

Your Information

Full name (<i>first, middle, last</i>): Client		Date of birth (<i>MM/DD/YYYY</i>):	Sex:
Driver's license/Identicard (<i>#, state</i>):	Race:	Relationship to children in this case: Parent	
Mailing address (<i>This address will not be kept private.</i>) (<i>street address or PO box, city, state zip</i>):			

Your Spouse's Information – This person is a (*check one*): Petitioner Respondent

Full Name (<i>first, middle, last</i>)		Date of birth (<i>MM/DD/YYYY</i>):	Sex:
Driver's license/Identicard (<i>#, state</i>):	Race:	Relationship to children in this case: Parent	
Mailing address (<i>This address will not be kept private.</i>) (<i>street address or PO box, city, state zip</i>):			

Skip this section if your case does not involve children.

Children's Information (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

	Child's full name (<i>first, middle, last</i>)	Date of birth (<i>MM/DD/YYYY</i>)	Race	Sex	Soc. Sec. #	Current location: lives with
1.						<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
2.						<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
3.						<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
4.						<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
5.						<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:
6.						<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other:

Have the children lived with anyone other than Petitioner or Respondent during the last five years? (*Check one*): No Yes If **Yes**, fill out below:

Children lived with (<i>name</i>)	That person's current address
1.	
2.	

Do other people (not parents) have custody or visitation rights to the children?

(*Check one*): No Yes If **Yes**, fill out below:

Person with rights (<i>name</i>)	That person's current address
1.	
2.	

If you are asking for custody and are not the parent, list all other adults living in your home:

1. (<i>Name</i>):	Date of birth (<i>MM/DD/YYYY</i>):
2. (<i>Name</i>):	Date of birth (<i>MM/DD/YYYY</i>):

Information about the marriage (check all that apply):

- We were married on (date): _____ in (city and state): _____.
- Our domestic partnership was registered with the State of _____ on (date): _____ and,
 - it converted into a marriage by law on (date): _____ . (RCW 26.60.100.)
 - we were married on (date): _____ at (city and state): _____ .
- We currently live in the same household.

Request for divorce

This marriage is irretrievably broken. I ask the court to dissolve our marriage and find that our marital community ended on (check one):

- the date this Petition is filed.
- (date): _____, which is when (check all that apply):
 - One of us moved to a separate household.
 - We divided our assets and debts.
 - We agreed the marital community ended.

Is one of the spouses pregnant?

- No
- Yes

If Yes, who is pregnant? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	<p>Note: The law considers the other spouse to be the parent of any child born during the marriage or within 300 days after it ends. If the other spouse is not the parent, either spouse may file a <i>Petition to Disprove Parentage of Presumed Parent</i> (form FL Parentage 355) in court. In most cases, the deadline to file the <i>Petition to Disprove</i> is before the child turns four. (See RCW 26.26.116, 26.26.500 – 26.26.625.)</p> <p>If everyone agrees, both spouses and the child’s biological father can sign an <i>Acknowledgment (and Denial) of Paternity</i>. Those forms must be notarized and filed with the Washington State Registrar of Vital Statistics to be valid.</p>
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Written Agreements

Have you and your spouse signed a prenuptial agreement, separation contract or community property agreement?

(Check one):

- No. (Skip to **12**.)
- Yes. (Fill out below.)

Type of written agreement:

Date of written agreement:

Should the court enforce this agreement?

(Check one): Yes

No

If No, why not?



Real Property (land or home)

Neither spouse owns any real property.

I ask the court to divide the real property fairly (equitably), as explained below:



Other (*specify*):



Personal Property (possessions, assets or business interests of any kind)

We have already divided the property fairly. I ask the court to order that each spouse will keep any personal property that s/he now has or controls.

I ask the court to divide the personal property fairly (equitably), as explained below:



Other (*specify*):

Debts

- I am not aware of any debts.
- I ask the court to order each spouse to be responsible for the debts s/he incurred (made) after the date of separation.
- I ask the court to make the following orders about debts (*check all that apply*):
 - Each spouse is responsible for the debts that are now only in his/her own name.
 - Divide the debts fairly (equitably), as explained below:

Spousal Support (maintenance/alimony)

- Spousal support is **not** needed.
- Spousal support **is** needed. The Petitioner Respondent has the ability to pay and should pay support:
 - (*amount*) \$ every month until (*date or event*): .

Protection Order

Do you want the court to issue an Order for Protection as part of the final orders in this case?

