

Superior Court of Washington, County of _____

In re:

Petitioner/s *(person/s who started this case)*:

And Respondent/s *(other party/parties)*:

No. _____

Child Support Order (based on *Order after Sexual Assault Fact-Finding Hearing*)

Final (ORS)

Clerk's action required: WSSR

Child Support Order

(based on Order after Sexual Assault Fact-Finding Hearing)

Use this form **only** if the court signed an Order after Sexual Assault Fact-Finding Hearing and:

- The court found that the child was born as a result of sexual assault.
- The court ordered that the person who committed the sexual assault is **not** a legal parent.
- The birth mother or legal guardian asked for child support.

1. Money Judgment Summary

No money judgment is ordered.

Summarize any money judgments from section 22 in the table below.

Judgment for	Debtor's name <i>(person who must pay money)</i>	Creditor's name <i>(person who must be paid)</i>	Amount	Interest
Past due child support from _____ to _____			\$	\$
Past due medical support from _____ to _____			\$	\$
Past due children's exp. from _____ to _____			\$	\$
Other amounts <i>(describe)</i> :			\$	\$

Yearly Interest Rate for child support, medical support, and children's expenses: 12%. For other judgments: ____% (12% unless otherwise listed).	
Lawyer (name):	represents (name):
Lawyer (name):	represents (name):

➤ **Findings and Orders**

- The court orders child support as part of this case. This is a final order.
- The *Child Support Schedule Worksheets* attached or filed separately are approved by the court and made part of this Order.

4. **Contact and employment information**

Each party must fill out and file with the court a *Confidential Information* form (FL All Family 001) including personal identifying information, mailing address, home address, and employer contact information.

Important! If you move or get a new job any time while support is still owed, you must:

- Notify the Support Registry, and
- Fill out and file an updated *Confidential Information* form with the court.

Warning! Any notice of a child support action delivered to the last address you provided on the *Confidential Information* form will be considered adequate notice, if the party trying to serve you has shown diligent efforts to locate you.

5. **Income**

(Name): _____	(Name): _____
Net monthly income \$ _____ <i>(line 3 of the Worksheets)</i>	Net monthly income \$ _____ <i>(line 3 of the Worksheets)</i>
This income is (check one): <input type="checkbox"/> imputed to this person. (Skip to 6.) <input type="checkbox"/> this person's actual income (after any exclusions approved below).	This income is (check one): <input type="checkbox"/> imputed to this person. (Skip to 6.) <input type="checkbox"/> this person's actual income (after any exclusions approved below).
Does this person have income from overtime or a 2 nd job? <input type="checkbox"/> No. (Skip to 6.) <input type="checkbox"/> Yes. (Fill out below.) Should this income be excluded? (check one): <input type="checkbox"/> No. The court has included this income in this person's gross monthly income on line 1 of the <i>Worksheets</i> . <input type="checkbox"/> Yes. This income should be excluded because: ▪ This person worked over 40 hours per week averaged over 12 months, and	Does this person have income from overtime or a 2 nd job? <input type="checkbox"/> No. (Skip to 6.) <input type="checkbox"/> Yes. (Fill out below.) Should this income be excluded? (check one): <input type="checkbox"/> No. The court has included this income in this person's gross monthly income on line 1 of the <i>Worksheets</i> . <input type="checkbox"/> Yes. This income should be excluded because: ▪ This person worked over 40 hours per week averaged over 12 months, and

<p>(Name): _____</p> <ul style="list-style-type: none"> ▪ That income was earned to pay for <ul style="list-style-type: none"> <input type="checkbox"/> current family needs <input type="checkbox"/> debts from a past relationship <input type="checkbox"/> child support debt, and ▪ This person will stop earning this extra income after paying these debts. <p>The court has excluded \$ _____ from this person's gross monthly income on line 1 of the <i>Worksheets</i>.</p> <p><input type="checkbox"/> Other Findings: _____</p> <p>_____</p> <p>_____</p>	<p>(Name): _____</p> <ul style="list-style-type: none"> ▪ That income was earned to pay for <ul style="list-style-type: none"> <input type="checkbox"/> current family needs <input type="checkbox"/> debts from a past relationship <input type="checkbox"/> child support debt, and ▪ This person will stop earning this extra income after paying these debts. <p>The court has excluded \$ _____ from this person's gross monthly income on line 1 of the <i>Worksheets</i>.</p> <p><input type="checkbox"/> Other Findings: _____</p> <p>_____</p> <p>_____</p>
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6. **Imputed Income**

To calculate child support, the court may **impute** income to a party:

- whose income is unknown, or
- who the Court finds is unemployed or under-employed by choice.

