

OS MY

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MASON CO. WA.  
2011 JUL 27 P 1:01  
PAT SWARTOS, CO. CLERK  
BY MW DEPUTY

**SUPERIOR COURT OF WASHINGTON  
COUNTY OF MASON**

In re Parentage:  
STATE OF WASHINGTON  
Petitioner

vs.

CODY STERLING DOBBS  
Alleged Father

SARA ROSE MARTIN  
Mother

Respondents

NO: 11-3-00153-6

ORDER OF CHILD SUPPORT

**CLERK'S ACTION REQUIRED**

**I. JUDGMENT SUMMARY**

**1.1 JUDGMENT SUMMARY FOR ALL NON-MEDICAL EXPENSES**

See Judgment and Order Establishing Child Support.

**1.2 JUDGMENT SUMMARY FOR MEDICAL SUPPORT**

Does not apply. Any arrears owed under an Administrative or Court Order is hereby preserved for collections and not merged in or extinguished by this order.

**II. BASIS**

**2.1 TYPE OF PROCEEDING.**

This order is entered under a petition for establishment of parentage

**2.2 CHILD SUPPORT WORKSHEET.**

ORDER OF CHILD SUPPORT- WPF 4D  
01.0500 (06/2010) - RCW 26.09.175;26.26.132  
Page 1

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MASON COUNTY PROSECUTING ATTORNEY  
P.O. BOX 639 / 521 NORTH 4TH STREET  
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(360) 427-9670 ext. 418

8

17+

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

2.3 OTHER:

III. FINDINGS AND ORDER

IT IS ORDERED that:

3.1 CHILDREN FOR WHOM SUPPORT IS REQUIRED:

<u>Name</u>	<u>Age</u>
Camdyn Keith Dobbs	9 weeks

3.2 PERSON PAYING SUPPORT (OBLIGOR):

Name: ..... **CODY STERLING DOBBS**  
Birth Date: ..... 10/10/1994  
Service Address: [You may list an address that is not your residential address where you agree to accept legal documents.]

*Address Listed in the Confidential Information Form  
C/O Mason County Superior Court Clerk  
and on file with the Division of Child Support address in Section 3.11*

**The Obligor parent must immediately file with the court and the Washington State Child Support Registry, and update as necessary, the Confidential Information Form required by RCW 26.23.050**

**The Obligor parent shall update the information required by paragraph 3.2 promptly after any change in the information. The duty to update the information continues as long as any support debt remains due under this order.**

For purposes of this Order of Child Support, the support obligation is based upon the following income:

- C. The net income of the obligor is imputed at \$ 1300.00 because:  
the obligor is unemployed.

The amount of imputed income is based on the following in order of priority: The court has used the first option for which there is information:

- minimum wage in the jurisdiction where the parent lives at full-time earnings because the parent is a high school student.

**3.3 PERSON RECEIVING SUPPORT (OBLIGEE):**

Name: ..... **SARA ROSE MARTIN**  
Birth Date: ..... **05/04/1993**  
Service Address: [You may list an address that is not your residential address where you agree to accept legal documents.]

*Address Listed in the Confidential Information Form  
C/O Mason County Superior Court Clerk  
and on file with the Division of Child Support address in Section 3.11*

**The Obligee Parent Must Immediately File With the Court and the Washington State Child Support Registry, and Update as Necessary, the Confidential Information Form Required by RCW 26.23.050.**

**The Obligee Parent Shall Update the Information Required by Paragraph 3.2 Promptly After any Change in the Information. The Duty to Update the Information Continues as long as any Support Debt Remains due Under This Order.**

For purposes of this Order of Child Support, the support obligation is based upon the following income:

- C. The net income of the obligee is imputed at **\$1300.00** because:  
the obligee is voluntarily unemployed.

The amount of imputed income is based on the following in order of priority: The court has used the first option for which there is information:

- minimum wage in the jurisdiction where the parent lives at full-time earnings because the parent has no history of employment and if employed would at least make minimum wage.