- No.** I do not want an *Order for Protection*.
- Yes.** (*You must file a Petition for Order for Protection, form DV-1.015 for domestic violence, or form UHST-02.0200 for harassment. You may file your Petition for Order for Protection using the same case number assigned to this case.*)

Important! If you need protection **now**, ask the court clerk about getting a Temporary Order for Protection.

There already is an Order for Protection between my spouse and me. (Describe):

Court that issued the order:

Case number:

Expiration date:

Restraining Order

Do you want the court to issue a Restraining Order as part of the final orders in this case?

No. (Skip to **19.**)

Yes. Check the type of orders you want:

Do not disturb – Order the Respondent not to disturb my peace or the peace of any child listed in **6**.

Stay away – Order the Respondent not to go onto the grounds of or enter my home, workplace, or school, and the daycare or school of any child listed in **6**.

Also, not knowingly to go or stay within _____ feet of my home, workplace, or school, or the daycare or school of any child listed in **6**.

Do not hurt or threaten – Order the Respondent:

- Not to assault, harass, stalk or molest me or any child listed in **6**; and
- Not to use, try to use, or threaten to use physical force against me or the child that would reasonably be expected to cause bodily injury.

Warning! If the court makes this order, the court must consider if weapons restrictions are required by state law; federal law may also prohibit the Restrained Person from possessing firearms or ammunition.

Prohibit weapons and order surrender – Order the Respondent:

- Not to possess or obtain any firearms, other dangerous weapons, or concealed pistol license until the Order ends, and
- To surrender any firearms, other dangerous weapons, and any concealed pistol license that he/she possesses to (check one): the police chief or sheriff. his/her lawyer. other person (name):

Other restraining orders:

Important! If you want a restraining order **now**, you must file a Motion for Temporary Family Law Order and Restraining Order (FL Divorce 223) or a Motion for Immediate Restraining Order (Ex Parte) (FL Divorce 221).

19. Name change

No request.

Change the _____'s name to:

Other requests, if any:

Reasons for putting limitations on a parent (under RCW 26.09.191)

a. Abandonment, neglect, child abuse, domestic violence, assault, or sex offense.
*(If a parent has any of these problems, the court **must** limit that parent's contact with the child, the right to make decisions for the child, and may not require dispute resolution other than court.)*

Neither parent has any of these problems. (Skip to **3.b.**)

A parent has one or more of these problems as follows (*check all that apply*):

Abandonment - (*Parent's name*): _____ intentionally abandoned a child listed in **2.** for an extended time.

Neglect - (*Parent's name*): _____ substantially refused to perform his/her parenting duties for a child listed in **2.**

Child Abuse - (*Parent's name*): _____ (or someone living in that parent's home) abused or threatened to abuse a child. The abuse was (*check all that apply*): physical sexual repeated emotional abuse.

Domestic Violence - (*Parent's name*): _____ (or someone living in that parent's home) has a history of domestic violence as defined in RCW 26.50.010(1).

Assault - (*Parent's name*): _____ (or someone living in that parent's home) has assaulted or sexually assaulted someone causing grievous physical harm, causing fear of such harm or resulting in a pregnancy.

Sex Offense -

(*Parent's name*): _____ has been convicted of a sex offense as an adult.

Someone living in (*parent's name*): _____'s home has been convicted as an adult or adjudicated as a juvenile of a sex offense.

b. Other problems that may harm the child's best interests (*If a parent has any of these problems, the court **may** limit that parent's contact with the child and right to make decisions for the child.*):

- Neither parent has any of these problems. (Skip to **4.**)
- A parent has one or more of these problems as follows (*check all that apply*):
 - Neglect** - (*Parent's name*): _____ neglected his/her parental duties towards a child listed in **2.**
 - Emotional or physical problem** - (*Parent's name*): _____ has a long-term emotional or physical problem that gets in the way of his/her ability to parent.
 - Substance Abuse** - (*Parent's name*): _____ has a long-term problem with drugs, alcohol or other substances that gets in the way of his/her ability to parent.
 - Lack of emotional ties** - (*Parent's name*): _____ has few or no emotional ties with a child listed in **2.**
 - Abusive use of conflict** - (*Parent's name*): _____ uses conflict in a way that endangers or damages the psychological development of a child listed in **2.**
 - Withholding the child** - (*Parent's name*): _____ has kept the other parent away from a child listed in **2.** for a long time, without good reason.
 - Other** (*specify*): _____

Limitations on a parent

- Does not apply. There are no reasons for limitations checked in **3.a. or 3.b.** above. (*Skip to 5.*)
- No limitations despite reasons** (*explain why there are no limitations on a parent even though there are reasons for limitations checked in 3.a. or 3.b. above*):

- The following limits or conditions apply to** (*parent's name*): _____ .
(*check all that apply*):
 - No contact with the children.
 - Limited contact as shown in the Parenting Time Schedule.