Imputed income is not actual income. It is an assigned amount the court finds a party could or should be earning. (RCW 26.19.071(6))

<p>(Name): _____</p> <p><input type="checkbox"/> Does not apply. This person's actual income is used. <i>(Skip to 7.)</i></p> <p><input type="checkbox"/> This person's monthly net income is imputed because <i>(check one)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> this person's income is unknown. <input type="checkbox"/> this person is voluntarily unemployed. <input type="checkbox"/> this person is voluntarily under-employed. <input type="checkbox"/> this person works full-time but is purposely under-employed to reduce child support. <p>The imputed amount is based on the information below: <i>(Options are listed in order of required priority. The Court used the first option possible based on the information it had.)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Full-time pay at current pay rate. <input type="checkbox"/> Full-time pay based on reliable information about past earnings. <input type="checkbox"/> Full-time pay based on incomplete or irregular information about past earnings. <input type="checkbox"/> Full-time pay at minimum wage in the area where the person lives because this person <i>(check all that apply)</i>: <ul style="list-style-type: none"> <input type="checkbox"/> is a high school student. <input type="checkbox"/> recently worked at minimum wage jobs. 	<p>(Name): _____</p> <p><input type="checkbox"/> Does not apply. This person's actual income is used. <i>(Skip to 7.)</i></p> <p><input type="checkbox"/> This person's monthly net income is imputed because <i>(check one)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> this person's income is unknown. <input type="checkbox"/> this person is voluntarily unemployed. <input type="checkbox"/> this person is voluntarily under-employed. <input type="checkbox"/> this person works full-time but is purposely under-employed to reduce child support. <p>The imputed amount is based on the information below: <i>(Options are listed in order of required priority. The Court used the first option possible based on the information it had.)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Full-time pay at current pay rate. <input type="checkbox"/> Full-time pay based on reliable information about past earnings. <input type="checkbox"/> Full-time pay based on incomplete or irregular information about past earnings. <input type="checkbox"/> Full-time pay at minimum wage in the area where the person lives because this person <i>(check all that apply)</i>: <ul style="list-style-type: none"> <input type="checkbox"/> is a high school student. <input type="checkbox"/> recently worked at minimum wage jobs.
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(Name): _____	(Name): _____
<input type="checkbox"/> recently stopped receiving public assistance, supplemental security income (SSI), or disability. <input type="checkbox"/> was recently incarcerated. <input type="checkbox"/> Table of Median Net Monthly Income. <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> recently stopped receiving public assistance, supplemental security income (SSI), or disability. <input type="checkbox"/> was recently incarcerated. <input type="checkbox"/> Table of Median Net Monthly Income. <input type="checkbox"/> Other (specify): _____

7. Limits affecting the monthly child support amount

- Does not apply. The monthly amount was not affected by the upper or lower limits in RCW 26.19.065.
- The monthly amount has been affected by (check all that apply):
 - low-income limits.** The self-support reserve and presumptive minimum payment have been calculated in the *Worksheets*, lines 8.a. - c.
 - the 45% net income limit.** The court finds that the paying person's child support obligations are more than 45% of his/her net income (*Worksheets*, line 18). Based on the child's best interests and the persons' circumstances, it is (check one):
 - fair
 - not** fair to apply the 45% limit. (Describe both parties' situations):

 - Combined Monthly Net Income over \$12,000.** Together the parties earn more than \$12,000 per month (*Worksheets* line 4). The child support amount (check one):
 - is the presumptive amount from the economic table.
 - is **more** than the presumptive amount from the economic table because (specify):

8. Standard Calculation

Name	Standard calculation Worksheets line 17
	\$
	\$

9. Deviation from standard calculation

Should the monthly child support amount be different from the standard calculation?

