

FILED
KITSAP COUNTY CLERK
2007 APR 17 PM 2:54
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
RETURN OF SERVICE
(SUPPORT MODIFICATION)
(RTS)

I DECLARE that:

1. I am over the age of 18 years, and I am not a party to this action.
2. I served SHAWNIE ANN VEDDER with the following documents:
 - a. Summons for Support Modification.
 - b. Petition for Support Modification.
 - c. Notice Re: Dependent of a Person in Military Service
 - d. Blank Financial Declaration.
 - e. Blank Washington State Child Support Schedule Worksheets.
 - f. Blank Confidential Information Form.
 - g. Sealed Financial Source Documents including the following:

SHAWNIE ANN VEDDER:
2004 & 2005 Income Tax returns.

SCOTT PAUL TURCHIN:
Employment Security Data dated 03/25/07.
3. The date, time and place of service were (if by mail or publication refer to Paragraph 4 below):
4. Service was made pursuant to Civil Rule 4(d) and RCW 26.09.175 (2) and (3) by a form of mail

requiring a return receipt as provided in RCW 26.09.175(2). (Attach return receipt below.) The copies of the papers were mailed on 4-12-07.

5. SERVICE ON THE ATTORNEY GENERAL, IF THE CHILD IS RECEIVING PUBLIC ASSISTANCE.

Does not apply.

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

Signed at Port Orchard, Washington on 4-12-07.

Lynne Miller
LYNNE MILLER

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHAWNIE ANN VEDDER
1017 W FRANKLIN STREET
SHELTON, WA 98584

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0100 0002 2969 4112

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DIVISION OF CHILD SUPPORT
PO Box 11520
Tacoma WA 98411-5520

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)



TO: POSTMASTER
SHELTON WA 98584-9998

Agency Control No: DSS 300

Date: March 09, 2007

POSTMASTER LETTER

Address Information Request

Please furnish this agency with the new address, if available, for the following individual or verify whether or not the address given below is one at which mail for this individual is currently being delivered. If the following address is a post office box, please furnish the street address as recorded on the boxholder's application form.

Case #: 1285412

Name: SHAWNIE ANN VEDDER
Last-known address: 1017 W FRANKLIN ST
SHELTON WA 98584



I certify that the address information for this individual is required for the performance of this agency's official duties.


Signature of Agency Official
Authorized Representative, Division of Child Support

FOR POST OFFICE USE ONLY

- ☒ Mail is delivered to address given
☐ Not known at address given
☐ Moved, left no forwarding address
☐ No such address
☐ Other (specify): _____

New address

Boxholder's street address

Agency return address:

FIVE DIVISION OF CHILD SUPPORT
PO Box 11520
Tacoma WA 98411-5520

POSTMARK/DATE STAMP