The obligor may be able to seek reimbursement for day care or special child rearing expenses not actually incurred. RCW 26.19.080

**3.4 SERVICE OF PROCESS.**

**SERVICE OF PROCESS ON THE OBLIGOR AT THE ADDRESS REQUIRED BY PARAGRAPH 3.2 OR ANY UPDATED ADDRESS, OR ON THE OBLIGEE AT THE ADDRESS REQUIRED BY PARAGRAPH 3.3 OR ANY UPDATED ADDRESS, MAY BE ALLOWED OR ACCEPTED AS ADEQUATE IN ANY PROCEEDING TO ESTABLISH, ENFORCE OR MODIFY A CHILD SUPPORT ORDER BETWEEN THE PARTIES BY DELIVERY OF WRITTEN NOTICE TO THE OBLIGOR OR**

**OBLIGEE AT THE LAST ADDRESS PROVIDED.**

**3.5 TRANSFER PAYMENT.**

The obligor parent shall pay the following amounts per month for the following child(ren):

<u>Name</u>	<u>Amount</u>
Camdyn Keith Dobbs	\$50.00
<b>TOTAL MONTHLY TRANSFER AMOUNT</b>	<b><u>\$50.00</u></b>

[ ] Other:

**THE OBLIGOR PARENT'S PRIVILEGES TO OBTAIN OR MAINTAIN A LICENSE, CERTIFICATE, REGISTRATION, PERMIT, APPROVAL, OR OTHER SIMILAR DOCUMENT ISSUED BY A LICENSING ENTITY EVIDENCING ADMISSION TO OR GRANTING AUTHORITY TO ENGAGE IN A PROFESSION, OCCUPATION, BUSINESS, INDUSTRY, RECREATIONAL PURSUIT, OR THE OPERATION OF A MOTOR VEHICLE, MAY BE DENIED, OR MAY BE SUSPENDED IF THE OBLIGOR PARENT IS NOT IN COMPLIANCE WITH THIS SUPPORT ORDER AS PROVIDED IN CHAPTER 74.20A REVISED CODE OF WASHINGTON.**

**3.6 STANDARD CALCULATION.**

\$ 166.00 per month. (See Worksheet, line 17.)

**3.7 REASONS FOR DEVIATION FROM STANDARD CALCULATION.**

The child support amount ordered in paragraph 3.5 deviates from the standard calculation for the following reasons:[X] A significant disparity in the living costs of the parents due to conditions beyond their control;

**3.8 REASONS WHY REQUEST FOR DEVIATION WAS DENIED.**

Does not apply. A deviation was ordered.

**3.9 STARTING DATE AND DAY TO BE PAID:**

**Starting Date: August, 2011**  
**Day(s) of the month support is due: 15th**

**3.10 INCREMENTAL PAYMENTS.** This is a modification of child support. Pursuant to RCW 26.09.170(7)(c), the obligation has been modified by more than 30 percent



and the change would cause significant hardship. The increase in the child support obligation set forth in Paragraph 3.5 shall be implemented in two equal increments, on at the time of this order and the second on (date) , six months from the entry of this order.

### 3.11 HOW SUPPORT PAYMENTS SHALL BE MADE.

Select *either* Enforcement and Collection, Payment Processing Only, or Direct Payment:

*Enforcement and collection:* The Division of Child Support (DCS) provides support enforcement services for this case because this is a public assistance case. (Check all that apply.) Support payments shall be made to:

Washington State Support Registry  
P.O. Box 45868  
Olympia, WA 98504  
Phone: 1-800-922-4306 or 1-800-442-5437

A party required to make payments to the Washington State Child Support Registry will not receive credit for a payment made to any other party or entity. The obligor parent shall keep the registry informed whether he or she has access to health insurance coverage at reasonable costs and, if so, to provide the health insurance policy information.

Any time the Division of Child Support is providing support enforcement services under RCW 26.23.045, or if a party is applying for support enforcement services by signing the application form on the bottom of the support order, the receiving parent might be required to submit an accounting of how the support, including any cash medical support, is being spent to benefit the child.

### 3.12 WAGE WITHHOLDING ACTION

Withholding action may be taken against wages, earnings, assets, or benefits, and liens enforced against real and personal property under the child support statutes of this or any other state, without further notice to the obligor parent at any time after entry of this order unless an alternative provision is made below:

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

3.13 TERMINATION OF SUPPORT:

Until the child reaches the age of 18 or as long as the child remains enrolled in highschool, whichever occurs last, except as otherwise provided below in paragraph 3.14.

3.14 POST SECONDARY EDUCATIONAL SUPPORT:

The right to petition for post secondary support is reserved, provided that the right is exercised before support terminates as set forth in paragraph 3.13.

3.15 PAYMENT FOR EXPENSES NOT INCLUDED IN THE TRANSFER PAYMENT.

The right to petition for payment for expenses not included in the transfer payment and incurred on behalf of the child listed in Paragraph 3.1 is reserved.

3.16 PERIODIC ADJUSTMENT.

The right to petition for a periodic adjustment of the Child Support is reserved.

3.17 INCOME TAX EXEMPTIONS.

The right to petition for income tax exemptions for the child is reserved.

