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Clerk of the
Superior Court of Mason Co. Wash.

MW

Washington State Child Support Schedule Worksheets

Proposed by State of WA Other (CSWP)
Or, Signed by the Judicial/Reviewing Officer. (CSW)

Mother SHAWNIE ANN VEDDER
County MASON

Father SCOTT PAUL TURCHIN
Case No.

13 3 00176 1

Child(ren) and Age(s): Mildred Ann Vedder, 16			
Part I: Income (see Instructions, page 6)			
1. Gross Monthly Income	Father	Mother	
a. Wages and Salaries	-	-	
b. Interest and Dividend Income	-	-	
c. Business Income	-	-	
d. Maintenance Received	-	-	
e. Other Income	\$2,666.00	\$800.00	
f. Imputed Income	-	-	
g. Total Gross Monthly Income (add lines 1a through 1f)	\$2,666.00	\$800.00	
2. Monthly Deductions from Gross Income			
a. Income Taxes (Federal and State) Tax Year: Manual	\$105.63	-	
b. FICA (Soc. Sec. + Medicare)/Self-Employment Taxes	\$203.95	-	
c. State Industrial Insurance Deductions	-	-	
d. Mandatory Union/Professional Dues	-	-	
e. Mandatory Pension Plan Payments	-	-	
f. Voluntary Retirement Contributions	-	-	
g. Maintenance Paid	-	-	
h. Normal Business Expenses	-	-	
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$309.58	-	
3. Monthly Net Income (line 1g minus 2i)	\$2,356.42	\$800.00	
4. Combined Monthly Net Income (line 3 amounts combined)		\$3,156.42	
5. Basic Child Support Obligation (Combined amounts →)			
Mildred Ann Vedder \$704.00		\$704.00	
-			
-			
-			
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)	.747	.253	

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ORIGINAL

Part II: Basic Child Support Obligation (see Instructions, page 7)			
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations (Each parent's Line 6 times Line 5.)		\$525.89	\$178.11
8. Calculating low income limitations: Fill in only those that apply.			
Self-Support Reserve: (125% of the Federal Poverty Guideline.)		\$1,164.00	
a. Is combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child.		-	-
b. Is Monthly Net Income Less Than Self-Support Reserve? If yes, for that parent enter the presumptive \$50 per child.		-	\$50.00
c. Is Monthly Net Income Greater Than Self-Support Reserve? If yes, for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, then enter that amount or the presumptive \$50 per child, whichever is greater.		-	-
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child.		\$525.89	\$50.00
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)			
10. Health Care Expenses		Father	Mother
a. Monthly Health Insurance Paid for Child(ren)		-	-
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)		-	-
c. Total Monthly Health Care Expenses (line 10a plus line 10b)		-	-
d. Combined Monthly Health Care Expenses (line 10c amounts combined)		-	-
11. Day Care and Special 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 11a through 11d)		-	-
12. Combined Monthly Total Day Care and Special Expenses (line 11e amounts Combined)		-	-
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)		-	-
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)		-	-
Part IV: Gross Child Support Obligation			
15. Gross Child Support Obligation (line 9 plus line 14)		\$525.89	\$50.00
Part V: Child Support Credits (see Instructions, page 9)			
16. 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 16a through 16c)	-	-
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$525.89	\$50.00
Part VII: Additional Informational Calculations		
18. 45% of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$1,060.39	\$360.00
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$131.47	\$12.50
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	-	-
b. Investments	-	-
c. Vehicles and Boats	-	-
d. Bank Accounts and Cash	-	-
e. Retirement Accounts	-	-
f. Other: (describe)	-	-
	-	-
	-	-
	-	-
21. Household Debt (List liens against household assets, extraordinary debt.)		
a.	-	-
b.	-	-
c.	-	-
d.	-	-
e.	-	-
f.	-	-
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action)		
Name	-	-
Name	-	-
b. Income Of Other Adults in Household		
Name	-	-
Name	-	-
c. Gross Income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8	-	-
d. Income Of Child(ren) (if considered extraordinary)		
Name	-	-
Name	-	-

e. Income From Child Support			
Name		-	-
Name		-	-
f. Income From Assistance Programs			
Program		-	-
Program		-	-
g. Other Income (describe)			
		-	-
		-	-
23. Non-Recurring Income (describe)			
		-	-
		-	-
24. Child Support Owed, Monthly, for Biological or Legal Child(ren)		Father's Household	Mother's Household
Name/age:	Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	-	-
Name/age:	Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	-	-
Name/age:	Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	-	-
25. Other Child(ren) Living In Each Household (First name(s) and age(s))			
26. Other Factors For Consideration			

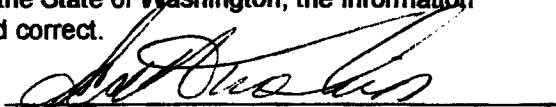
Other Factors For Consideration (continued) (attach additional pages as necessary)

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.

see attached

Mother's Signature

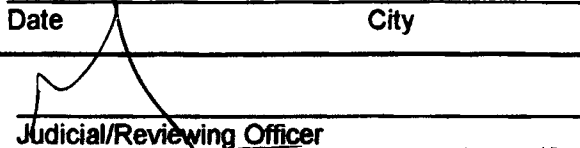


Father's Signature

Date _____ City _____

5 June 2013 Bremerton, WA

Date _____ City _____


Judicial/Reviewing Officer

6/5/13
Date

ROBERT SAUERLENDER

Worksheet certified by the State of Washington Administrative Office of the Courts.

Photocopying of the worksheet is permitted.

Other Factors For Consideration (continued) (attach additional pages as necessary)

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

[Handwritten Signature]
for Shanel Vedder

Mother's Signature

WSN # 2477

Father's Signature

6-5-2013

Date

City

Date

City

Judicial/Reviewing Officer

Date

Worksheet certified by the State of Washington Administrative Office of the Courts.

Photocopying of the worksheet is permitted.

WSCSS-Worksheets - Mandatory (CSW/CSWP) 07/2011 Page 5 of 5

SupportCalc® 2013

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**SUPERIOR COURT OF WASHINGTON
COUNTY OF MASON**

In re the Parentage of:

MILDRED VEDDER,

Child,

SCOTT PAUL TURCHIN,

Petitioner,

and

SHAWNIE ANN VEDDER,

Respondent.

No.

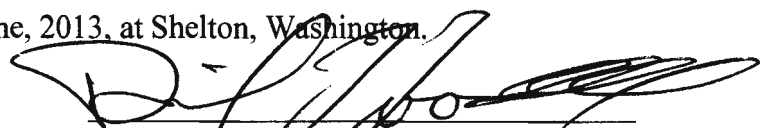
**DECLARATION REGARDING
ELECTRONIC SIGNATURE**

I, Daniel L. Goodell, of Houle & Goodell Attorneys PLLC, do hereby state and declare as follows:

- 1.) I am the attorney for the Petitioner, Scott Paul Turchin.
- 2.) I have examined the Child Support Schedule Worksheets to which this page is attached, and they consists of 7 pages, including the signature page and this page.
- 2.) The foregoing document is complete and legible.

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

SIGNED this 5 day of June, 2013, at Shelton, Washington.


Daniel L. Goodell, WSBA No. 14790
Attorney for Petitioner