

RECEIVED AND FILED
IN OPEN COURT

JUL 02 2007

DAVID W. PETERSON
KITSAP COUNTY CLERK

C/S WSSR

**SUPERIOR COURT OF WASHINGTON
COUNTY OF KITSAP**

State of Washington on behalf of:
MILDRED ANN VEDDER
Petitioner

NO: 07-3-00180-3

ORDER OF CHILD SUPPORT

vs.

(ORS)

SCOTT PAUL TURCHIN
Alleged Father

SHAWNIE ANN VEDDER
Mother

Respondents

I. JUDGMENT SUMMARY

Does not apply.

II. BASIS

2.1 TYPE OF PROCEEDING.

This order is entered pursuant to an order for modification of child support.

2.2 CHILD SUPPORT WORKSHEET.

The child support worksheet which has been approved by the court is attached to this order and is incorporated by reference or has been initialed and filed separately and is incorporated by reference.

2.3 OTHER:

ORDER OF CHILD SUPPORT
WPF 4D 01.0500 (6/2004)
RCW 26.09.175; 26.26.132
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

39

III. FINDINGS AND ORDER

IT IS ORDERED that:

3.1 CHILDREN FOR WHOM SUPPORT IS REQUIRED:

<u>Name</u>	<u>Age</u>
MILDRED ANN VEDDER	10 years

3.2 PERSON PAYING SUPPORT (OBLIGOR):

Name: **SCOTT PAUL TURCHIN**
Birth Date: 10/09/1965
Service Address: [You may list an address that is not your residential address where you agree to accept legal documents.]

The obligor shall complete to the best of his or her knowledge a verified and signed Confidential Information Form providing his or her current residence and mailing address, telephone number, date of birth, social security number driver's license number, and the name(s), address(es), and telephone number(s) of his or her employer. If the obligor fails to complete the form, the attorney for the State of Washington may do so to the best of his or her knowledge.

THE OBLIGOR SHALL UPDATE THE INFORMATION REQUIRED BY PARAGRAPH 3.2 WITH THE COURT AND STATE CASE REGISTRY PROMPTLY AFTER ANY CHANGE IN THE INFORMATION. THE DUTY TO UPDATE THE INFORMATION CONTINUES AS LONG AS ANY MONTHLY SUPPORT REMAINS DUE OR ANY UNPAID SUPPORT DEBT REMAINS DUE UNDER THIS ORDER.

Monthly Net Income \$3822.00

3.3 PERSON RECEIVING SUPPORT (OBLIGEE):

Name: **SHAWNIE ANN VEDDER**
Birth Date: 05/31/1967
Service Address: [You may list an address that is not your residential address where you agree to accept legal documents.]

The obligee shall complete to the best of his or her knowledge a verified and signed Confidential Information Form providing his or her current residence and mailing address, telephone number, date of birth, social security number driver's license number, and the name(s), address(es), and telephone number(s) of his or her employer. If the obligee fails to complete the form, the attorney for the State of Washington may do so to the best of his or her knowledge.

THE OBLIGEE SHALL UPDATE THE INFORMATION REQUIRED BY PARAGRAPH 3.3 WITH THE COURT AND STATE CASE REGISTRY PROMPTLY

1 AFTER ANY CHANGE IN THE INFORMATION. THE DUTY TO UPDATE THE
2 INFORMATION CONTINUES AS LONG AS ANY MONTHLY SUPPORT REMAINS
3 DUE OR ANY UNPAID SUPPORT DEBT REMAINS DUE UNDER THIS ORDER. JOA

4 Monthly Net Income (DISABILITY) ~~\$832.00~~ 823 N

5 The income of the obligee is imputed because she is voluntarily underemployed.

6 The obligor may be able to seek reimbursement for day care or special child rearing
7 expenses not actually incurred. RCW 26.19.080

8 3.4 SERVICE OF PROCESS.

9 Service of process on the obligor at the address required by paragraph 3.2 or any
10 updated address, or on the obligee at the address required by paragraph 3.3 or any
11 updated address, may be allowed or accepted as adequate in any proceeding to
12 establish, enforce or modify a child support order between the parties by delivery of
13 written notice to the obligor or obligee at the last address provided.

14 3.5 TRANSFER PAYMENT.

15 The obligor parent shall pay the following amounts per month for the following
16 child(ren):

<u>Name</u>	<u>Amount</u>
MILDRED ANN VEDDER	\$567.00

17 **THE OBLIGOR PARENT'S PRIVILEGES TO OBTAIN OR MAINTAIN A
18 LICENSE, CERTIFICATE, REGISTRATION, PERMIT, APPROVAL, OR
19 OTHER SIMILAR DOCUMENT ISSUED BY A LICENSING ENTITY
20 EVIDENCING ADMISSION TO OR GRANTING AUTHORITY TO ENGAGE IN
21 A PROFESSION, OCCUPATION, BUSINESS, INDUSTRY, RECREATIONAL
22 PURSUIT, OR THE OPERATION OF A MOTOR VEHICLE, MAY BE DENIED,
23 OR MAY BE SUSPENDED IF THE OBLIGOR PARENT IS NOT IN
24 COMPLIANCE WITH THIS SUPPORT ORDER AS PROVIDED IN CHAPTER
25 74.20A REVISED CODE OF WASHINGTON.**

26 3.6 STANDARD CALCULATION.

27 \$567.00 per month. (See Worksheet, line 15.)

28 3.7 REASONS FOR DEVIATION FROM STANDARD CALCULATION.

