

FILED
KITSAP COUNTY CLERK
2007 APR 12 PM 1:31
DAVID W. PETERSON

**SUPERIOR COURT OF WASHINGTON
COUNTY OF KITSAP**

State of Washington on behalf of:
MILDRED ANN VEDDER
Petitioner

vs.

SCOTT PAUL TURCHIN
Alleged Father

SHAWNIE ANN VEDDER
Mother
Respondents

NO: 07-3-00180-3

SUMMONS FOR SUPPORT
MODIFICATION

(SM)

TO: SHAWNIE ANN VEDDER; and
TO: SCOTT PAUL TURCHIN:

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 and any co-petitioner. 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, Response to Petition for Modification of Child Support (RSP). 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, or from the Internet at the Washington State Courts homepage:

SUMMONS FOR SUPPORT MODIFICATION
WPF 4D 06.0200 (6/2002)
CR 4.1; RCW 26.09.175(2),(3)
SEMS No. 1285412
Page 1

RUSSELL D. HAUGE
Kitsap County Prosecuting Attorney
614 Division Street MS-35
Port Orchard, WA 98366-4681
(360) 337-7020 Fax (360) 337-5733

ORIGINAL


17
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1 <http://www.courts.wa.gov/forms>

- 2 4. If you do not file and serve your written answer within 20 days (60 days if you are served
3 outside of the State of Washington) after the date this summons was served on you,
4 exclusive of the date of service, the court may, without further notice to you, enter a
5 default judgment against you ordering the relief requested in the petition. If you serve a
6 notice of appearance on the undersigned person, you are entitled to notice before an order
7 of default may be entered.
- 8 5. You may demand that the other party file this action with the court. If you do so, the
9 demand must be in writing and must be served upon the person signing this summons.
10 Within 14 days after you serve the demand, the other party must file this action with the
11 court, or the service of this summons and petition will be void.
- 12 6. If you wish to seek the advice of an attorney in this matter, you should do so promptly so
13 that your written answer, if any, may be served on time. Copies of these papers have not
14 been served upon your attorney.
- 15 7. One method of serving your written response, completed worksheet, and financial
16 declaration is to send them by certified mail with return receipt requested.

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

19 Dated: 4/11/07


JENNIFER DURCAN ANDREWS
Deputy Prosecuting Attorney
WSBA Number: 32754

20 **FILE ORIGINAL ANSWER AND**
21 **OTHER DOCUMENTS WITH THE CLERK:**
22 KITSAP COUNTY SUPERIOR COURT
23 614 DIVISION STREET, MS-34
24 PORT ORCHARD, WA 98366
25 Phone: (360) 337-7164

26 **SERVE A COPY OF YOUR**
27 **ANSWER AND OTHER DOCUMENTS ON:**
28 JENNIFER DURCAN ANDREWS
Deputy Prosecuting Attorney
614 DIVISION STREET, MS-35
PORT ORCHARD, WA 98366

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NO: 07-3-00180-3

STATE'S PETITION FOR SUPPORT
MODIFICATION

(PTMD)

I. BASIS

1.1 PLACE OF RESIDENCE

SHAWNIE ANN VEDDER resides in Mason County, Washington.
MILDRED ANN VEDDER resides in Mason County, Washington.
SCOTT PAUL TURCHIN resides in Kitsap County, Washington.

1.2 JURISDICTION OVER PARENTS

This court has jurisdiction over the parents for the reasons that follow:
There is a Washington Order of Child Support. Both parties presently reside in the State of Washington.

1.3 MOST RECENT SUPPORT ORDER

The most recent support order was entered in Kitsap County, Washington on December 11, 1997.

ORIGINAL

1 The order provides for child support as follows:

2 <u>Name of the Child</u>	<u>Monthly Amount</u>
3 MILDRED ANN VEDDER	\$240.00

4 1.4 LEGAL BASIS FOR STATE ACTION

5 The State has started this action at the request of SHAWNIE ANN VEDDER as required
6 by 42 U.S.C. §666(a)(10)(A) and as authorized by RCW 74.20.220.

7 1.5 REASONS FOR MODIFYING CHILD SUPPORT

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

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

11 Either or both parents should be required to maintain or provide health insurance
12 coverage consistent with RCW 26.09.105.

13 1.6 STARTING DATE OF MODIFIED ORDER

14 The starting date of the modified child support order should be determined by the Court at
15 the Hearing on Modification.

16 1.7 OTHER:

17 An action will be commenced (or has been commenced) naming you as a party in that
18 action. The law requires that your residence address, telephone number, social security
19 number, driver's license number, and employer's name, address and telephone number be
20 disclosed in pleadings that are provided to other parties to that action. If you do not want
21 that information disclosed, you may prevent that disclosure only by presenting to this
22 office:

- 23 (1) A copy of a court order that will not allow disclosure of that information, such as
24 a domestic violence restraining order that restricts your address; or
- 25 (2) An identification card showing that you currently participate in the Address
26 Confidentiality Program (ACP) administered by the Washington State Secretary
27 of State's Office.


