

FILED
KITSAP COUNTY CLERK
2007 JUN 14 PM 1:52
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
~~W/ proposed order of child support~~
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 6-14-07, Port Orchard, Washington.

Glynne 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

STATE'S SECOND REVISED
PROPOSED WASHINGTON
STATE CHILD SUPPORT
SCHEDULE WORKSHEETS

ORIGINAL

34
JR

Washington State Child Support Schedule

Worksheets (CSW)

Mother Shawnie Ann Vedder Father Scott Paul Turchin
 County Kitsap Superior Court Case Number 07-3-00180-3

Children and Ages: Mildred/10		
Part I: Basic Child Support Obligation (See Instructions, Page 1)		
1. Gross Monthly Income	Father	Mother
a. Wages and Salaries	\$ 5,060	\$ -
b. Interest and Dividend Income	\$ -	\$ -
c. Business Income	\$ -	\$ -
d. Spousal Maintenance Received	\$ -	\$ -
e. Other Income	\$ -	\$ 823
f. Total Gross Monthly Income (add lines 1a through 1e)	\$ 5,060	\$ 823
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$ 851	\$ -
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$ 387	\$ -
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)	\$ 1,238	\$ -
3. Monthly Net Income (line 1f minus 2h)	\$ 3,822	\$ 823
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.)	\$ 4,645	
5. Basic Child Support Obligation (enter total amount in box →)		
Child #1 <u>689</u> Child #4 <u>-</u> Child #7 <u>-</u> Child #2 <u>-</u> Child #5 <u>-</u> Child #8 <u>-</u> Child #3 <u>-</u> Child #6 <u>-</u> Child #9 <u>-</u>		\$ 689

	Father	Mother
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)	0.823	0.177
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.)	\$ 567	\$ 122
Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 3)		
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 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)	\$ 34	
f. Extraordinary Monthly Health Care Expenses (line 8d minus 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)	\$ -	\$ -
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 10)	\$ -	
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)	\$ 567	\$ 122
Part IV: Child Support Credits (See Instructions, Page 3)		
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 4)		
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.)	\$ 567	\$ 122
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	\$ -	\$ 25
e. Enter the lowest amount of lines 15b, 15c or 15d:	\$ 567	\$ 25
Part VI: Additional Factors for Consideration (See Instructions, Page 4)		
16. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	\$ -	\$ -
b. Stocks and Bonds	\$ -	\$ -
c. Vehicles	\$ -	\$ -
d. Boats	\$ -	\$ -
e. Pensions/IRA's/Bank Accounts	\$ -	\$ -
f. Cash	\$ -	\$ -
g. Insurance Plans	\$ -	\$ -
h. Other (describe)	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
17. Household Debt (List liens against household assets, extraordinary debt.)		
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
18. Other Household Income		
a. Income Of Current Spouse (if not the other parent of this action)		
Name _____	\$ -	\$ -
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 _____	\$ -	\$ -
f. Other Income (describe)		
_____	\$ -	\$ -
_____	\$ -	\$ -
19. Non-Recurring Income (describe)		
_____	\$ -	\$ -
_____	\$ -	\$ -
20. Child Support Paid For Other Children		
Name/age:	\$ -	\$ -
Name/age:	\$ -	\$ -
Name/age:	\$ -	\$ -
21. Other Children Living In Each Household (First names and ages)		

22. Other Factors For Consideration		
Father's income is taken from his 2006 gross earnings as reported to		
Employment Security for the 1st through 4th quarters 2006, (\$16,713.82 +		
\$13,628.95 + \$15,476.29 + \$14,897.53 = \$60,716.59 / 12 months = 5059.71		
gross per month), less standard deductions.		

The mother receives social security disability in the amount of \$822.96 per		
month.		