3.18 MEDICAL INSURANCE FOR THE CHILDREN LISTED IN PARAGRAPH 3.1.

Each parent shall provide health insurance coverage for the children listed in paragraph 3.1, as follows:

3.18.1 **Health Insurance** (either check box A (1), or check box A(2) and complete sections B and C. *Section D applies in all cases.*)

A. Evidence

(1)[X] There is insufficient evidence for the court to determine which parent must provide coverage and which parent must contribute a sum certain. Therefore, the court is not specifying how insurance coverage shall be provided. The petitioner's and respondent's medical support obligations may be enforced by the Division of Child Support or the other parent under RCW 26.18.170 as described in paragraph 3.18.2, below.

B. Findings about insurance:

[X] Does not apply because A(1) is checked above.

**AND**

C. Parties' obligations:

Does not apply because A(1) is checked above.

D. Both parents' obligation:

If the child(ren) is(are) receiving state financed medical coverage, the Division of Child support may enforce the responsible parent's monthly premium.

The parent(s) shall maintain health insurance coverage, if available for the child(ren) 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 that such coverage is available or not available within 20 days of the entry of this order to the other parent or the Washington State Support Registry if the parent has been notified or ordered to make payments to the Washington State Support Registry.

If proof that health insurance coverage is available or not available is not provided within 20 days, the parent seeking enforcement or the Department of Social and Health Services may seek direct enforcement of the coverage through the other parent's employer or union without further notice to the other parent as provided under Chapter 26.18 RCW.

### **3.18.2 Change of Circumstances and Enforcement**

A parent required to provide health insurance coverage must notify both the Division of Child Support and the other parent when coverage terminates.

If the parents' circumstances change, or if the court has not specified how medical support shall be provided, the parents' medical support obligations will be enforced as provided in RCW 26.18.170. If a parent does not provide proof of accessible coverage for the child(ren) through private insurance, a parent may be required to satisfy his or her medical support obligation by doing one of the following, listed in

order of priority:

- 1) Providing or maintaining health insurance coverage through the parent's employer or union at a cost not to exceed 25% of that parent's basic support obligation;
- 2) Contributing the parent's proportionate share of a monthly premium being paid by the other parent for health insurance coverage for the child(ren) listed in paragraph 3.1 of this order, not to exceed 25% of the obligated parent's basic support obligation; or
- 3) Contributing the parent's proportionate share of a monthly premium paid by the state if the child receives state-financed medical coverage through DSHS under RCW 74.09 for which there is an assignment.

A parent seeking to enforce the obligation to provide health insurance coverage may apply for support enforcement services from the Division of Child Support; file a motion for contempt (use form WPF DRPSCU 05.0100, Motion/Declaration for an Order to Show Cause re Contempt); or file a petition.

### 3.19 UNINSURED MEDICAL EXPENSES:

Both parents have an obligation to pay their share of uninsured medical expenses.

Cody Sterling Dobbs shall pay **50%** of uninsured medical expenses (unless stated otherwise, the father's proportional share of income from the Worksheet, line 6) and Sara Rose Martin shall pay **50%** of uninsured medical expenses ( unless stated otherwise, the mother's proportional share of income from the Worksheet, line 6)

### 3.20 BACK CHILD SUPPORT.

Please see Judgment and Order Establishing Child Support filed herein.

### 3.21 PAST DUE UNPAID MEDICAL SUPPORT

Unpaid medical support and back interest that may be owed is not affected by this order.

### 3.22 OTHER UNPAID OBLIGATIONS

Other obligations and back interest that may be owed is not affected by this order.

### 3.23 OTHER

DATED: \_\_\_\_\_

C  
7/27/11

  
\_\_\_\_\_  
JUDGE/COURT COMMISSIONER

Presented by:

  
\_\_\_\_\_  
Melissa Bohm, WSBA NO. 42961  
DEPUTY PROSECUTING ATTORNEY

Approved for entry:  
Notice of presentation waived:

\_\_\_\_\_  
CODY STERLING DOBBS  
Father

\_\_\_\_\_  
KRISTINE DOBBS  
GAL for father

  
\_\_\_\_\_  
SARA ROSE MARTIN  
Mother



I apply for full support enforcement services from the Department of Social and Health Services, Division of Child Support. (note: If you never received TANF, Tribal TANF, or AFDC, an annual \$25 fee applies if over \$500 is disbursed on a case, unless the fee is waived by DCS.)

