

Superior Court of Washington, County of _____

In re:

Petitioner/s (as listed on the Petition):

Respondent/s (as listed on the Petition):

No. _____

Response to Petition to Modify Child Support Order

(RSP)

Revocation of Joinder (RSPRV)

Response to Petition to Modify Child Support Order

1. Your response

Revocation of Joinder: I previously signed an *Agreement to Join Petition* (Joinder) in this case and I am **no** longer in agreement so I am filing this *Response*. (Check *Revocation of Joinder* box above.)

Look at each section of the *Petition*. Check below to say if you agree or disagree with what the other party said in each section, or say if you don't know because you don't have enough information. If you disagree with any part of a section, check "I disagree" and list your reasons for disagreeing on page **2**.

Section in the Petition	Your response (check one)		
1. Name of person filing Petition	(no response needed)		
2. Correct county (Venue)	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
3. Jurisdiction to modify Order	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
4. Is the State filing this Petition?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
5. Current Child Support Order	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
6. Should the court modify the monthly child support amount?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
7. Should the court modify the order to add language allowing for temporary reduction due to incarceration? (Abatement)	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
8. Is a temporary reduction due to incarceration needed now? (Abatement)	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know

Section in the Petition	Your response (<i>check one</i>)		
9. Should the court modify the end date for child support?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
10. Should the court modify post-secondary educational support?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
11. Should the court modify payment for children's expenses or tax issues? <i>Important! Although personal tax exemptions are currently suspended under federal law through tax year 2025, other tax benefits may flow from claiming a child as dependent.</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
12. Should the court modify health insurance orders?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
13. When do you want the new order to start?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
14. Other requests	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know

If you checked "I disagree" for any of the sections above, list your reasons here:

Section #: ____ Reasons: _____

Section #: ____ Reasons: _____

Section #: ____ Reasons: _____

Section #: ____ Reasons: _____

Section #: ____ Reasons: _____

Section #: ____ Reasons: _____

(If you need more space, you may add more pages to this Response. Number, date, and sign each page that you add.)

2. Requests

I ask the court to (*check all that apply*):

- Deny the other parent or non-parent custodian’s *Petition to Modify Child Support Order*.
- Modify the current *Child Support Order* by approving my proposed changes. I am filing my proposed *Child Support Worksheets* at the same time as this *Response*.
- Temporarily reduce (abate) the child support amount to \$10 a month while the person who owes support is in jail, prison, or a correctional facility for at least 6 months (or is serving a sentence of more than 6 months).
- Other (*specify*): _____

Person filing this *Response* 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 (including any attachments) are true.

I have attached (*number of*): _____ pages.

Signed at (*city and state*): _____ Date: _____



Person filing Response signs here *Print name*

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

- my lawyer’s address, listed below.
- Email (*optional*) – Respondent agrees to accept service of legal papers for this case by email at this address: _____
- the following address (*this does not have to be your home address*):

<i>Street Address or PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>If this address changes before the case ends, you must notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120).</i>			
<i>If agreed, both parties can sign All Civil 006 Agreement re: Service by Email. For information on how to serve see Superior Court Civil Rule 5 and local court rules.</i>			
Important! You must fill out and file a <i>Confidential Information</i> form (FL All Family 001) with the court clerk.			

Lawyer (if any) fills out below:



Lawyer signs here *Print name and WSBA No.* *Date*

<i>Lawyer’s Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
-------------------------	-------------	--------------	------------

Email (*if applicable*): _____

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.