- No** – The monthly child support amount ordered in section 10 is the **same** as the standard calculation listed in section 8 because (*check one*):
 - Neither party asked for a deviation from the standard calculation. (*Skip to 10.*)
 - There is no good reason to approve the deviation requested by (*name/s*): _____.
 The facts supporting this decision are (*check all that apply*):
 - detailed in the *Worksheets*, Part VIII, lines 20 through 26.
 - the party asking for a deviation:
 - has a new spouse or domestic partner with income of \$_____.
 - lives in a household where other adults have income of \$_____.
 - has income from overtime or a 2nd job that was excluded in section 5 above.
 - other (*specify*): _____

- Yes** – The monthly child support amount ordered in section 10 is **different** from the standard calculation listed in section 8 because (*check all that apply*):
 - One or both parties in this case has:
 - children from other relationships.
 - paid or received child support for children from other relationships.
 - gifts, prizes or other assets.
 - income that is not regular (non-recurring income) such as bonuses, overtime, etc.
 - unusual unplanned debt (extraordinary debt not voluntarily incurred).
 - tax planning considerations that will not reduce the economic benefit to the child.
 - very different living costs, which are beyond their control.
 - The child in this case:
 - has extraordinary income.
 - has special needs because of a disability.
 - has special medical, educational, or psychological needs.
 - The person who owes support has shown it is not fair to have to pay the \$50 per child presumptive minimum payment.
 - The person who is owed support has shown it is not fair to apply the self-support reserve (calculated on lines 8.a. - c. of the *Worksheets*).
 - Other reasons: _____

The facts that support the reasons checked above are (*check all that apply*):

- detailed in the *Worksheets*, Part VIII, lines 20 through 26.
- the party asking for a deviation:
 - has a new spouse or domestic partner with income of \$_____.
 - lives in a household where other adults have income of \$_____.

- has income from overtime or a 2nd job that was excluded in section 5 above.
- as follows: _____

 _____.

10. Monthly child support amount (transfer payment)

After considering the standard calculation in section 8, and whether or not to apply a deviation in section 9, the court orders the following monthly child support amount (transfer payment).

- (Name): _____ must pay child support to (name): _____ each month as follows for the child listed below:

Child's Name	Age	Amount
1.		\$
2.		\$
Total monthly child support amount:		\$

11. Starting date and payment schedule

The monthly child support amount must be paid starting (month, year): _____ on the following payment schedule:

- in one payment each month by the ____ day of the month.
- in two payments each month: ½ by the ____ and ½ by the ____ day of the month.
- other (specify): _____
 _____.

12. Step Increase (for modifications or adjustments only)

- Does not apply.
- Approved** – The court is changing a final child support order. The monthly child support amount is increasing by more than 30% from the last final child support order. This causes significant financial hardship to the person who owes support, so the increase will be applied in two equal steps:
 - For six months from the Starting Date in section 11 above, the monthly child support amount will be the old monthly amount plus ½ of the increase, for a total of \$_____ each month.
 - On (date): _____, six months after the Starting Date in section 11, the monthly child support amount will be the full amount listed in section 10.
- Denied** – The court is changing a final child support order (check one):
 - but the monthly payment increased by less than 30%.
 - and the monthly payment increased by more than 30%, but this does not cause a significant hardship to the person who owes support.

13. **Periodic Adjustment**

- Child support may be changed according to state law. The Court is not ordering a specific periodic adjustment schedule below.
- Any party may ask the court to adjust child support periodically on the following schedule **without** showing a substantial change of circumstances:

The *Motion to Adjust Child Support Order* may be filed:

- every _____ months.
- on (date/s): _____.
- other (describe condition or event): _____.

Important! A party must file a *Motion to Adjust Child Support Order (form FL Modify 521)*, and the court must approve a new *Child Support Order* for any adjustment to take effect.

- Deadlines, if any (for example, deadline to exchange financial information, deadline to file the motion): _____.