Limited contact as follows:

[Redacted area]

Supervised contact. All parenting time shall be supervised. Any costs of supervision must be paid by *(name)*: .
The supervisor shall be

a professional supervisor *(name)*: .

a non-professional supervisor *(name)*: .

The dates and times of supervised contact will be

as shown in the Parenting Time Schedule (sections **8-11**) below.

as follows *(specify)*:

[Redacted area]

Other limitations or conditions during parenting time *(specify)*:

[Redacted area]

Evaluation or treatment required. *(Name)*: must:

Be evaluated for:

Start Continue and comply with treatment

as recommended by the evaluation.

as follows *(specify kind of treatment and any other details)*:

[Redacted area]

Provide a copy of the evaluation and compliance reports *(specify details)*:

[Redacted area]

If this parent does not follow the evaluation or treatment requirements above, then *(what happens)*:

Decision-making

When the child is with you, you are responsible for them. You can make day-to-day decisions for the child when they are with you, including decisions about safety and emergency health care. Major decisions must be made as follows.

a. Who can make major decisions about the children?

Type of Major Decision	Joint <i>(parents make these decisions together)</i>	Limited <i>(only the parent named below has authority to make these decisions)</i>
School / Educational	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Health care (not emergency)	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):

b. Reasons for limits on major decision-making, if any:

- There are no reasons to limit major decision-making.
- Major decision-making **must** be limited because one of the parents has problems as described in **3.a.** above.
- Major decision-making **should** be limited because *(check all that apply)*:
 - Both parents are against shared decisions-making.
 - One of the parents does not want to share decisions-making and this is reasonable because of :
 - problems as described in **3.b.** above.
 - the history of each parent's participation in decision-making.
 - the parents' ability and desire to cooperate with each other in decision-making.
 - the distance between the parents' homes makes it hard to make timely decisions together.

Dispute Resolution - If you and the other parent disagree:

From time to time, the parents may have disagreements about shared decisions or about what parts of this parenting plan mean. To solve disagreements about this parenting plan, the parents will go to a dispute resolution provider or court. The court may only require a dispute resolution provider if there are no limitations in **3a**.

a. The parents will go to *(check one)*:

the dispute resolution provider below (before they may go to court):

Mediation (*mediator or agency or name*):

If there are domestic violence issues, you may only use mediation if the victim asks for mediation, mediation is a good fit for the situation, and the victim can bring a support person to mediation.

Arbitration (*arbitrator or agency name*):

Counseling (*counselor or agency name*):

If a dispute resolution provider is not named above, or if the named provider is no longer available, the parents may agree on a provider or ask the court to name one.

Important! Unless there is an emergency, the parents must participate in the dispute resolution process listed above in good faith, before going to court. This section does **not** apply to disagreements about money or support.

court (without having to go to mediation, arbitration, or counseling). *(If you check this box, skip to section 7 below, do not fill out 6,b.)*

The parents will pay for the mediation, arbitration, or counseling services as follows *(check one)*:

(Name): _____ will pay %, *(Name)*: _____ will pay %.

based on each parents' Proportional Share of Income (percentage) from line 6 of the *Child Support Worksheet*.

as decided through the dispute resolution process.

Custodian

The custodian is *(name)*: _____ solely for the purpose of all state and federal statutes which require a designation of determination of custody. Even though one parent is called the custodian, this does not change the parenting rights and responsibilities described in this plan.

(Washington law generally refers to parenting time and decision-making, rather than custody. However, some state and federal laws require that one person be named the custodian. The custodian is the person with whom the children are scheduled to reside a majority of their time.)

Parenting Time Schedule (Residential Provisions)

School Schedule

a. Children under School-Age

- Does not apply. All children are school-age.
 The schedule for children under school-age is the same as for school-age children.
 Children under school-age are scheduled to live with

(name): _____ except when they are scheduled to live with
(name): _____ on (check all that apply):

- WEEKENDS:
 every week. every other week. other (specify):

From (day) at : .m. to (day) at : .m.
From (day) at : .m. to (day) at : .m.

- WEEKDAYS:
 every week. every other week. other (specify):

From (day) at : .m. to (day) at : .m.
From (day) at : .m. to (day) at : .m.