  
\_\_\_\_\_  
SARA ROSE MARTIN

DATED: \_\_\_\_\_

\_\_\_\_\_  
JUDGE/COURT COMMISSIONER

Presented by:

\_\_\_\_\_  
Melissa Bohm, WSBA NO. 42961  
DEPUTY PROSECUTING ATTORNEY

Approved for entry:  
Notice of presentation waived:

  
\_\_\_\_\_  
CODY STERLING DOBBS  
Father

  
\_\_\_\_\_  
KRISTINE DOBBS  
GAL for father

\_\_\_\_\_  
SARA ROSE MARTIN  
Mother



I apply for full support enforcement services from the Department of Social and Health Services, Division of Child Support. (note: If you never received TANF, Tribal TANF, or AFDC, an annual \$25 fee applies if over \$500 is disbursed on a case, unless the fee is waived by DCS.)

\_\_\_\_\_  
SARA ROSE MARTIN

## Washington State Child Support Schedule Worksheets

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

Mother Martin, Sara Rose Father Dobbs, Cody Sterling

County MASON Case No. 11-3-00153-6

### Child Support Order Summary Report

**This section must be completed for all Worksheets signed by the judicial/reviewing officer.**

- A. The order [ ] *does*  *does not* replace a prior court or administrative order.
- B. The **Standard Calculation** listed on line 17 of the Worksheet for the paying parent is:  
\$ 166
- C. The **Transfer Amount** ordered by the Court from the Order of Child Support is: \$ 166 to be paid by [ ] mother  father.
- D. The Court deviated (changed) from the **Standard Calculation** for the following reasons:  
 Does not apply  
[ ] Nonrecurring income [ ] Sources of income and tax planning  
[ ] Split custody [ ] Residential schedule (including shared custody)  
[ ] Children from other relationships for whom the parent owes support  
[ ] High debt not voluntarily incurred and high expenses for the child(ren)  
[ ] Other (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Income for the Father is  imputed [ ] actual income.  
Income for the Mother is  imputed [ ] actual income.
- Income was imputed for the following reasons: **FATHER: MinimumWage - A STUDENT AGE 16 ENROLLED IN HIGH SCHOOL, MOTHER: MinimumWage - NO WAGE HISTORY AND ON TANF**  
\_\_\_\_\_  
\_\_\_\_\_
- F. If applicable: [ ] All health care, day care and special child rearing expenses are included in the worksheets in Part III.

## Worksheets

Children and Ages: Camdyn/0		
Part I: Income (See Instructions, Page 6)		
	Father	Mother
<b>1. Gross Monthly Income</b>		
a. Wages and Salaries	\$ -	\$ -
b. Interest and Dividend Income	\$ -	\$ -
c. Business Income	\$ -	\$ -
d. Maintenance Received	\$ -	\$ -
e. Other Income	\$ -	\$ -
f. Imputed Income	\$ 1,503	\$ 1,503
g. Total Gross Monthly Income (add lines 1a through 1f)	\$ 1,503	\$ 1,503
<b>2. Monthly Deductions from Gross Income</b>		
a. Income Taxes (Federal and State)	\$ 118	\$ 118
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$ 85	\$ 85
c. State Industrial Insurance Deductions	\$ -	\$ -
d. Mandatory Union/Professional Dues	\$ -	\$ -
e. Mandatory Pension Plan Payments	\$ -	\$ -
f. Voluntary Retirement Contributions	\$ -	\$ -
g. Maintenance Paid	\$ -	\$ -
h. Normal Business Expenses	\$ -	\$ -
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$ 203	\$ 203
<b>3. Monthly Net Income (line 1g minus 2i)</b>	\$ 1,300	\$ 1,300
<b>4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3)</b>	\$ 2,600	
<b>5. Basic Child Support Obligation (enter total amount in box --&gt;)</b>		
Child #1 <u>534</u> Child #3 <u>-</u> Child #5 <u>-</u>		
Child #2 <u>-</u> Child #4 <u>-</u>	\$ 534	
<b>6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)</b>	0.500	0.500
<b>Part II: Basic Child Support Obligation (See Instructions, Page 7)</b>		
<b>7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5)</b>	\$ 267	\$ 267
<b>8. Calculating low-income limitations: Complete those that apply.</b>		
Self-Support Reserve: (125% of the Federal Poverty Guideline)	\$ 1,134	
a. Is Combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child.	\$ 0	\$ 0
b. Is Monthly Net Income Less Than Self-Support Reserve? If yes: for that parent enter the presumptive \$50 per child.	\$ 0	\$ 0
c. Is Monthly Net Income Greater Than Self-Support Reserve? If yes: For each parent subtract the self-support reserve from line 3. If that amount is less than line 7, then enter that amount or the presumptive \$50 per child, whichever is greater.	\$ 166	\$ 166
<b>9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child.</b>	\$ 166	\$ 166



