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1 2 3 4 5		FILED MITSAP COUNTY CLERK 2007 APR 12 PM 1: 31 DAVID W. PETERSON
6 7 8		
8 9 10 11 12 13 14 15 16	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 FINANCIAL DECLARATION SUBMITTED BY SHAWNIE ANN VEDDER
17 18 19 20 21 22 23 24 25 26		
27	FINANCIAL DECLARATION SUBMITTED BY SHAWNIE ANN VEDDER SEMS No. 1285412 Page 1 ORIC	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

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SUPERIOR COURT OF WASHINGTON COUNTY OF

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In re: - ·		NO.
and	Petitioner,	FINANCIAL DECLARATION [] PETITIONER
	Respondent.	[] RESPONDENT (FNDLCR)

Name:	Date of Birth:
I. SUMMARY OF BASIC INFO	DRMATION
Declarant's Total Monthly Net Income (from § 3.3 below)	\$
Declarant's Total Monthly Household Expenses (from § 5.9	below). \$
Declarant's Total Monthly Debt Expenses (from § 5.11 below	N) \$
Declarant's Total Monthly Expenses (from § 5.12 below)	\$
Estimate of the other party's gross monthly income (from § 3	3.1f below) [] \$
	[] unknown
II. PERSONAL INFORM	ATION
2.1 Occupation: disabled 2.2 The highest year of education completed: 14	
2.3 Are you presently employed? [] Yes 🙀 No	
a. If yes: (1) Where do you work. Employer's Confidential Information Form.	s name and address must be listed on the

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

b. If no:

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(1) When did you last work (month/year)?

(2) What were your gross monthly earnings?

(3) Why are you presently unemployed?

III. INCOME INFORMATION

If child support is at issue, complete the Washington State Child Support Worksheel(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. Name Mama

			INGI	<u> </u>	annie Velder
	a.	Wages and Salaries	\$	\$	
	b.	Interest and Dividend Income	\$	\$	
	C.	Business Income	\$	\$	
	d.	Spousal Maintenance Received			
		From	\$	\$	
	e.	Other Income	\$	\$	
	f.	Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$	\$	
	g.	Actual Gross Income (Year-to-date)	\$	\$	
3.2	МС	ONTHLY DEDUCTIONS FROM GROSS INCOME.			
	a.	Income Taxes	\$	\$	
	b.	FICA/Self-employment Taxes	\$	\$\$	
-	C.	State Industrial Insurance Deductions	\$	\$	
	d.	MANDATORY Union/Professional Oues	\$	\$	
	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	MC line	DNTHLY NET INCOME. (Line 3.1f minus line 3.2h or e 3 from the Child Support Worksheet(s).)	\$	FG VER: (1 9)	922.95
FINA WPF		IAL DECLARATION (FNDCLR) - Page 2 of 6 RPSCU 01.1550 (6/2004) - RCW 26.18.220 (1)		3502:1009 1285412	

3.4 MISCELLANEOUS INCOME.

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a .	Child support received from other relationships	\$ \$
b.	Other miscellaneous income (list source and amounts)	_
		\$ \$ <u>Q</u> _
		\$ \$
		\$ \$
		\$ \$
c.	Total Miscellaneous Income (add lines 3.4a through 3.4b)	\$ \$
Inc	ome of Other Adults in Household	\$ s <u>687.5</u> P

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

IV. AVAILABLE ASSETS

\$ 3000.00

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4.1 Cash on hand

3.5

- 4.2 On deposit in banks
- 4.3 Stocks and bonds, cash value of life insurance
- 4.4 Other liquid assets:

V. MONTHLY EXPENSE INFORMATION

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

5.1 HOUSING.

5.2

Rent, 1st mortgage or contract payments	\$ 533.96
Installment payments for other mortgages or encumbrances	\$
Taxes & insurance (if not in monthly payment)	\$
Total Housing	\$ <u>533.96</u>
UTILITIES.	
Heat (gas & oil)	\$ 50.00
Electricity	\$700.00
	FG VER: (1.9) 3502:10092006/

