

Superior Court of Washington, County of _____

In re parentage:

Petitioner *(person who started this case)*:

And Respondents:

(parent / presumed parent / alleged parents)

Children over age 2:

No. _____

Response to Petition to Decide Parentage
(RSP)

Response to Petition to Decide Parentage

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. <i>This Petition asks the court to decide who are the legal parent/s of: ...</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
2. <i>Parties to this case</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
3. <i>Guardian ad Litem</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
4. <i>Is there a presumed parent?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
5. <i>Should the presumed parent continue to be a legal parent?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
6. <i>Children's name change</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
7. <i>Personal Jurisdiction</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
8. <i>Jurisdiction over the children</i>	<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>Parenting Plan or Residential Schedule</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
10. <i>Child Support</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
11. <i>Past support and repayment of specific expenses</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
12. <i>Protection Order</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
13. <i>Restraining Order</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
14. <i>Other (if any)</i>	<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, list your reasons here:

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. Parentage

- I admit that I am the parent of (*children's names*): _____.
- I deny that I am the parent of (*children's names*): _____.
- I don't know whether I am the parent of (*children's names*): _____.

Complete the Declaration About Parentage (form FL Parentage 302) to provide the court with more information about each party's relationship to the children.

3. 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 (name): _____ and me.** (Describe):
- Court that issued the order: _____
- Case number: _____
- Expiration date: _____

4. Restraining order

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

- No.** (Skip to **5**.)
- Yes.** Check the type of orders you want:
- Do not disturb** – Order (*name/s*) _____ not to disturb my peace or the peace of any child listed in the *Petition*.
- Stay away** – Order (*name/s*) _____:
- Not knowingly to go or stay within ____ feet of my home, workplace, or school, or the daycare or school of any child listed in the *Petition*.
- To stay away from my home, workplace, or school, and the daycare or school of any child listed in the *Petition*.
- Do not hurt or threaten** – Order (*name/s*) _____:
- Not to assault, harass, stalk or molest me or any child listed in the *Petition*; and
 - Not to use, try to use, or threaten to use physical force against me or the children 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 (*name/s*) _____:
- 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 (form FL Parentage 323)* or a *Motion for Immediate Restraining Order (Ex Parte) (form FL Parentage 321)*.

5. Requests

I ask the court to (*check one*):

- Dismiss** the *Petition to Decide Parentage* because: _____
- _____
- Decide Parentage** as follows (*check all that apply*):
- Appoint a Guardian ad Litem for the children.
 - Order genetic testing of all possible genetic parents listed in the *Petition* and decide who the legal parents are based on the results.
 - Do **not** order genetic testing of all possible genetic parents listed in the *Petition*. The presumed or acknowledged parent should be confirmed as the legal parent.
 - Order that (*name*): _____ **is** a legal parent of (*children's names*): _____.
 - Order that (*name*): _____ **is not** a legal parent of (*children's names*): _____.
 - Change the children's birth certificates to list the parents as requested above.
 - and to change the children's names to: _____
- _____

And approve the following orders (*check all that apply*):

Child Support

- Child Support Order*
- Order (*name*): _____ to pay past child support, medical support, and other expenses for the children.

Parenting Plan / Residential Schedule

- My proposed *Parenting Plan* or *Residential Schedule*
- If no one proposes a *Parenting Plan* or *Residential Schedule*, order that the children will continue to live with the parent they live with now.

Protection / Restraining Order

- Order for Protection*.

Restraining Order.

Fees / Other

Order who should pay for court costs, genetic testing, guardian ad litem, lawyer fees, and other reasonable fees.

Other (specify): _____

Respondent 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): _____ pages.

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



Respondent 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): _____