

**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

Temporary (TMORS)

Final (ORS)

Clerk's action required.

## Child Support Order

**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> :			\$	\$
<b>Yearly Interest Rate</b> for child support, medical support, and children's expenses: 12% . For other judgments: ____% <i>(12% unless otherwise listed)</i>				
Lawyer <i>(name)</i> :		represents <i>(name)</i> :		
Lawyer <i>(name)</i> :		represents <i>(name)</i> :		

➤ **Findings and Orders**

2. The court orders child support as part of this family law case. This is a (*check one*):  
 temporary order.    final order.
3. The *Child Support Schedule Worksheets* attached or filed separately are approved by the court and made part of this Order.

4. **Parents' contact and employment information**

Each parent 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. **Parents' Income**

Parent ( <i>name</i> ): _____	Parent ( <i>name</i> ): _____
Net monthly income \$ _____ <i>(line 3 of the Worksheets)</i> This income is ( <i>check one</i> ): <input type="checkbox"/> imputed to this parent. ( <i>Skip to 6.</i> ) <input type="checkbox"/> this parent's actual income ( <i>after any exclusions approved below</i> ).	Net monthly income \$ _____ <i>(line 3 of the Worksheets)</i> This income is ( <i>check one</i> ): <input type="checkbox"/> imputed to this parent. ( <i>Skip to 6.</i> ) <input type="checkbox"/> this parent's actual income ( <i>after any exclusions approved below</i> ).
Does this parent have income from overtime or a 2 <sup>nd</sup> job? <input type="checkbox"/> No. ( <i>Skip to 6.</i> ) <input type="checkbox"/> Yes. ( <i>Fill out below.</i> ) Should this income be excluded? ( <i>check one</i> ): <input type="checkbox"/> No. The court has <b>included</b> this income in this parent's gross monthly income on line 1 of the <i>Worksheets</i> . <input type="checkbox"/> Yes. This income should be <b>excluded</b> because: <ul style="list-style-type: none"> <li>▪ This parent worked over 40 hours per week averaged over 12 months, and</li> <li>▪ That income was earned to pay for  <input type="checkbox"/> current family needs   <input type="checkbox"/> debts from a past relationship   <input type="checkbox"/> child support debt, and</li> <li>▪ This parent will stop earning this extra income after paying these debts.</li> </ul> The court has <b>excluded</b> \$ _____ from this parent's gross monthly income on line 1 of the <i>Worksheets</i> .	Does this parent have income from overtime or a 2 <sup>nd</sup> job? <input type="checkbox"/> No. ( <i>Skip to 6.</i> ) <input type="checkbox"/> Yes. ( <i>Fill out below.</i> ) Should this income be excluded? ( <i>check one</i> ): <input type="checkbox"/> No. The court has <b>included</b> this income in this parent's gross monthly income on line 1 of the <i>Worksheets</i> . <input type="checkbox"/> Yes. This income should be <b>excluded</b> because: <ul style="list-style-type: none"> <li>▪ This parent worked over 40 hours per week averaged over 12 months, and</li> <li>▪ That income was earned to pay for  <input type="checkbox"/> current family needs   <input type="checkbox"/> debts from a past relationship   <input type="checkbox"/> child support debt, and</li> <li>▪ This parent will stop earning this extra income after paying these debts.</li> </ul> The court has <b>excluded</b> \$ _____ from this parent's gross monthly income on line 1 of the <i>Worksheets</i> .

Parent (name): _____	Parent (name): _____
<input type="checkbox"/> Other Findings: _____ _____	<input type="checkbox"/> Other Findings: _____ _____

## 6. Imputed Income

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

- 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 parent could or should be earning. (RCW 26.19.071(6))

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

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 parent's child support obligations for his/her biological and legal children are more than 45% of his/her net income (*Worksheets*, line 18). Based on the children's best interests and the parents' circumstances, it is *(check one)*:  fair  **not** fair to apply the 45% limit. *(Describe both parents' situations)*:

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**Combined Monthly Net Income over \$12,000.** Together the parents 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)*:

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8. **Standard Calculation**

*(Check one)*:

**All children living together** – All of the children are living with *(name)*: \_\_\_\_\_ most of the time. The other parent must pay child support. The standard calculation from the *Child Support Schedule Worksheets* line 17 for the parent paying support is \$\_\_\_\_\_.