28 II. RELIEF REQUESTED

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

Ordering child support payments which are based upon the Washington State Child


1 Support Schedule. A copy of the child support worksheets are filed with this action.
2 Ordering the payment of uncovered health care expenses.

3 Dated: 4/11/07


JENNIFER DURCAN ANDREWS
Deputy Prosecuting Attorney
WSBA No: 32754

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

8 Signed at Port Orchard, Washington on 4/11/07.


JENNIFER DURCAN ANDREWS
Deputy Prosecuting Attorney
WSBA No: 32754

Washington State Child Support Schedule

Worksheets (CSW)

Mother Shawnie Ann Vedder Father Scott Paul Turchin
 County Kitsap Superior Court Case Number _____

Children and Ages: Mildred/10

Part I: Basic Child Support Obligation (See Instructions, Page 1)

	Father	Mother
1. Gross Monthly Income		
a. Wages and Salaries	\$ 5,275	\$ -
b. Interest and Dividend Income	\$ -	\$ -
c. Business Income	\$ -	\$ -
d. Spousal Maintenance Received	\$ -	\$ -
e. Other Income	\$ -	\$ 823
f. Total Gross Monthly Income (add lines 1a through 1e)	\$ 5,275	\$ 823
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$ 904	\$ -
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$ 404	\$ -
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)	\$ 1,308	\$ -
3. Monthly Net Income (line 1f minus 2h)	\$ 3,967	\$ 823
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3) (If combined monthly net income is less than \$600, skip to line 7.)	\$ 4,790	
5. Basic Child Support Obligation (enter total amount in box →)		
Child #1 <u>713</u> Child #4 <u>-</u> Child #7 <u>-</u>		
Child #2 <u>-</u> Child #5 <u>-</u> Child #8 <u>-</u>		
Child #3 <u>-</u> Child #6 <u>-</u> Child #9 <u>-</u>	\$ 713	

	Father	Mother
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)	0.828	0.172
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5) (If combined net monthly income on line 4 is less than \$600, enter each parent's support obligation of \$25 per child. Number of children: (Skip to line 15a and enter this amount.)	\$ 590	\$ 123
Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 3)		
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 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)	\$ 36	
f. Extraordinary Monthly Health Care Expenses (line 8d minus 8e., if "0" or negative, enter "0")	\$ -	
9. Day Care and Special Child Rearing 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 Day Care and Special Expenses (add father's and mother's day care and special expenses from line 9e)	\$ -	
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus 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: Gross Child Support Obligation		
13. Gross Child Support Obligation (line 7 plus line 12)	\$ 590	\$ 123
Part IV: Child Support Credits (See Instructions, Page 3)		
14. 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 14a through 14c)	\$ -	\$ -

Part V: Standard Calculation/Presumptive Transfer Payment (See Instructions, Page 4)		
15. Standard Calculation	Father	Mother
a. Amount from line 7 if line 4 is below \$600. Skip to Part VI.	\$ -	\$ -
b. Line 13 minus line 14d, if line 4 is over \$600 (see below if appl.)	\$ 590	\$ 123
Limitation standards adjustments		
c. Amount on line 15b adjusted to meet 45% net income limitation	\$ -	\$ -
d. Amount on line 15b adjusted to meet need standard limitation	\$ -	\$ 25
e. Enter the lowest amount of lines 15b, 15c or 15d:	\$ 590	\$ 25
Part VI: Additional Factors for Consideration (See Instructions, Page 4)		
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/IRA's/Bank Accounts	\$ -	\$ -
f. Cash	\$ -	\$ -
g. Insurance Plans	\$ -	\$ -
h. Other (describe)	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
17. Household Debt (List liens against household assets, extraordinary debt.)		
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
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 _____	\$ -	\$ -
Name _____	\$ -	\$ -
d. Income From Child Support		
Name _____	\$ -	\$ -
Name _____	\$ -	\$ -

Other Household Income (continued)	Father's Household	Mother's Household
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: Kirsten, 17	\$ -	\$ -
Name/age: Kalee, 14	\$ -	\$ -
Name/age: _____	\$ -	\$ -
21. Other Children Living In Each Household (First names and ages)		

22. Other Factors For Consideration		
Father's income is taken from his 2006 gross earnings as reported to		
Employment Security for the 1st through 4th quarters 2006, divided by the		
number of hours worked, for an average hourly rate of \$30.43. The hourly		
rate was then imputed to full time employment, less standard deductions.		
(\$16,713.82 + \$13,628.95 + \$15,476.29 + \$14,897.53 = \$60,716.59 / 536 + 485		
+ 478 + 496 = 1995 hours).		
The mother receives social security disability in the amount of \$822.96 per		
month.		
Whole family method applied based on support for a 3 child family because		
the father also supports the 2 children listed on line 20 and/or line 21.		
The deviation amount based on 3 child family instead of 1 child family is		
\$207. The net support obligation/transfer payment is \$590 - \$207 = \$383.		

[illegible]

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