

FILED
SEP 13 2024
TRACIA A. GANTS
LINCOLN COUNTY CLERK

Superior Court of Washington, County of Spokane

In re the marriage/domestic partnership of:

Petitioner (*person who started this case*):

JUDITH ALLISON GUINN KUENNIGER

Respondent (*other spouse / partner*):

WILLIAM JOSEPH KUENNIGER

No. 24-3-00791-22

Motion for Temporary Family Law Order
(MTTO)

Motion for Temporary Family Law Order

Use this form in marriage/domestic partnership cases only. For other cases, use FL Parentage 323 or FL Modify 623, depending on the type of case.

To both parties:

Deadline! Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at www.courts.wa.gov.

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

The court may not allow you to testify at the motion hearing. Read your county's Local Court Rules, if any.

Bring proposed orders to the hearing.

To the person filing this motion:

You must schedule a hearing on this motion. You may use the *Notice of Hearing* (form FL All Family 185) unless your county's Local Court Rules require a different form. Contact the court for scheduling information.

To the person receiving this motion:

If you do not agree with the requests in this motion, file a statement (using form FL All Family 135, *Declaration*) explaining why the court should not approve those requests. You may file other written proof supporting your side, and propose your own *Parenting Plan* or *Child Support Worksheets*.

1. My name is Judith (Judy) Guinn Kuenniger. I ask the court for temporary orders approving the requests listed below.

2. **Children**

No request.

3. **Active duty military**

(The **federal** Servicemembers Civil Relief Act covers:

- Army, Navy, Air Force, Marine Corps, and Coast Guard members on active duty;
- National Guard or Reserve members under a call to active service for more than 30 days in a row; and
- commissioned corps of the Public Health Service and NOAA.

The **state** Servicemembers' Civil Relief Act covers those service members listed above who are either stationed in or residents of Washington state, and their dependents, except for the commissioned corps of the Public Health Service and NOAA.)

My spouse/domestic partner is **not** covered by the state or federal Servicemembers Civil Relief Acts.

4. **Care and safety of children** (check all that apply):

No request.

5. **Provide support**

Order my spouse/domestic partner to pay spousal support (maintenance/alimony) in an amount set by the court every month until final orders are established.

6. **Family home**

No request.

7. **Use of property**

Order that I can possess and use (specify):

property in my possession now.

vehicle(s): 2016 Dodge Caravan

other: I would like to coordinate a mutually agreeable time for me to return to the home and retrieve my personal property. I am currently compiling a list of items I am requesting.

Order that my spouse/domestic partner can possess and use (specify):

vehicle(s): Dodge Truck

8. **Protect property**

Order my spouse/domestic partner not to move, take, hide, damage, borrow against, sell or try to sell, or get rid of any property, unless it is a usual business practice or to pay for basic necessities. (If the court makes this order, both spouses/domestic partners must notify each other about any expenses that are out of the ordinary.)

9. Household expenses

Order household expenses to be paid as follows:

Each party to pay their own separate household expenses.

10. Divide debts

Order my spouse/domestic partner and me to:

Each be responsible for their own future debts, including debt from credit cards, loans, security interest, and mortgages.

11. Do not change insurance

Order my spouse/domestic partner not to make changes to any medical, health, life, or auto insurance policy that covers either spouse/domestic partner or any child listed in 2. That means they must not transfer, cancel, borrow against, let expire, or change the beneficiary of any policy.

Pay insurance premiums as follows (*list policies and who should pay each one*):

Policy (<i>describe</i>)	Who should pay
1. Medical/Dental/Vision	Respondent
2. Auto Insurance	Respondent
3. Life Insurance (Respondent's)	Respondent

12. Pay fees and costs

Order my spouse/domestic partner to:

Pay my lawyer's fees for this case. *Amount: \$ 1,000.00*

Make payments to (*name*): Maxey Law Offices

13. Restraining Order

No request.

14. Other temporary orders

No request.

(*Specify*): _____

➤ **Reasons for my requests**

15. Why are you asking the court for the orders you checked above? (*Explain*):

- If you need additional space use the *Declaration* form FL All Family 135.
- If you are asking for a parenting plan, also fill out the *Information for Temporary Parenting Plan*, form FL All Family 139, and a proposed *Parenting Plan*, form FL All Family 140.

- If you are asking for child support, also fill out the *Child Support Worksheets*. If you have received public assistance for any child in this case, also fill out the *Public Assistance Declaration*, form FL All Family 132.
- If you are asking for any order involving money (including child support), also fill out the *Financial Declaration*, form FL All Family 131, and file the required financial records.
- If you are asking to prohibit weapons or order surrender, give your reasons at the end of this section.
- If you are asking to change an earlier temporary order, give the date of the earlier order and explain how circumstances have changed since then.

Please see Declarations filed herewith.

Person asking for this order fills out below:

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): _____ Date: 09/11/2024

▶ _____ JUDITH ALLISON GUINN KUENNIGER
Person asking for this order signs here *Print name here*

I agree to accept legal papers for this case at (*check one*):

My lawyer's address, listed below.

Lawyer (if any) fills out below:

▶ _____ Mason J. Maxey, #56935 9/11/2024
Lawyer signs here *Print name and WSBA No.* *Date*

1835 W. Broadway Avenue Spokane WA 99201
Lawyer's Street Address or PO Box *City* *State* *Zip*

Email (*if applicable*): MasonM@Maxeylaw.com & RicciK@Maxeylaw.com

Warning! Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a *Sealed cover sheet* (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.

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