FILED MISAP COUNTY CLIPS

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.

4-25-0 DATED AND SIGNED on

, Port Orchard, Washington.

SUPERIOR COURT OF WASHINGTON COUNTY OF KITSAP

State of Washington on behalf of: MILDRED ANN VEDDER Petitioner

VS.

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SCOTT PAUL TURCHIN Alleged Father

SHAWNIE ANN VEDDER 20 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





Washington State Child Support Schedule

Worksheets (CSW)

Mother	_5h	aunie	Vell Father	Scott	Turchin	
County	Kitsap	Superio	or Court Case N	umber		

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	\$ 2,00	\$	
d. Spousal Maintenance Received	\$	\$	
e. Other Income	\$	\$	
f. Total Gross Monthly Income	C2.0		
(add lines 1a through 1e)	\$52975	\$ \$22.95	
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	1308		
(add lines 2a through 2g)	\$	\$	
3. Monthly Net Income	7,400	^	
(line 1f minus 2h)	\$ 416/	\$ 822.95	

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 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 7 2 Child #3 Child #2 Child #4 	\$ 49 \$	179
	Father	Mother
6. Proportional Share of Income	3 836	-164
(each parent's net income from line 3 divided by line 7. Each Parent's Basic Child Support Obligation(multiply	1 324	- 16 [
each number on line 6 by line 5)(If combined net		1
monthly income on line 4 is less than \$600, enter	. 22	
each parent's support obligation of \$25 per child.	s 606.93	110.06
Number of children: Skip to line 15a and enter this amount.)	3	\$ 11.10
Part II: Health Care, Day Care, and Special Child Reari	ng Expenses	
8. Health Care Expenses		<u> </u>
a. Monthly Health Insurance Premiums Paid for	\$ (\$ -
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)	\$ 7	ነ ራ
f. Extraordinary Monthly Health Care Expenses	-	7
(line 8d minus line 8e., if "0" or negative, enter "0")	\$	
Day Care and Special Child Rearing Expenses		
a. Day Care Expenses	\$	<u> </u>
b. Education Expenses	\$	\$ 10.00
c. Long Distance Transportation Expenses	\$	\$ _
d. Other Special Expenses (describe)	\$ 7	\$ <u> </u>
	\$ -	\$
e. Total Day Care and Special Expenses	7	
(Add lines 9a through 9d)	\$	\$ 10.00
10. Combined Monthly Total Day Care and Special	1	200,000,000
Expenses (add father's and mother's day care and	s	9
special expenses from line 9e)		
11. Total Extraordinary Health Care, Day Care, and		7
Special Expenses (line 8f plus line 10)	\$	-
12. Each Parent's Obligation for Extraordinary Health	1	
Care, Day Care, and Special Expenses (multiply each	\$ -	\$
number on line 6 by line 11)	<u> </u>	

Part III: Gross Child Support Obligation	7.00	- 119-
	60C	18 107
13. Gross Child Support Obligation (line 7 plus line 12)	\$ 5-90	13455
Part IV: Child Support Credits (See Instructions, Page 7	') 	
14. Child Support Credits	7 17 17 1 <u>0 - 10 - 10 - 10 - 10 - 10 - 10 - 10 </u>	
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)	1	
	\$	\$
d. Total Support Credits (add lines 14a through 14c)	\$	\$
Part V: Standard Calculation/Presumptive Transfer Pa	ayment	·· ····· ·····
(See Instructions, Page 8)		
15. Standard Calculation	Father	Mother
a. Amount from line 7 if line 4 is below \$600. Skip to	\$	\$
Part VI.		l
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	res	
d. Amount on line 15b adjusted to meet need	\$ 640	\$ 85
standard limitation	510	<u> </u>
e. Enter the lowest amount of lines 15b, 15c or 15d: Part VI: Additional Factors for Consideration	18 590	\$ 25
	606	
(See Instructions, Page 8)	Father's	Mother's
16. Household Assets (List the estimated present value of all major	Household	Household
household assets.)	nouseriola	1 10d3e110ld
a. Real Estate	\$2,00,000	\$150,00
b. Stocks and Bonds	\$ 00,000	\$ 0
c. Vehicles	\$15,000	\$ 2000
d. Boats	\$30,000	\$ 0000
e. Pensions/IRAs/Bank Accounts	\$ _	\$ 3,000.00
f. Cash	\$ -	\$ 100.00
g. Insurance Plans	\$ -	\$ 0
h. Other (describe)	\$	\$ D
Guns and Rifles	\$3000.00	\$ 0
GAN 3 - GAN SIFIG	\$	\$
<u> </u>		
17. Household Debt (List liens against household assets,		
	\$ 7	\$ 7/
	\$	\$ /
	\$	\$ /•
	\$	\$
	l ₹ .	[▼ .[

18. Other Household Income		
a. Income Of Current Spouse (if not the other parent of this action) Name Name Name	\$ () \$ ()	\$450.00
b. Income Of Other Adults In Household		
Name	\$ 0	\$ P
	\$ 0	\$ 0
Name		
c. Income Of Children (If considered extraordinary)		
Name	\$ <i>O</i>	\$ 0
	\$ 9	\$ 9
Name		-
d. Income From Child Support	· · · · · · · · · · · · · · · · · · ·	
Name	•	¢ _
	; O	\$ O
	<u>*</u>	<u> </u>

Other Household Income (continued)	Father's Household	Mother's Household
e. Income From Assistance Programs		
Program f. Other Income (describe)	\$	\$ 0
r. Other income (describe)	,	
	\$	\$
	_	s
	'	•
-		
19. Non-Recurring Income (describe)		
	\$	\$
	_ s	
	*	*
20. Child Support Paid For Other Children		
Name/age:	\$ ~	\$
47-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	'	رے
Name/age:	\$ 1-	\$
		7
Name/age:	\$	\$
****	1 ()	

(First names and ages) Ahnke the 3 22. Other Factors For Consideration Mille Has leached Publish early and Is the Biggest kill in her class She is eating usout of house and Home. I ask that the Iccievs the amount that a 17 t scavoid recieves That would be \$ \$ 97 SLOH Pays on the other children After subtractusing the o'child the family me that the amount would be \$58.00 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 9-12-07 Shelton	21. Other Children Living in Each Household	<u> </u>	
22. Other Factors For Consideration Mille Has leached Puberty early and Is the Biggest kill in her class She is eating us out of house and Home. I ask that the Technology the amount that a 17 + sear old recieves That would be \$897 SLOH Pays on two other children After Subtractusing the 3 child feen family me that the amount would be \$581.00 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.	(First names and ages)	9	
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Mother's Signature Father's Signature	5-		
9-12-07 Shelton	Mother's Signature Father's Signat	ure	
	9-12-07 Shelton		
Date City	Date City Date Cit	Υ	

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

Photocopying of the worksheet is permitted.

Date

WSCSS-Worksheets (CSW) 9/2000 Page 5 of 5

Judge/Reviewing Officer