14. **Payment Method (check either Registry or Direct Pay)**

- Registry** – Send payment to the Washington State Support Registry. The Division of Child Support (DCS) will forward the payments to the person owed support and keep records of all payments.

Address for payment: Washington State Support Registry
PO Box 45868, Olympia, WA 98504

Phone number/s: 1 (800) 922-4306 or 1 (800) 442-5437

Important! If you are ordered to send your support payments to the Washington State Support Registry, and you pay some other person or organization, you will **not** get credit for your payment.

DCS Enforcement (if Registry is checked above):

- DCS will **enforce** this order because (check all that apply):
 - this is a public assistance case.
 - one of the parties has already asked DCS for services.
 - one of the parties has asked for DCS services by signing the application statement at the end of this order (above the *Warnings*).
- DCS will **not** enforce this order unless one of the parties applies for DCS services or the child goes on public assistance.
- Direct Pay** – Send payment to parent or non-parent custodian by:

mail to: _____
street address or PO box city state zip

or any new address the person owed support provides to the person who owes support. *(This does not have to be his/her home address.)*

other method: _____

15. Enforcement through income withholding (garnishment)

DCS or the person owed support can collect the support owed from the wages, earnings, assets or benefits of the person who owes support, and can enforce liens against real or personal property as allowed by any state's child support laws without notice to the person who owes the support.

*If this order is **not** being enforced by DCS and the person owed support wants to have support paid directly from the employer, the person owed support must ask the court to sign a separate wage assignment order requiring the employer to withhold wages and make payments. (Chapter 26.18 RCW.)*

Income withholding may be delayed until a payment becomes past due if the court finds good reason to delay.

- Does not apply. There is no good reason to delay income withholding.
- Income withholding will be **delayed** until a payment becomes past due because *(check one)*:

- the child support payments are enforced by DCS and there are good reasons in the child's best interest **not** to withhold income at this time. If this is a case about changing child support, previously ordered child support has been paid on time.

List the good reasons here: _____

- the child support payments are **not** enforced by DCS and there are good reasons **not** to withhold income at this time.

List the good reasons here: _____

- the court has approved the parties' written agreement for a different payment arrangement.

16. End date for support

Support must be paid for each child until *(check one)*:

- the child turns 18 or is no longer enrolled in high school, whichever happens last, unless the court makes a different order in section 17.

- the child turns 18 or is otherwise emancipated, unless the court makes a different order in section 17.

- after *(child's name)*: _____ turns 18. Based on information available to the court, it is expected that this child will be unable to support him/herself and will remain dependent past the age of 18. Support must be paid until *(check one)*:

this child is able to support him/herself and is no longer dependent.

other: _____

other (specify): _____

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

Reserved – The legal parent or legal guardian 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). The *Petition* must be filed *before* child support ends as listed in section 16.

Granted – The parties must pay for the child's post-secondary educational support. Post-secondary educational support may include support for the period after high school and before college or vocational school begins. The amount or percentage each person must pay (*check one*):

will be decided later. The parties may make a written agreement or ask the court to set the amount or percentage by filing a *Petition to Modify Child Support Order* (form FL Modify 501).

is as follows (specify): _____

Denied – The request for post-secondary educational support is denied.

Other (specify): _____

18. Claiming the child as a dependent on tax forms

Does not apply. The person paying support is not a parent and shall not have the right to claim the child as a dependent.

19. Health Insurance

The court is not ordering the person paying support to provide health insurance coverage for the child because s/he is not a parent.

Health insurance costs are not included in this order.

The person paying support must pay his/her proportional share* of the premium paid by the legal parent or legal guardian to provide health insurance coverage for the child. Health insurance premiums (*check one*):

are included on the *Worksheets* (line 14). No separate payment is needed.

are **not** included on the *Worksheets*. Separate payment is needed. The legal parent or legal guardian may ask DCS or the court to enforce payment for the proportional share.

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

A party has been ordered to pay an amount that is more than 25% of his/her basic support obligation (*Worksheets*, line 19). The court finds this is in the child's best interest because: _____

Neither party can be ordered to pay an amount towards health insurance premiums that is more than 25% of his/her basic support obligation (Worksheets, line 19) unless the court finds it is in the best interest of the child.