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Telephone\$ $21 \cdot 0^{\circ}$ Gable\$ $45 \cdot 0^{\circ}$ Cable\$ $45 \cdot 0^{\circ}$ OtherTotal Utilities5.3FOOD AND SUPPLIES.Food for 4 personsSupplies (paper, tobacco, pets)\$ $150 \cdot 0^{\circ}$ Meals eaten out\$ $300 \cdot 0^{\circ}$ Other\$ $150 \cdot 0^{\circ}$ Total Food Supplies\$ $11 \cdot 50 \cdot 0^{\circ}$ 5.4CHILDREN.Day Care/Babysitting\$ $0 \cdot 0^{\circ}$ Clothing\$ $100 \cdot 0^{\circ}$ Tuition (if any)\$ $0 \cdot 0^{\circ}$ Other child related expanses\$ $0 \cdot 0^{\circ}$ Total Expenses Children\$ $0 \cdot 0^{\circ}$ 5.5TRANSPORTATION.Vehicle payments or leases\$ $0 \cdot 0^{\circ}$ Vehicle gas, oil, ordinary maintenance\$ $0 \cdot 0^{\circ}$ Parking\$ $0 \cdot 0^{\circ}$ Other transportation expenses\$ $0 \cdot 0^{\circ}$ Total Transportation\$ $0 \cdot 0^{\circ}$ Total Health Care\$ $0 \cdot 0^{\circ}$ 5.7PERSONAL EXPENSES (Not including children). Clothing Hair care/personal care expenses\$ $10 \cdot 0^{\circ}$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 WPF DRPSCU 01.1550 (6/2004) - RCW 26.18.220 (1)\$ $1285412 / 3502$		Water, sewer, garbage	\$ 100.00
Other $T_{A+A+A+A}$ \$ 35.00 Total Utilities\$5.3FOOD AND SUPPLIES.Food for 4 personsSupplies (paper, tobacco, pets)\$Meals eaten out\$Other\$Total Food Supplies\$J. Child Food Supplies\$5.4CHILDREN.Day Care/Babysitting\$Clothing\$Tutilon (if any)\$Other child related expenses\$Total Expenses Children\$5.5TRANSPORTATION.Vehicle payments or leases\$Vehicle gas, oil, ordinary maintenance\$Parking\$Other Uninsured dental, orthodontic, medical, eye care expenses\$5.6HEALTH CARE. (Omit if fully covered)Insurance\$Uninsured dental, orthodontic, medical, eye care expenses\$5.7PERSONAL EXPENSES (Not including children).Clothing\$J. PERSONAL EXPENSES (Not including children).Clothing\$Hair care/personal care expenses\$J. PERSONAL EXPENSES (Not including children).Clothing\$Hair care/personal care expenses\$J. PERSONAL EXPENSES (Not including children).Clothing\$Hair care/personal care expenses\$J. POLOCO\$FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6		Telephone	\$ 21.00
Total Utilities\$5.3FOOD AND SUPPLIES.Food for $\underline{4}$ personsSupplies (paper, tobacco, pets) $\underline{5}$ <u>150.00</u> Meals eaten out\$Other\$Total Food Supplies\$J.J. So.005.4CHILDREN.Day Care/Babysitting\$Clothing\$Tutition (if any)\$Other child related expenses\$Total Expenses Children\$5.5TRANSPORTATION.Vehicle payments or leases\$Vehicle gas, oil, ordinary maintenance\$Parking\$Other transportation expenses\$Total Transportation\$5.6HEALTH CARE. (Omit if fully covered)Insurance\$Uninsured dental, orthodontic, medical, eye care expensesTotal Health Care\$5.7PERSONAL EXPENSES (Not including children).Clothing\$Heir care/personal care expenses5.7PERSONAL EXPENSES (Not including children).Clothing\$Hair care/personal care expenses5.7PERSONAL EXPENSES (Not including children).Clothing\$Hair care/personal care expensesFINANCIAL DECLARATION (FNDCLR) - Page 4 of 6		Cable	s 45.00
5.3 FOOD AND SUPPLIES. Food for $\underline{4}$ persons $\underline{5,000}$ Supplies (paper, tobacco, pets) $\underline{5,000}$ Meals eaten out $\underline{5,000}$ Other $\underline{5,000}$ Clothing $\underline{5,000}$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 Clothing $\underline{5,000}$ Clothing $\underline{5,000}$ C		Other Internet	\$ <u>35,00</u>
