAL ANSWER AND
30 OTHER DOCUMENTS WITH THE CLERK:
32 THURSTON COUNTY CLERK
34 2000 LAKERIDGE DRIVE SW
36 OLYMPIA, WA 98502**

34 **SERVE A COPY OF YOUR
36 ANSWER AND OTHER DOCUMENTS ON:
38 BARBARA J. PENTTILA
40 DEPUTY PROSECUTING ATTORNEY
42 2404 CHANDLER COURT SW SUITE 270
44 OLYMPIA, WA 98502**

Thurston COUNTY SUPERIOR COURT
CASE INFORMATION COVER SHEET

Case Number 96 3 00569 1 Case Title State v. Austin/Lawler
Attorney Name Barbara J. Penttila Bar Membership Number 22569

Please check the one category that best describes this case for indexing purposes. Accurate case indexing not only saves time in docketing new cases, but also helps in forecasting needed judicial resources. Cause of action definitions are listed on the back of this form. Thank you for your cooperation.

APPEAL/REVIEW

- Administrative Law Review (ALR 2)
- Civil, Non-Traffic (LCA 2)
- Civil, Traffic (LCI 2)

CONTRACT/COMMERCIAL

- Breach of Contract (COM 2)
- Commercial Contract (COM 2)
- Commercial Non-Contract (COL 2)
- Third Party Collection (COL 2)

DOMESTIC RELATIONS

- Annulment/Invalidity (INV 3)
- Child Custody (CUS 3)
- Dissolution with Children (DIC 3)
- Dissolution with no Children (DIN 3)
- Foreign Judgment (FJU 3)
- Legal Separation (SEP 3)
- Mandatory Wage Assignment (MWA 3)
- Modification (MOD 3)
- Out-of-State Custody (OSC 3)
- Reciprocal, Respondent in County (RIC 3)
- Reciprocal, Respondent Out of County (ROC 3)

DOMESTIC VIOLENCE/ANTI-HARASSMENT

- Civil Harassment (HAR 2)
- Domestic Violence (DVP 2)

JUDGMENT

- Abstract Only (ABJ 2)
- Foreign Judgment (FJU 2)
- Judgment, Another County (ABJ 2)
- Judgment, Another State (FJU 2)
- Tax Warrant (TAX 2)
- Transcript of Judgment (TRJ 2)

MENTAL ILLNESS

- Alcoholic Treatment (ALT 6)
- Mental Illness - Adult (MI 6)
- Mental Illness - Juvenile (MIJ 6)

OTHER COMPLAINT/PETITION

- Action to Compel/Confirm Private Binding Arbitration (MSC 2)
- Deposit of Surplus Funds (MSC 2)
- Emancipation of Minor (EOM 2)
- Injunction (INJ 2)
- Interpleader (MSC 2)
- Malicious Harassment (MHA 2)
- Minor Settlement (No guardianship) (MST 2)
- Seizure of Property from the Commission of a Crime (SPC 2)
- Seizure of Property Resulting from a Crime (SPR 2)
- Subpoenas (MSC 2)

ADOPTION/PATERNITY

- Adoption (ADP 5)
- Initial Pre-Placement Report (PPR 5)
- Modification (MOD 5)
- Paternity (PAT 5)
- Paternity/URESA/UIFSA (PUR 5)
- Relinquishment (REL 5)
- (Title 26) Termination of Parent-Child Relationship (TER 5)

PROBATE/GUARDIANSHIP

- Absentee (ABS 4)
- Disclaimer (DSC 4)
- Estate (EST 4)
- Foreign Will (FNW 4)
- Guardianship (GDN 4)
- Guardianship/Estate (G/E 4)
- Limited Guardianship (LGD 4)
- Minor Settlement (With guardianship) (MST 4)
- Will Only (WLL 4)

PROPERTY RIGHTS

- Condemnation (CON 2)
- Foreclosure (FOR 2)
- Quiet Title (QTI 2)
- Unlawful Detainer (UND 2)

TORT, MEDICAL MALPRACTICE

- Hospital (MED 2)
- Medical Doctor (MED 2)
- Other Health Care Professional (MED 2)

TORT, MOTOR VEHICLE

- Death (TMV 2)
- Non-Death Injuries (TMV 2)
- Property Damage Only (TMV.2)

TORT, NON-MOTOR VEHICLE

- Asbestos (PIN 2)
- Other Malpractice (MAL 2)
- Personal Injury (PIN 2)
- Products Liability (TTO 2)
- Property Damage (PRP 2)
- Wrongful Death (WDE 2)

WRIT

- Habeas Corpus (WHC 2)
- Mandamus (WRM 2)
- Restitution (WRR 2)
- Review (WRV 2)

IF YOU CANNOT DETERMINE THE APPROPRIATE CATEGORY, PLEASE DESCRIBE THE CAUSE OF ACTION BELOW.