

Superior Court of Washington, County of _____

In re:

Petitioner/s (as listed on the Petition):

And Respondent/s (as listed on the Petition):

No. _____

Response to Petition to Modify Child Support
Order
(RSP)

Response to Petition to Modify Child Support Order

1. Your response

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.") List your reasons for disagreeing on page 2.

Section in the Petition	Your response (<i>check one</i>)		
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 end date for child support?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
8. 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

Section in the Petition	Your response (<i>check one</i>)		
9. <i>Should the court modify payment for expenses or tax exemptions?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
10. <i>Should the court modify health insurance orders?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
11. <i>When do you want the new order to start?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
12. <i>Other Requests</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know

If you checked "Disagree" for any of the sections, list your reasons here:

Section #: _____ Reasons: _____

Section #: _____ Reasons: _____

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*.
- ☐ 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.
- ☐ the following address (*this does **not** have to be your home address*):

street address or PO box city state zip

(*Optional*) email: _____

(*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).*)

Important! You must fill out and file a *Confidential Information* form (FL All Family 001) with the court clerk.

Lawyer (if any) fills out below:



Lawyer signs here

Print name and WSBA No.

Date

Lawyer's address city state zip

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.