<b>Part III: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 8)</b>		
<b>10. Health Care Expenses</b>	<b>Father</b>	<b>Mother</b>
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 10a plus 10b)	\$ -	\$ -
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 10c)	\$ -	\$ -
<b>11. Day Care and Special Child Rearing Expenses</b>		
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 11a through 11d)	\$ -	\$ -
12. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 11e)	\$ -	\$ -
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	\$ -	\$ -
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$ -	\$ -
<b>Part IV: Gross Child Support Obligation</b>		
15. Gross Child Support Obligation (line 9 plus line 14)	\$ 166	\$ 166
<b>Part V: Child Support Credits (See Instructions, Page 9)</b>		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$ -	\$ -
b. Day Care and Special Expenses Credit	\$ -	\$ -
c. Other Ordinary Expenses Credit (describe)		
	\$ -	\$ -
d. Total Support Credits (add lines 16a through 16c)	\$ -	\$ -
<b>Part VI: Standard Calculation/Presumptive Transfer Payment (See Instructions, Page 9)</b>		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$ 166	\$ 166
<b>Part VII: Additional Informational Calculations</b>		
18. 45% of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$ 585	\$ 585
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$ 42	\$ 42

<b>Part VIII: Additional Factors for Consideration (See Instructions, Page 9)</b>		
<b>20. Household Assets</b> (List the estimated present value of all major household assets.)	<b>Father's Household</b>	<b>Mother's Household</b>
a. Real Estate	\$ -	\$ -
b. Investments	\$ -	\$ -
c. Vehicles and Boats	\$ -	\$ -
d. Bank Accounts and Cash	\$ -	\$ -
e. Retirement Accounts	\$ -	\$ -
f. Other (describe)	\$ -	\$ -
	\$ -	\$ -
<b>21. Household Debt</b> (List liens against household assets, extraordinary debt.)		
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>22. Other Household Income</b>		
a. Income Of Current Spouse or Domestic Partner (If not the other parent of this action)		
Name _____	\$ -	\$ -
Name _____	\$ -	\$ -
b. Income Of Other Adults In Household		
Name _____	\$ -	\$ -
Name _____	\$ -	\$ -
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instruction, Page 10	\$ -	\$ -
d. Income Of Children (if considered extraordinary)		
Name _____	\$ -	\$ -
Name _____	\$ -	\$ -
e. Income From Child Support		
Name _____	\$ -	\$ -
Name _____	\$ -	\$ -
f. Income From Assistance Programs		
Program _____	\$ -	\$ -
Program _____	\$ -	\$ -
g. Other Income (describe)		
_____	\$ -	\$ -
_____	\$ -	\$ -
<b>23. Non-Recurring Income (describe)</b>		
_____	\$ -	\$ -
_____	\$ -	\$ -

26. Other factors (cont)

The child currently receives public assistance in the mother's home.  
Income for the mother is imputed at minimum wage of \$8.67 per hour because the state has no knowledge of other work history. However, if she were working she should be able to earn at least minimum wage at full time.  
Gross income per month is \$1503. After Federal withholding and FICA deductions net income is \$1300.

The presumptive transfer payment for the father has been adjusted/deviated to \$50 per month because he is a minor enrolled in high school/home schooling and unable to hold a full time job.

This worksheet is subject to change if additional relevant financial documentation is either obtained by the state or provided by the parties prior to final hearing and entry of a new Order of Child Support.

Father's income imputed at Minimum Wage because: A STUDENT AGE 16 ENROLLED IN HIGH SCHOOL

Mother's income imputed at Minimum Wage because: NO WAGE HISTORY AND ON TANF

24. Child Support Owed, Monthly, for Biological or Legal Children	Father's Household	Mother's Household
Name/age: _____ Paid [ ] Yes [ ] No	\$ -	\$ -
Name/age: _____ Paid [ ] Yes [ ] No	\$ -	\$ -
Name/age: _____ Paid [ ] Yes [ ] No	\$ -	\$ -
25. Other Children Living In Each Household		
(First names and ages)		
26. Other Factors for Consideration (Attach additional pages as necessary)		
See attached pages for additional information.		
<b>Signature and Dates</b>		
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.		
<u>Sara Martin</u>	_____	
Mother's Signature	Father's Signature	
_____	_____	
Date	City	Date City

RS  
 \_\_\_\_\_  
 Judicial/Reviewing Officer

7/27/11  
 \_\_\_\_\_  
 Date

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