Food for $\underline{4}$ personspersons $\frac{5}{100.00}$ Supplies (paper, tobacco, pets) $\frac{5}{150.00}$ Meals eaten out $\frac{5}{302.00}$ Other $\frac{5}{100.00}$ Total Food Supplies $\frac{5}{1150.00}$ 5.4CHILDREN.Day Care/Babysitting $\frac{6}{100.00}$ Clothing $\frac{5}{100.00}$ Tuition (if any) $\frac{5}{0}$ Other child related expenses $\frac{5}{0}$ Total Expenses Children $\frac{5}{0}$ 5.5TRANSPORTATION.Vehicle payments or leases $\frac{5}{35.00}$ Vehicle insurance & license $\frac{5}{35.00}$ Vehicle gas, oil, ordinary maintenance $\frac{902.00}{1002.00}$ Parking $\frac{5}{202.00}$ Other transportation expenses $\frac{5}{35.00}$ Total Transportation expenses $\frac{9}{100.00}$ Total Transportation expenses $\frac{9}{100.00}$ Total Transportation expenses $\frac{9}{100.00}$ Total Health Care $\frac{9}{100.00}$ 5.7PERSONAL EXPENSES (Not including children).Clothing $\frac{100.00}{1002006}$ Hair care/personal care expenses $\frac{5}{100.00}$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 $\frac{30202.1002006}{1002.000}$	•	Total Utilities	\$
Supplies (paper, tobacco, pets)\$ 150.00 Meals eaten out\$ 302.00 Other\$ 1150.00 Total Food Supplies\$ 1150.00 5.4 CHILDREN.Day Care/Babysitting\$ 0 Day Care/Babysitting\$ 0 Clothing\$ 100.00 Tuition (if any)\$ 0 Other child related expenses\$ 0 Total Expenses Children\$ 0 5.5 TRANSPORTATION.\$ 35.00 Vehicle payments or leases\$ 35.00 Vehicle insurance & license\$ 35.00 Vehicle gas, oil, ordinary maintenance\$ $0cc.00$ Parking\$ $0cc.00$ Other transportation expenses\$ $0cc.00$ Total Transportation expenses\$ $0cc.00$ Total Transportation expenses\$ $0cc.00$ Total Health Care\$ $0cc.00$ 5.7 PERSONAL EXPENSES (Not including children).\$ 100.000 Clothing\$ 100.000 Hair care/personal care expenses\$ 100.000 FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 $3502.1002006/$	5.3	FOOD AND SUPPLIES.	
Meals eaten out \$ 302.02 Other \$ 100.00 Total Food Supplies \$ 100.00 5.4 CHILDREN. Day Care/Babysitting \$ 0 Day Care/Babysitting \$ 0 Clothing \$ 100.00 Tuition (if any) \$ 0 Other child related expenses \$ 0 Total Expenses Children \$ 0 5.5 TRANSPORTATION. \$ 35.00 Vehicle payments or leases \$ 35.00 Vehicle payments or leases \$ 35.00 Vehicle gas, oil, ordinary maintenance \$ 300.00 Parking \$ 36 Other transportation \$ 36 5.6 HEALTH CARE. (Omit if fully covered) Insurance Insurance \$ 91.20 Uninsured dental, orthodontic, medical, eye care expenses \$ 100.00 5.7 PERSONAL EXPENSES (Not including children). Clothing Clothing \$ 100.00 Hair care/personal care expenses \$ 100.00 FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 35002:10092006/		Food for persons	\$ 700.00
Other \$ Total Food Supplies \$ J food Supplies \$ J ay Care/Babysitting \$ Day Care/Babysitting \$ Clothing \$ Tuition (if any) \$ Other child related expenses \$ Total Expenses Children \$ 5.5 TRANSPORTATION. Vehicle payments or leases \$ Vehicle payments or leases \$ Vehicle gas, oil, ordinary maintenance \$ Parking \$ Other transportation \$ 5.6 HEALTH CARE. (Omit if fully covered) Insurance \$ Uninsured dental, orthodontic, medical, eye care expenses \$ Other uninsured health expenses \$ Total Health Care \$ 5.7 PERSONAL EXPENSES (Not including children). Clothing \$ Hair care/personal care expenses \$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092006/		Supplies (paper, tobacco, pets)	\$ 50.00
