RECEIVED & FILED AUG 2 8 2013 GINGER BROOKS, Clerk of the Superior Court of Mason Co. Wash,

Washington State Child Support Schedule Worksheets

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

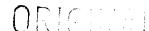
(CSWP)

13-3-00176-1

Mother SHAWNIE ANN VEDDER	Father SCOTT PAUL TURCHIN
County MASON	Case No. 13-3-00176-

Part I: Income (see Instructions, page 6)					
1. Gross Monthly Income	Fa	ther	Moti	ner	
a. Wages and Salaries (Imputed for Father)		-		-	
b.Interest and Dividend Income		-		-	
c. Business Income				-	
d.Maintenance Received		-		-	
e.Other Income		-	\$8	00.00	
f. Imputed Income	\$5	,332.00		-	
g. Total Gross Monthly Income (add lines 1a through 1f)	\$5	,332.00	\$8	00.00	
2. Monthly Deductions from Gross Income					
a Income Taxes (Federal and State) Tax Year: Manual		620.82		-	
b.FICA (Soc.Sec.+Medicare)/Self-Employment Taxes		\$407.89		-	
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)		,028.71		-	
8. Monthly Net Income (line 1g minus 2i)	\$4	,303.29		00.00	
Combined Monthly Net Income		\$5,103	.29		
(line 3 amounts combined)				2	
Basic Child Support Obligation (Combined amounts \rightarrow)					
Mildred Ann Vedder \$928.00		****	~~		
•	1	\$928	.00	. *	
-					
-			i		
Proportional Share of Income		<u>F</u>		L	
(each parent's net income from line 3 divided by line 4)		.843		.157	

WSCSS-Worksheets - Mandatory (CSW/CSWP) 07/2011 Page 1 of 5



7. Each Parent's Basic Child Support Obligation without consideration			
of low income limitations (Each parent's Line 6 times Line 5.)		32.30	\$145.7
8. Calculating low income limitations: Fill in only those that apply.	1		
Self-Support Reserve: (125% of the Federal Poverty Guideline.)		\$1,197.00	
a. Is combined Net Income Less Than \$1,000? If yes, for each		<u> </u>	
parent enter the presumptive \$50 per child.		-	-
b. Is Monthly Net Income Less Than Self-Support Reserve? If yes,			
for that parent enter the presumptive \$50 per child.		-	\$50.00
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.		-	-
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.	\$78	2.30	\$50.00
a. Monthly Health Insurance Paid for Child(ren) b. Uninsured Monthly Health Care Expenses Paid for Child(ren) c. Total Monthly Health Care Expenses		-	-
(line 10a plus line 10b)	\$13	8.14	
d. Combined Monthly Health Care Expenses (line 10c amounts combined)		\$138 .1	4
11. Day Care and Special Expenses	143.5.5%		
a. Day Care Expenses		.]	
b. Education Expenses		_	•
			•
c. Long Distance Transportation Expenses	-	- 1	
c. Long Distance Transportation Expenses d. Other Special Expenses (describe)			
c. Long Distance Transportation Expenses d. Other Special Expenses (describe)			-
		•	· · · · · · · · · · · · · · · · · · ·
		• •	· · · · · · · · · · · · · · · · · · ·
d. Other Special Expenses (describe)		- - -	
d. Other Special Expenses (describe) e. Total Day Care and Special Expenses		- - -	· · · · · · · · · · · · · · · · · · ·
d. Other Special Expenses (describe) e. Total Day Care and Special Expenses (Add lines 11a through 11d)		-	-
 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 		- - -	
 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 (line 11e amounts Combined) 		- - - -	
 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 		- - - - - - - - - - - - - - - - - - -	-
 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 (line 11e amounts Combined) 13. Total Health Care, Day Care, and Special Expenses (line 10d) 		- - - - - - - - - - - - - - - - - - -	
 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 (line 11e amounts Combined) 13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12) 	\$11	- - - - - - \$138.14 6.45	4
 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 (line 11e amounts Combined) 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 	\$11		
 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 (line 11e amounts Combined) 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) 			
 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 (line 11e amounts Combined) 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) Part IV: Gross Child Support Obligation 15. Gross Child Support Obligation (line 9 plus line 14) 		6.45	\$21.69
 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 (line 11e amounts Combined) 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) Part IV: Gross Child Support Obligation 15. Gross Child Support Obligation (line 9 plus line 14) Part V: Child Support Credits (see Instructions, page 9) 		6.45	\$21.69
 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 (line 11e amounts Combined) 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) Part IV: Gross Child Support Obligation 15. Gross Child Support Obligation (line 9 plus line 14) 	\$89	6.45	\$21.69