- OTHER (specify):

- Other (specify):

b. School-Age Children

This schedule will apply when (check one): the youngest child the oldest child
each child begins: (check one):

- Kindergarten.
 1st grade.
 Other:

- The children are scheduled to live with (name): _____ except when they
are scheduled to live with (name): _____ on (check all that apply):

- WEEKENDS:
 every week. every other week. other (specify):

From (day) at : .m. to (day) at : .m.
From (day) at : .m. to (day) at : .m.

WEEKDAYS:
 every week. every other week. other (*specify*):

 From (day) at : .m. to (day) at : .m.
 From (day) at : .m. to (day) at : .m.
 OTHER (*specify*):

Summer Schedule

Summer begins and ends according to the school calendar.
 as follows:

The Summer Schedule is the **same** as the School Schedule
 The Summer Schedule is the **same** as the School Schedule **except** that each parent shall spend _____ weeks of uninterrupted vacation time with the children each summer. The parents shall confirm their vacation schedules in writing by the end of (*date*) _____ each year.

The Summer Schedule is **different** than the School Schedule. The Summer Schedule will begin the summer before (*check one*): the youngest child the oldest child
 each child begins (*check one*): Kindergarten 1st grade
 Other:

During the summer the children are scheduled to live with
 (*name*): _____ except when they are scheduled to live with
 (*name*): _____ on (*check all that apply*).

WEEKENDS:
 every week. every other week. other (*specify*):

 From (day) at : .m. to (day) at : .m.
 From (day) at : .m. to (day) at : .m.
 WEEKDAYS:
 every week. every other week. other (*specify*):

 From (day) at : .m. to (day) at : .m.
 From (day) at : .m. to (day) at : .m.
 OTHER (*specify*):

Holiday Schedule (includes school breaks)

The Holiday Schedule is the **same** as the School and Summer Schedules above for all holidays and school breaks. (*Skip to 11.*)
 This is the Holiday Schedule for all children school-age children only:

Holiday	Children with (name):	Children with (name):
Martin Luther King Jr. Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan:	
Presidents' Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan:	
Mid-winter Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Each parent has the children for the half of break attached to his/her weekend. The children must be exchanged on Wednesday at (time): _____.	
	<input type="checkbox"/> Other plan:	
Spring Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Each parent has the children for the half of break attached to his/her weekend. The children must be exchanged on Wednesday at (time): _____.	
	<input type="checkbox"/> Other plan:	
Mother's Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Other plan:	
•Memorial Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan:	

Holiday	Children with (name):	Children with (name):
•Father's Day	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____
	[] Other plan:	
•Fourth of July	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____
	[] Follow the Summer Schedule in section 9. [] Other plan:	
•Labor Day	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____
	[] With the parent who has the children for the attached weekend [] Other plan:	
•Thanksgiving Day / Break	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____
	[] Other plan:	
•Winter Break	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____
	[] Other plan:	
•Christmas Eve	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____
	[] Follow the Winter Break schedule above. [] Other plan:	
•Christmas Day	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____	[] Odd Years [] Even Years [] Every Yr. Begin day/time: _____ End day/time: _____
	[] Follow the Winter Break schedule above. [] Other plan:	

Holiday	Children with (name):	Children with (name):
•New Year's Eve / New Year's Day <i>(odd/even is based on New Year's Day)</i>	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other plan:	
•Children's Birthdays	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Other plan:	
•All three- day weekends not listed elsewhere	<i>(Federal holidays, school in-service days, etc.)</i> <input type="checkbox"/> The children shall spend any unspecified holiday or non-school day with the parent who has them for the attached weekend. <input type="checkbox"/> Other plan:	
•Other occasion important to the family: •	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Other plan:	
•Other occasion important to the family: •	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. Begin day/time: _____ End day/time: _____
	<input type="checkbox"/> Other plan:	

Transportation Arrangements

The children will be exchanged for parenting time (picked up and dropped off) at

- each parent's home.
- school or day care when in session.
- other location (*specify*):

Who is responsible for arranging transportation?

- The **picking up** parent - The parent who is about to **start** parenting time with the children must arrange to have the children picked up.
- The **dropping off** parent - The parent whose parenting time is **ending** must arrange to have the children dropped off.