Total Food Supplies \$ <u>II \$0.00</u> 5.4 CHILDREN. Day Care/Babysitting \$ <u>0</u> Day Care/Babysitting \$ <u>0</u> Clothing \$ <u>100.00</u> Tuition (if any) \$ <u>0</u> Other child related expenses \$ <u>100.00</u> Total Expenses Children \$ <u>0</u> 5.5 TRANSPORTATION. Vehicle payments or leases Vehicle payments or leases \$ <u>35.00</u> Vehicle gas, oil, ordinary maintenance \$ <u>000.00</u> Parking \$ <u>9</u> Other transportation expenses \$ <u>100.00</u> Insurance \$ <u>900.00</u> Insurance \$ <u>900.00</u> Insurance \$ <u>900.00</u> Insurance \$ <u>910.00</u> Insurance \$ <u>91.00</u> Uninsured dental, orthodontic, medical, eye care expenses \$ <u>91.20</u> Other uninsured health expenses \$ <u>91.20</u> Total Health Care \$ <u>91.20</u> S.7 PERSONAL EXPENSES (Not including children). Clothing Clothing \$ <u>100.00</u> Hair care/personal care expenses \$ <u>30.00</u> rover: (M) \$ \$ 502.10092006/ Sto2.10092006/		Meals eaten out	\$ 300.00
5.4 CHILDREN. Day Care/Babysitting \$ 0 Day Care/Babysitting \$ 0 100.0° Tuition (if any) \$ 0 0 Other child related expenses \$ 0 0 Total Expenses Children \$ 0 0 5.5 TRANSPORTATION. Vehicle payments or leases \$ 35.00 Vehicle insurance & license \$ 35.00 0 Vehicle gas, oil, ordinary maintenance \$ 0000000 000000000 Parking \$ > > > Other transportation expenses \$ > > > 5.6 HEALTH CARE. (Omit if fully covered) Insurance \$ \$ \$ 9 > Insurance \$		Other	\$
Day Care/Babysitting \$ 0 Clothing \$ 100.0% Tuition (if any) \$ 0 Other child related expenses \$ 0 Total Expenses Children \$ 0 5.5 TRANSPORTATION. \$ 0 Vehicle payments or leases \$ 35.0% Vehicle insurance & license \$ 35.0% Vehicle gas, oil, ordinary maintenance \$ 0.00000000000000000000000000000000000		Total Food Supplies	\$ 11 50.00
Clothing \$ 100.00 Tuition (if any) \$ 0 Other child related expenses \$ 0 Total Expenses Children \$ 0 5.5 TRANSPORTATION. Vehicle payments or leases \$ 35.00 Vehicle insurance & license \$ 35.00 Vehicle gas, oil, ordinary maintenance \$ 000.00 Parking \$ 000.00 Other transportation expenses \$ 000.00 Total Transportation \$ 000.00 Insurance \$ 90.000 Uninsured dental, orthodontic, medical, eye care expenses \$ 91.20 Other uninsured health expenses \$ 90.000 Total Health Care \$ 90.000 5.7 PERSONAL EXPENSES (Not including children). Clothing \$ 100.000 Hair care/personal care expenses \$ 100.000 FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092008/	5.4	CHILDREN.	
Tuition (if any) \$ 0 Other child related expenses \$ 0 Total Expenses Children \$ 0 5.5 TRANSPORTATION. \$ 0 Vehicle payments or leases \$ 3.5.00 Vehicle insurance & license \$ 3.5.00 Vehicle gas, oil, ordinary maintenance \$ 0.00000000000000000000000000000000000		Day Care/Babysitting	\$_ <u>0</u>
Other child related expenses \$ Total Expenses Children \$ 5.5 TRANSPORTATION. Vehicle payments or leases \$ Vehicle insurance & license \$ Vehicle gas, oil, ordinary maintenance \$ Parking \$ Other transportation expenses \$ Total Transportation \$ S.6 HEALTH CARE. (Omit if fully covered) Insurance \$ Uninsured dental, orthodontic, medical, eye care expenses \$ Other uninsured health expenses \$ Total Health Care \$ 5.7 PERSONAL EXPENSES (Not including children). Clothing \$ Hair care/personal care expenses \$ So2:10092006/ \$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092006/		Clothing	\$ 100.00
Total Expenses Children \$		Tuition (if any)	\$
