**Superior Court of Washington, County of**

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| In re:  Petitioner/s *(person/s who started this case)*:    And Respondent/s *(other party/parties)*: | No.  Motion for Contempt Hearing  (MTSC) |

**Motion for Contempt Hearing**

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| **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](http://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:**  To schedule a hearing on this motion, you must ask the court to sign the Order to Go to Court for Contempt Hearing (Order to Show Cause) (FL All Family 166). This Order may be signed “ex parte” (without the other party there). Contact the Superior Court Clerk’s office for the procedure in your county. You must have this Motion and the Order to Go to Court personally served (by someone else) on the other party.  **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. |

I declare:

**1.** I am a *(check one):* [ ] Petitioner [ ] Respondent in this case.

**2.** The other party, *(name):* ,did **not** obey the orders checked below that were signed by the court on *(date):*  in *(county and state):*  :

[ ] The child support order including *(check all that apply):*

[ ] pay *(amount)* $ per month.

[ ] provide health insurance for the children and pay health care costs not covered by insurance.

[ ] pay for the children’s day care, education, long-distance transportation, and other expenses.

*Describe how the order was* ***not*** *obeyed, including dates and amounts:*

[ ] The spousal support (maintenance/alimony) order to pay *(amount)* $   
per month.

*Describe how the order was* ***not*** *obeyed, including dates and amounts:*

[ ] The parenting plan, residential schedule or custody order.

*Describe how the order was* ***not*** *obeyed including dates and times:*

[ ] The restraining order.

*Describe how the order was* ***not*** *obeyed including dates and times:*

[ ] Other order *(specify):*

*Describe how the order was* ***not*** *obeyed including dates, times, and amounts, if any:*

**3.** **Request –** I ask the court to:

* Order the other party to go to court to show why the court should not approve the judgment and orders I’ve requested,
* Find the other party in contempt, and
* Approve the requests checked below.

**4.** **Money judgment requested**

[ ] No request.

[ ] I ask the court to approve a judgment ordering the other party to pay *(check all that apply):*

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| --- | --- | --- | --- | --- |
|  | Amount | Interest | From *(date)* | To *(date)* |
| [ ] Past due child support | $ | $ |  |  |
| [ ] Past due medical support *(health insurance & health care costs not covered by insurance)* | $ | $ |  |  |
| [ ] Past due children’s expenses for: [ ] day care  [ ] education  [ ] long-distance transp.  [ ] other | $ | $ |  |  |
| [ ] Past due spousal support | $ | $ |  |  |
| [ ] Other *(specify):* | $ | $ |  |  |

**5.** **Fines and penalties (remedial sanctions) requested**

[ ] Does not apply.

[ ] Approve other reasonable orders, including ordering the other party to:

* Pay a fine – civil penalty (required for violations of parenting time orders),
* Pay a fine for each day the court’s orders are not followed,
* Meet certain conditions to stop being in contempt (purge the contempt),
* Pay my lawyer fees and costs, if any,
* Give me make-up parenting time, if appropriate, and
* Any other relief allowed by law (Chapter 7.21 RCW, Chapter 26.09 RCW, Chapter 26.10 RCW, Chapter 26.26 RCW, and RCW 26.18.040).

[ ] Send the other party to jail.

**6.** **Other orders requested** (if any):

**Person making this motion 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:

*Person making this motion signs here Print name here*

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). You must also update your Confidential Information Form (FL All Family 001) if this case involves parentage or child support.)*

**Lawyer (if any) fills out below:**

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

*Lawyer’s street address or PO box city state zip*

Email *(if applicable):*

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| ***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. |