Other details (if any):

CHILD SUPPORT

WE HAVE AGREED TO THE FOLLOWING MONTHLY SUPPORT AMOUNT:

_____ to be paid by _____ to _____.

Imputed Income

Parent (name):	Parent (name):
<input type="checkbox"/> This parent's monthly net income is imputed because (<i>check one</i>): <input type="checkbox"/> this parent's income is unknown. <input type="checkbox"/> this parent is voluntarily unemployed. <input type="checkbox"/> this parent is voluntarily under-employed. <input type="checkbox"/> this parent works full-time but is purposely under-employed to reduce child support.	<input type="checkbox"/> This parent's monthly net income is imputed because (<i>check one</i>): <input type="checkbox"/> this parent's income is unknown. <input type="checkbox"/> this parent is voluntarily unemployed. <input type="checkbox"/> this parent is voluntarily under-employed. <input type="checkbox"/> this parent works full-time but is purposely under-employed to reduce child support.

Residential Split – (each parent has at least one of the children from this relationship living with him/her most of the time.)

These children (<i>names and ages</i>):	These children (<i>names and ages</i>):
Live with (<i>parent's name</i>): Client	Live with (<i>parent's name</i>): Spouse

Periodic Adjustment

Child support may be changed according to state law. The Court is not ordering a specific periodic adjustment schedule below.



Post-secondary educational support (for college or vocational school)

Reserved - A parent or non-parent custodian may ask the court for post-secondary educational support at a later date without showing a substantial change of circumstances by filing a *Petition to Modify Child Support Order* (form FL Modify 501).

Claiming children as dependents on tax forms

- The parties have the right to claim the children as their dependents on their tax forms as follows (*check one*):
 - Every year - (*name*): _____ has the right to claim (*children's names*): _____ ; and (*name*): _____ has the right to claim (*children's names*): _____ .
 - Alternating - (*name*): _____ has the right to claim the children for (*check one*): even odd years. The other parent has the right to claim the children for the opposite years.
 - Other (*specify*): _____



For tax years when a non -custodial parent has the right to claim the children, the parents must cooperate to fill out and submit IRS Form 8332 in a timely manner.

Medical Support

- Private health insurance.** (*Name*): _____ must pay the premium to provide health insurance coverage for the child. The court has considered the needs of the child, the cost and extent of coverage, and the accessibility of coverage.
 - The other parent must pay his/her proportional share* of the premium paid. Health insurance premiums (*check one*): _____
- Public health care coverage.** (*Name*): _____ has enrolled the child in public health care coverage, and does not have available at no cost accessible health insurance coverage through an employer or union.

Children's expenses not included in the monthly child support amount

Uninsured medical expenses - Each parent is responsible for a share of uninsured medical expenses as ordered below. Uninsured medical expenses include premiums, co-pays, deductibles, and other health care costs not paid by health care coverage.

Children's Expenses for:	Parent (name):	Parent (name):	Make payments to:	
	Client pays monthly	Spouse pays monthly	Person who pays the expense	Service Provider
Uninsured medical expenses	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> %**	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> %**	<input type="checkbox"/>	<input type="checkbox"/>

* Proportional Share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.

** If the percentages ordered are different from the Proportional Share, explain why:

Other shared expenses (check one):

Does not apply. The monthly amount covers all expenses, except health care expenses.

The parents will share the cost for the expenses listed below (check all that apply):

Children's Expenses for:	Parent (name):	Parent (name):	Make payments to:	
	Client pays monthly	Spouse pays monthly	Person who pays the expense	Service Provider
<input type="checkbox"/> Day care: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ <input type="checkbox"/> %**	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ <input type="checkbox"/> %**	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ <input type="checkbox"/> %**	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ <input type="checkbox"/> %**	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-distance transportation: <div style="background-color: #cccccc; height: 15px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ <input type="checkbox"/> %**	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ <input type="checkbox"/> %**	<input type="checkbox"/>	<input type="checkbox"/>

Children's Expenses for:	Parent (name): Client pays monthly	Parent (name): Spouse pays monthly	Make payments to:	
			Person who pays the expense	Service Provider
<input type="checkbox"/> Other (specify): <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ <input type="checkbox"/> %**	<input type="checkbox"/> Proportional Share* <input type="checkbox"/> \$ <input type="checkbox"/> %**	<input type="checkbox"/>	<input type="checkbox"/>

* Proportional Share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.

** If any percentages ordered are different from the Proportional Share, explain why:

Children from other relationships

- Neither spouse has children from other relationships who are still dependent.
- I have the following dependent children who are not from this relationship (list name/s and age/s):

- My spouse has the following dependent children who are not from this relationship (list name/s and age/s):

CLIENT (Petitioner) 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: _____

Petitioner signs here

Print name