5.5 TRANSPORTATION. Vehicle payments or leases \$ Vehicle insurance & license \$ Vehicle gas, oil, ordinary maintenance \$ Parking \$ Other transportation expenses \$ Total Transportation \$ 5.6 HEALTH CARE. (Omit if fully covered) Insurance \$ Uninsured dental, orthodontic, medical, eye care expenses \$ Other uninsured health expenses \$ Total Health Care \$ 5.7 PERSONAL EXPENSES (Not including children). Clothing \$ Hair care/personal care expenses \$ \$ \$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092006/		Other child related expenses	\$
Vehicle payments or leases \$		Total Expenses Children	\$
Vehicle payments on blocks 35.00 Vehicle insurance & license 35.00 Vehicle gas, oil, ordinary maintenance 900000 Parking 900000 Other transportation expenses 900000 Total Transportation 900000 Insurance 9100000 Insurance 91000000 Uninsured dental, orthodontic, medical, eye care expenses 91000000000000000000000000000000000000	5.5	TRANSPORTATION.	
Vehicle gas, oil, ordinary maintenance \$		Vehicle payments or leases	s <u>Q</u>
Parking \$ </td <td></td> <td>Vehicle insurance & license</td> <td>\$ 35.00</td>		Vehicle insurance & license	\$ 35.00
Other transportation expenses \$ Total Transportation \$ 5.6 HEALTH CARE. (Omit if fully covered) \$ Insurance \$ Uninsured dental, orthodontic, medical, eye care expenses \$ Other uninsured health expenses \$ Total Health Care \$ 5.7 PERSONAL EXPENSES (Not including children). \$ Clothing \$ Hair care/personal care expenses \$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092006/		Vehicle gas, oil, ordinary maintenance	\$ 100.00
Total Transportation \$		Parking	\$ <u>`9</u>
5.6 HEALTH CARE. (Omit if fully covered) Insurance \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Other transportation expenses	<u>\$</u>
Insurance \$ \$ \$??.2.0 Uninsured dental, orthodontic, medical, eye care expenses \$		Total Transportation	\$
Uninsured dental, orthodontic, medical, eye care expenses \$ Other uninsured health expenses \$ Total Health Care \$ 5.7 PERSONAL EXPENSES (Not including children). \$ Clothing \$ Hair care/personal care expenses \$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092008/	5.6	HEALTH CARE. (Omit if fully covered)	
Other uninsured health expenses \$ Total Health Care \$ 5.7 PERSONAL EXPENSES (Not including children). \$ Clothing \$ Hair care/personal care expenses \$ FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092006/		Insurance	s <u>89.20</u>
Total Health Care \$		Uninsured dental, orthodontic, medical, eye care expenses	\$
5.7 PERSONAL EXPENSES (Not including children). Clothing \$ 100.00 Hair care/personal care expenses \$ 100.00 FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092008/		Other uninsured health expenses	\$
Clothing \$ 100.00 Hair care/personal care expenses \$ 30.00 FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092008/		Total Health Care	\$
Hair care/personal care expenses FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 FINANCIAL DECLARATION (FNDCLR) - PAGE	5.7	PERSONAL EXPENSES (Not including children).	
FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 5502:10092006/		Clothing	\$ 100.00
FINANCIAL DECLARATION (FNDCLR) - Page 4 of 6 3502:10092006/		Hair care/personal care expenses	
	FIN/ WPI	ANCIAL DECLARATION (FNDCLR) - Page 4 of 6 F DRPSCU 01.1550 (6/2004) - RCW 26.18.220 (1)	3502:10092006/