The child support amount ordered in paragraph 3.5 does not deviate from the standard
calculation.

3.8 REASONS WHY REQUEST FOR DEVIATION WAS DENIED.

A deviation was not requested.

3.9 STARTING DATE AND DAY TO BE PAID.

Starting Date: 08/01/07

Day(s) of the month support is due: 15th

3.10 INCREMENTAL PAYMENTS.

Does not apply.

3.11 HOW SUPPORT PAYMENTS SHALL BE MADE.

Enforcement and collection: The Division of Child Support (DCS) provides support enforcement services for this case because: This is a case in which a parent has requested services from DCS.

Support payments shall be made to:

Washington State Support Registry
P. O. Box 45868
Olympia, WA 98507
Phone: 1-800-922-4306 or
1-800-442-5437

A party required to make payments to the Washington State Support Registry will not receive credit for a payment made to any other party or entity. The obligor parent shall keep the registry informed of whether he or she has access to health insurance coverage at reasonable cost and, if so, provide the health insurance policy information.

3.12 WAGE WITHHOLDING ACTION.

Withholding action may be taken against wages, earnings, assets, or benefits, and liens enforced against real and personal property under the child support statutes of this or any other state, without further notice to the obligor parent at any time after entry of this order unless an alternative provision is made below:

[If the court orders immediate wage withholding in a case where DCS does not provide support enforcement services, a mandatory wage assignment under Chap. 26.18 RCW must be entered and support payments must be made to the Support Registry.]

3.13 TERMINATION OF SUPPORT.

Support shall be paid:

Until the child(ren) reach(es) the age of 18 or as long as the child(ren) remain(s) enrolled in high school, whichever occurs last, except as otherwise provided below in Paragraph 3.14.

3.14 POST SECONDARY EDUCATIONAL SUPPORT.

The right to petition for post secondary support is reserved until support terminates as set forth in paragraph 3.13.

3.15 PAYMENT FOR EXPENSES NOT INCLUDED IN THE TRANSFER PAYMENT.

The right to petition for expenses not included in the transfer payment and incurred on behalf of the child listed in Paragraph 3.1 is reserved.

3.16 PERIODIC ADJUSTMENT.

The right to petition for a periodic adjustment of the child support is reserved.

3.17 INCOME TAX EXEMPTIONS.

the tax exemption is awarded as follows:
~~The right to petition for income tax exemptions for the child(ren) is reserved.~~ *to the father*

3.18 MEDICAL INSURANCE FOR THE CHILDREN LISTED IN PARAGRAPH 3.1. *so long as the mother's status does not change.*

Each parent shall maintain or provide health insurance coverage if:

(a) Coverage that can be extended to cover the child(ren) is or becomes available to each parent through employment or is union-related; and

(b) The cost of such coverage for the mother does not exceed \$6.25 (25 percent of mother's basic child support obligation on Worksheet Line 7), and the cost of such coverage for the father does not exceed \$141.75 (25 percent of father's basic child support obligation on Worksheet Line 7).

The parents shall maintain health insurance coverage, if available for the child(ren) listed in Paragraph 3.1, until further order of the court or until health insurance is no longer available through the parents' employer or union and no conversion privileges exist to continue coverage following termination of employment.

A parent who is required under this order to provide health insurance coverage is liable for any covered health care costs for which that parent receives direct payment from an insurer.

A parent who is required under this order to provide health insurance coverage shall provide proof that such coverage is available or not available within twenty days of the entry of this order to the Washington State Support Registry, if the parent has been notified or ordered to make payments to the Washington State Support Registry.

If proof that health insurance coverage is available or not available is not provided within twenty days the obligee or the Department of Social and Health Services may seek direct enforcement of the coverage through the obligor's employer or union without further notice to the obligor as provided under Chapter 26.18 RCW.

ORDER OF CHILD SUPPORT

WPF 4D 01.0500 (6/2004)

RCW 26.09.175; 26.26.132

SEMS No. 1285412

Page 5

RUSSELL D. HAUGE
Kitsap County Prosecuting Attorney
614 Division Street MS-35
Port Orchard, WA 98366-4681
(360) 337-7020 Fax (360) 337-5733

1 3.19 EXTRAORDINARY HEALTH CARE EXPENSES.

2 The obligor shall pay 82% of extraordinary health care expenses (the obligor's proportional
3 share of income from the Support Schedule, line 6), if monthly medical expenses exceed
4 \$34.45 (5% of the basic support obligation from Worksheet, line 5).

5 3.20 BACK CHILD SUPPORT.

6 Unpaid support due under a court or administrative order is preserved for collection and is
7 not merged in or extinguished by this order.

8 3.21 BACK INTEREST.


9 Back interest that may be owed is not affected by this order.

10 3.22 OTHER:

11 DATED: 6/2/07


JUDGE/COURT COMMISSIONER

14 Presented by:

15
16 
17 JENNIFER DURCAN ANDREWS
18 Deputy Prosecuting Attorney
19 WSBA Number: 32754

20 Approved for entry:
21 Notice of presentation waived.

22 
23 SCOTT PAUL TURCHIN

24
25 
26 SHAWNIE ANN VEDDER

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)

	Father	Mother
1. Gross Monthly Income		
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.		

Other Factors For Consideration (continued)

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.

Shawna Val

Mother's Signature

7-2-07 Port Orchard

Date

City

Scott K. ...

Father's Signature

July 2nd

Date

Port Orchard

City

[Signature]
~~Judge/Reviewing Officer~~

Commissioner

Date

7/2/07

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