

FILED  
KITSAP COUNTY CLERK

2007 APR 26 PM 12:39

DAVID W. PETERSON

On this date, I deposited in the mails of the United States of America  
a properly stamped and addressed envelope containing a copy of the document to  
which this certification is attached, directed to:

Scott Paul Turchin ☐ at address of record ☒ at last known address  
Shawnie Ann Vedder ☐ at address of record ☒ at last known address

I certify (or declare) under penalty of perjury under the laws of the State of  
Washington that the foregoing is true and correct to the best of my knowledge  
and belief.

DATED AND SIGNED on 4-25-07, Port Orchard, Washington.

*Gynne Miller*

**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 (360) 337-5733

ORIGINAL

*24*

# Washington State Child Support Schedule

Worksheets (CSW)

Mother Shawmie Vetter Father Scott Turchin

County Kitsap 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	\$ 52775	\$
b. Interest and Dividend Income	\$	\$
c. Business Income	\$ 200	\$
d. Spousal Maintenance Received	\$	\$
e. Other Income	\$	\$
f. Total Gross Monthly Income (add lines 1a through 1e)	\$ 52975	\$ 822.95
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)	\$ 1308	\$
3. Monthly Net Income (line 1f minus 2h)	\$ 4167	\$ 822.95

126  
89

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.)		\$ 4979	
5. Basic Child Support Obligation (enter total amount in box _____) child #1 <u>726</u> child #3 _____ child #2 _____ child #4 _____		\$	
6. Proportional Share of Income (each parent's net income from line 3 divided by line 5)	Father	0.836	Mother
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.)		\$ 606.93	\$ 119.26
<b>Part II: Health Care, Day Care, and Special Child Rearing Expenses</b>			
8. Health Care Expenses			
a. Monthly Health Insurance Premiums Paid for	\$ 7	\$ -	
b. Uninsured Monthly Health Care Expenses Paid for	\$ -	\$ -	
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)		\$ 36	
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	\$	\$ 10.00	
c. Long Distance Transportation Expenses	\$ 7	\$ -	
d. Other Special Expenses (describe)	\$	\$ -	
	\$ -	\$ -	
e. Total Day Care and Special Expenses (Add lines 9a through 9d)	\$	\$ 10.00	
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 line 10)		\$ -	
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$ 1	\$ ?	

<b>Part III: Gross Child Support Obligation</b>			602	119
13. Gross Child Support Obligation (line 7 plus line 12)	\$	540	\$	123
<b>Part IV: Child Support Credits</b> (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)	\$		\$	
<b>Part V: Standard Calculation/Presumptive Transfer Payment</b> (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	\$	606 540	\$	25
e. Enter the lowest amount of lines 15b, 15c or 15d:	\$	540	\$	25
<b>Part VI: Additional Factors for Consideration</b> (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	\$	200,000	\$	150,00
b. Stocks and Bonds	\$		\$	0
c. Vehicles	\$	15,000	\$	2000
d. Boats	\$	30,000	\$	0
e. Pensions/IRAs/Bank Accounts	\$	-	\$	3,000.00
f. Cash	\$	-	\$	100.00
g. Insurance Plans	\$	-	\$	0
h. Other (describe)	\$		\$	0
Guns and Rifles	\$	3000.00	\$	0
	\$		\$	
17. Household Debt (List liens against household assets,				
	\$	7	\$	7
	\$		\$	
	\$		\$	
	\$		\$	

18. Other Household Income			
a. Income Of Current Spouse (if not the other parent of this action)			
Name	<u>Robert Whelan</u>	\$ 0	\$ 450.00
Name		\$ 0	\$
b. Income Of Other Adults In Household			
Name		\$ 0	\$ 0
Name		\$ 0	\$ 0
c. Income Of Children (if considered extraordinary)			
Name		\$ 0	\$ 0
Name		\$ 0	\$ 0
d. Income From Child Support			
Name		\$ 0	\$ 0

Other Household Income (continued)	Father's Household	Mother's Household
e. Income From Assistance Programs		
Program	\$	\$ 0
f. Other Income (describe)		
	\$	\$ 0
	\$	\$ 0
19. Non-Recurring Income (describe)		
	\$	\$ 0
	\$	\$ 0
20. Child Support Paid For Other Children		
Name/age:	\$ ?	\$ 0
Name/age:	\$ ?	\$ 0
Name/age:	\$ 0	\$ 0

21. Other Children Living in Each Household			
(First names and ages)			
Annike <del>the</del> 3	0	0	1
	0		
22. Other Factors For Consideration			
millie Has Reached Puberty early and Is the Biggest kid in her class she is eating us out of house and Home. I ask that she receives the amount that a 12+ year old receives That would be \$ 897 Scott Pays on two other children After subtracting using the 3 child (teen aged) family method the amount would be <div style="text-align: center; margin-top: 10px;">\$ 581.00</div>			
<b>Signature and Dates</b>			
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	
9-13-07 Date	Shelton City	Date	City

Judge/Reviewing Officer \_\_\_\_\_

Date \_\_\_\_\_

**This worksheet has been certified by the State of Washington Office of the  
Administrator for the Courts.**

**Photocopying of the worksheet is permitted.**