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	Clubs and recreation			\$	100.00
	Education			\$	-9
	Books, newspapers, magazine	s, photos		\$	<u>8</u>
	Gifts			\$	30
	Other			S	
	Total Personal Expenses			\$	
5.8	MISCELLANEOUS EXPENSE	S.			
	Life insurance (if not deducted	from incor	ne)	\$	<u>\$</u>
	Other			\$	~~
	Other		·	\$	<u> </u>
	Total Miscellaneous Expenses	1		\$	<u> </u>
5.9	TOTAL HOUSEHOLD EXPEN	SES (The to	otal of Paragraphs (5.1 through 5.8) \$	
5.10	INSTALLMENT DEBTS INCLU	JDED IN P	ARAGRAPHS	5.1 THROUGH 5.8.	
	Creditor		cription Debt	Balance	Month of Last Payment
	USDA	Home	laan	118,556-63	533.96
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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
citi Bonde	credit Card	300.00	9-5-06	20.00
			· · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , ,
	· · · · · · · · · · · · · · · · · · ·	·		
Total Monthly Payment	s for Other Debts and Mont	bly Expenses	\$_20.	
5.12 TOTAL EXPENSES (A	\$			
FINANCIAL DECLARATION WPF DRPSCU 01.1550 (6/2	FG VER: (1.0) 3502:1009 1285412			

VI. ATTORNEY FEES

6.1 Amount paid for attorney fees and costs to date;

- 6.2 The source of this money was:
- 6.3 Fees and costs incurred to date:
- 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.

Shelton (City] wa [State] on 10-17-06 Signed at (Date). Signature of Declarant Print or Type Name

The following financial records are being provided to the other party and filed separately with the court: Financial records pertaining to myself:

[] Individual [] Partnership or Corporate Income Tax returns for the years _

including all W-2s and schedules;

[] Other: _____

DO NOT ATTACH THESE FINANCIAL RECORDS TO THE FINANCIAL DECLARATION. THESE FINANCIAL RECORDS SHOULD BE SERVED ON THE OTHER PARTY AND FILED WITH THE COURT SEPARATELY USING THE SEALED FINANCIAL SOURCE DOCUMENTS COVER SHEET (WPF DRPSCU 09.0220). IF FILED SEPARATELY USING THE COVER SHEET, THE RECORDS WILL BE SEALED TO PROTECT YOUR PRIVACY (ALTHOUGH THEY WILL BE AVAILABLE TO THE OTHER PARTIES IN THE CASE, THEIR ATTORNEYS, AND CERTAIN OTHER INTERESTED PERSONS. SEE GR 22 (C)(2)).

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