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**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

WASHINGTON STATE CHILD
SUPPORT SCHEDULE
WORKSHEETS SUBMITTED BY
SHAWNIE ANN VEDDER

WASHINGTON STATE CHILD SUPPORT SCHEDULE
WORKSHEETS SUBMITTED BY SHAWNIE ANN
VEDDER
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 No. (360) 337-5733

ORIGINAL

2/12

Washington State Child Support Schedule

Worksheets (CSW)

Mother Shawnie Veeder Father _____

County B Mason Superior Court Case Number _____


| Children and Ages: | | |
|---|--------|------------------|
| Part I: Basic Child Support Obligation (See Instructions, Page 5) | | |
| 1. Gross Monthly Income | Father | Mother |
| a. Wages and Salaries | \$ | \$ <u>0</u> |
| b. Interest and Dividend Income | \$ | \$ <u>0.95</u> |
| c. Business Income | \$ | \$ <u>0</u> |
| d. Spousal Maintenance Received | \$ | \$ <u>0</u> |
| e. Other Income | \$ | \$ <u>822.00</u> |
| f. Total Gross Monthly Income (add lines 1a through 1e) | \$ | \$ <u>822.95</u> |
| 2. Monthly Deductions from Gross Income | | |
| a. Income Taxes (Federal and State) | \$ | \$ <u>0</u> |
| b. FICA (Soc. Sec. + Medicare) / Self-Employment Taxes | \$ | \$ <u>0</u> |
| c. State Industrial Insurance Deductions | \$ | \$ <u>0</u> |
| d. Mandatory Union/Professional Dues | \$ | \$ <u>0</u> |
| e. Pension Plan Payments | \$ | \$ <u>0</u> |
| f. Spousal Maintenance Paid | \$ | \$ <u>0</u> |
| g. Normal Business Expenses | \$ | \$ <u>0</u> |
| h. Total Deductions from Gross Income (add lines 2a through 2g) | \$ | \$ <u>0</u> |
| 3. Monthly Net Income (line 1f minus 2h) | \$ | \$ <u>822.95</u> |
| 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.) | \$ | |
| 5. Basic Child Support Obligation (enter total amount in box _____?) Child #1 _____ Child #3 _____ Child #2 _____ Child #4 _____ | \$ | |

| | Father | Mother |
|--|--------|--------|
| 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) (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.) | \$ | \$ |
| 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") | \$ | |
| 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) | \$ | \$ 0 |
| 10. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 9e) | \$ | 0 |
| 11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10) | \$ | 0 |
| 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) | \$ | \$ |
| Part IV: Child Support Credits (See Instructions, Page 7) | | |
| 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 8) | | |
|---|--------------------|--------------------|
| 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.) | \$ | \$ |
| 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 | \$ | \$ |
| e. Enter the lowest amount of lines 15b, 15c or 15d: | \$ | \$ |
| 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 | \$ | \$ 1000.00 |
| d. Boats <i>Respondent owns boats</i> | \$ | \$ 0 |
| e. Pensions/IRAs/Bank Accounts | \$ | \$ 3000.00 |
| f. Cash | \$ | \$ 0 |
| g. Insurance Plans | \$ | \$ 0 |
| h. Other (describe) | \$ | \$ 0 |
| | \$ | \$ |
| | \$ | \$ |
| 17. Household Debt (List liens against household assets, extraordinary debt.) | | |
| <i>Home Loan</i> | \$ | \$ 118,556.63 |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| 18. Other Household Income | | |
| a. Income Of Current Spouse (if not the other parent of this action) | | |
| Name <i>Robert Wheeler</i> | \$ | \$ 687.50 |
| 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 _____ \$ _____ | | \$ 0 \$ 0 |
| f. Other Income (describe) _____ \$ _____ _____ \$ _____ | | \$ 0 \$ 0 |
| 19. Non-Recurring Income (describe) _____ \$ _____ _____ \$ _____ | | \$ 0 \$ 0 |
| 20. Child Support Paid For Other Children Name/age: _____ \$ _____ Name/age: _____ \$ _____ Name/age: _____ \$ _____ | | \$ 0 \$ 0 \$ 0 |
| 21. Other Children Living In Each Household (First names and ages) Annice Velder 2 _____ _____ _____ | | |
| 22. Other Factors For Consideration | | |
| Mother is disabled all income is from SSDI \$ 89.20 is deducted from \$ 872.00 For med care | | |
| Father was allowed to lie about his income in the past please make him submit proofs of income this time | | |
| _____ _____ _____ _____ | | |

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|---|
| Other factors for consideration (continued) |
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|--|-----------------|-----------------------------|---------------|
| 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 | |
| 10-17-06 Date | Shelton City | _____ Date | _____ City |

 Judge/Reviewing Officer _____
 Date

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

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