Other (specify): _____

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

Uninsured medical expenses – Each person 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 covered by insurance.

Children's Expenses for:	(Name): _____ pays monthly	(Name): _____ pays monthly	Make payments to:	
			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 person'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 parties will share the cost for the expenses listed below (check all that apply):

Children's Expenses for:	(Name): _____ pays monthly	(Name): _____ pays monthly	Make payments to:	
			Person who pays the expense	Service Provider
<input type="checkbox"/> Day care: _____ _____	<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: _____ _____	<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"/> Other (specify): _____ _____	<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 person'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:

Other (give more detail about covered expenses here, if needed): _____

A person receiving support can ask DCS to collect:

- expenses owed directly to him/her.
- reimbursement for expenses the person providing support was ordered to pay.
- an order for a money judgment that s/he got from the court.

21. **Past due child support, medical support and other expenses**

- This order does not address any past due amounts or interest owed.
- As of (date): _____, the paying person does not owe (check all that apply):
- past due child support interest on past due child support
 past due medical support interest on past due medical support
 past due other expenses interest on past due other expenses
- to (check all that apply): the legal parent or legal guardian. the state.
- The court orders the following **money judgments** (summarized in section 1 above):

Judgment for	Debtor's name (person who must pay money)	Creditor's name (person who must be paid)	Amount	Interest
<input type="checkbox"/> Past due child support from _____ to _____			\$	\$
<input type="checkbox"/> Past due medical support (health ins. & health care costs not covered by ins.) from _____ to _____			\$	\$
<input type="checkbox"/> Past due expenses for: <input type="checkbox"/> day care <input type="checkbox"/> education <input type="checkbox"/> long-distance transp. from _____ to _____			\$	\$
<input type="checkbox"/> Other (describe):			\$	\$

The **interest rate** for child support judgments is 12%.

Other (specify): _____

22. Overpayment caused by change

- Does not apply.
- The Order signed by the court today or on date: _____ caused an overpayment of \$_____.
 - (Name): _____ shall repay this amount to (name): _____ by (date): _____.
 - The overpayment shall be credited against the monthly support amount owed each month at the rate of \$_____ each month until paid off.
 - Other (specify): _____

23. Other Orders

All the Warnings below are required by law and are incorporated and made part of this order.

Other (specify): _____

Ordered.

Date ▶ Judge or Commissioner

Petitioner and Respondent or their lawyers fill out below:

This document (check any that apply):

- is an agreement of the parties
- is presented by me
- may be signed by the court without notice to me

This document (check any that apply):

- is an agreement of the parties
- is presented by me
- may be signed by the court without notice to me

▶ _____
Petitioner signs here or lawyer signs here + WSBA #

▶ _____
Respondent signs here or lawyer signs here + WSBA #

Print Name Date

Print Name Date

If any person or child received public assistance:

The state Department of Social and Health Services (DSHS) was notified about this order through the Prosecuting Attorney's office, and has reviewed and approved the following:

- child support medical support
- past due child support other (specify): _____

▶ _____
Deputy Prosecutor signs here Print name and WSBA # Date

Party applies for DCS enforcement services:

I ask the Division of Child Support (DCS) to enforce this order. I understand that DCS will keep \$25 each year as a fee if DCS collects more than \$500, unless I ask to be excused from paying this fee in advance. (You may call DCS at 1-800-442-5437. DCS will **not** charge a fee if you have ever received TANF, tribal TANF, or AFDC.)



Party signs here
(lawyer cannot sign for party)

Print name

Date

All the warnings below are required by law and are part of the order. Do not remove.

Warnings!

If you don't follow this child support order...

- DOL or other licensing agencies may deny, suspend, or refuse to renew your licenses, including your driver's license and business or professional licenses, and
- Dept. of Fish and Wildlife may suspend or refuse to issue your fishing and hunting licenses and you may not be able to get permits. (RCW 74.20A.320)

If you receive child support...

You may have to:

- Document how that support and any cash received for the child's health care was spent.
- Repay the other person for any day care or special expenses included in the support if you didn't actually have those expenses. (RCW 26.19.080)