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WSCSS-Worksheets - Mandatory (CSW/CSWP) 07/2011 Page 2 of 5

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c. Other Ordinary Expenses Credit (describe)		<u> </u>	
	-	-	
		-	
d Total Support Credits (add lines 16a through 16c)	\$138.14	•	
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, p	age 9)	
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$760.61	\$71.69	
Part VII: Additional Informational Calculations	<u>*</u>	L	
18. 45% of each parent's net income from line 3 (.45 x amount from			
line 3 for each parent) 19. 25% of each parent's basic support obligation from line 9 (.25 x	\$1,936.48	\$360.00	
amount from line 9 for each parent)	\$195.58	\$12.50	
Part VIII: Additional Factors for Consideration (see Instructions,			
 Household Assets (List the estimated value of all major household assets.) 	Father's Household	Mother's Household	
a.Real Estate	-	-	
b.Investments	-	-	
c. Vehicles and Boats		•	
d.Bank Accounts and Cash	-	-	
e. Retirement Accounts	-	-	
f. Other: (describe)	-	-	
	-	-	
	-	-	
	+	-	
21. Household Debt (List liens against household assets, extraordinary debt.)			
a.			
b.	•	-	
С.	-	-	
d			
e.	-	-	
f.	-	-	
22. Other Household Income			
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 Instructions, page 8	•	-	
d. Income Of Child(ren) (if considered extraordinary)			
Name	15-17- 19- Augustinean and a state of the second	-	
Name VSCSS-Worksheets - Mandatory (CSW/CSWP) 07/2011 Page 3 of	-	-	

WSCSS-Worksheets - Mandatory (CSW/CSWP) 07/2011 Page 3 of 5

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e.Income From Child Support		
Name	-	
Name	-	•
		-
f. Income From Assistance Programs		
Program	-	
Program	-	•
g. Other Income (describe)		
	•	
		-
23. Non-Recurring Income (describe)		
	•	-
24 Child Current Qued Menthly for Distriction and each		
24. Child Support Owed, Monthly, for Biological or Legal Child(ren)	Father's Household	Mother's Household
Name/age: Paid []Yes []No	riouserioiu	IIUusenolu
Name/age: Paid [] Yes [] No		-
Name/age: Paid [] Yes [] No		
25. Other Child(ren) Living In Each Household		
	narma – a la communicational e constant amagino con a social	ta adalah ti da da bada da a da badi a ananan a anan a
(First name(s) and age(s))		
26. Other Factors For Consideration		
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WSCSS-Worksheets - Mandatory (CSW/CSWP) 07/2011 Page 4 of 5

Other Factors For Consideration (continued) (attach additional pages as necessary) **Signature and Dates** I declare, under penalty of periory under the laws of the State of Washington, the information contained in these Worksheeters complete, true, and correct. Father's Signature Mother's Signature Sna 3 6 Date Date £1 € **Hotel** ADA 15 Worksheet certified by the State of Washington Administrative Office of the Courts. Photocopying of the worksheet is permitted. SupportCalc^{#)} 2013 WSCSS-Worksheets - Mandatory (CSW/CSWP) 07/2011 Page 5 of 5 c:..\state templates\waworksheet.dtf c:\familysoft client files\turchin 2\turchin 2.scp 08/20/2013 09:13 am

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SUPERIOR COURT COUNTY O	
In re the Parentage of:	No. 13-3-00176-1
MILDRED VEDDER,	DECLARATION REGARDING
Child,	ELECTRONIC SIGNATURE
SCOTT PAUL TURCHIN,	
Petitioner, and	
SHAWNIE ANN VEDDER,	
Respondent.	
I, Kay Luoma, of Goodell Law, Inc., P.S. do here	by state and declare as follows:
1.) I am an assistant to the attorney for the	e Petitioner, Scott Paul Turchin.
2.) I have examined the Child Support Sc	hedule Worksheets to which this page is
attached, and they consist of 6 pages, including th	e signature page and this page.
2.) The foregoing document is complete a	and legible.
I declare under penalty of perjury under the foregoing is true and correct.	ne laws of the State of Washington that the
SIGNED this 27 day of August, 2013,	-
	Kay h
Kay	Luoma

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