**Residential Split** – Each parent has at least one of the children from this relationship living with him/her most of the time. *(Do not use this for 50/50 schedules.)*

These children <i>(names and ages)</i> :	These children <i>(names and ages)</i> :
Live with <i>(parent's name)</i> :	Live with <i>(parent's name)</i> :

The standard calculation for the parent paying support is \$\_\_\_\_\_. This is from *(check one)*:

the *Attachment for Residential Split Adjustment*, line G (form WSCSS–Attachment for RSA). This *Attachment* to the *Child Support Schedule Worksheets* is approved by the court and made part of this order.

other calculation *(specify method and attach Worksheet/s)*: \_\_\_\_\_

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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 parent 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 parent 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 2<sup>nd</sup> 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*):
  - A parent or parents 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 children.
    - very different living costs, which are beyond their control.
  - The children in this case:
    - have extraordinary income.
    - have special needs because of a disability.
    - have special medical, educational, or psychological needs.
    - spend significant time with the parent who owes support. The non-standard amount still gives the other parent’s household enough money for the children’s basic needs. The children do not get public assistance (TANF).
  - There are (or will be) costs for court-ordered reunification or a voluntary placement agreement.
  - The parent who owes support has shown it is not fair to have to pay the \$50 per child presumptive minimum payment.
  - The parent 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 parent 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 2<sup>nd</sup> job that was excluded in section 5 above.
- as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. **Monthly child support amount (transfer payment)**

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

- All children living together** – (Name): \_\_\_\_\_ must pay child support to (name): \_\_\_\_\_ each month as follows for the children listed below (add lines for additional children if needed):

Child's Name	Age	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
<b>Total monthly child support amount:</b>		\$

- Child turning twelve years old – The monthly amount for (child's name) \_\_\_\_\_ will change to \$\_\_\_\_\_ starting with the month this child turns twelve (month, year): \_\_\_\_\_.
- Residential Split** – Each parent has at least one of the children from this relationship living with him/her most of the time. (Name): \_\_\_\_\_ must pay child support to (name): \_\_\_\_\_ each month as follows:

**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 parent 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 parent 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**

Send payment to the *(check one)*:

- 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

*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.



16. **End date for support**

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

- the court signs a different order, if this is a temporary order.
- 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 on the parents.
  - other: \_\_\_\_\_
- other (*specify*): \_\_\_\_\_

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

- Reserved** – A parent or non-parent custodian 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 parents must pay for the children’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 children as dependents on tax forms**

- Does not apply.
- The parties have the right to claim the children as their dependents on their tax forms as follows (*check one*):
  - Every year – (*name*): \_\_\_\_\_ has the right to claim (*children’s names*): \_\_\_\_\_; and (*name*): \_\_\_\_\_ has the right to claim (*children’s names*): \_\_\_\_\_.

Alternating – (name): \_\_\_\_\_  
has the right to claim the children for (check one):  even  odd years. The other parent has the right to claim the children for the opposite years.

Other (specify): \_\_\_\_\_  
\_\_\_\_\_

For tax years when a non-custodial parent has the right to claim the children, the parents must cooperate to fill out and submit IRS Form 8332 in a timely manner.

**Warning!** Under federal law, the parent who claims a child as a dependent may owe a tax penalty if the child is not covered by health insurance.

## 19. Health Insurance

**Important!** Read the Health Insurance Warnings at the end of this order.

The court is not ordering how health insurance must be provided for the children because the court does not have enough information to determine the availability of accessible health insurance for the children (insurance that could be used for the children’s primary care). The Division of Child Support (DCS) or either parent can enforce the duty to provide or pay for health insurance. (Skip to 20.)

**OR**

(Name): \_\_\_\_\_ must pay the premium to provide health insurance coverage for the children. The court has considered the needs of the children, the cost and extent of coverage, and the accessibility of coverage.

The other parent must pay his/her proportional share\* of the premium paid. 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. A parent or non-parent custodian may ask DCS or the court to enforce payment for the proportional share.

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

The other parent is **not** ordered to pay for any part of the children’s insurance because (explain): \_\_\_\_\_  
\_\_\_\_\_

Neither parent 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 children.

A parent has been ordered to pay an amount that is more than 25% of his/her basic support obligation. The court finds this is in the children’s best interest because: \_\_\_\_\_  
\_\_\_\_\_

Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20. Health insurance if circumstances change or court has not ordered**

If the parties' circumstances change, or if the court is not ordering how health insurance must be provided for the children in section 19:

- A parent, non-parent custodian, or DCS can enforce medical support.
- If a parent does not provide proof of accessible private insurance (insurance that can be used for the children's primary care), that parent may have to:
  - Get (or keep) insurance through his/her work or union, unless the insurance costs more than 25% of his/her basic support obligation (line 19 of the *Worksheets*),
  - Pay his/her share of the other parent's monthly premium up to 25% of his/her basic support obligation (line 19 of the *Worksheets*), or
  - Pay his/her share of the monthly cost of any public health care coverage, such as Healthy Kids, BHP, or Medicaid, for which there is an assignment.

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

**Uninsured medical expenses** – Each parent 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. A parent can ask DCS to collect those expenses, or a parent or non-parent custodian can ask the court for a judgment.

Children's Expenses for:	Parent (name): _____ pays monthly	Parent (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 parent'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 parents will share the cost for the expenses listed below (*check all that apply*):

Children's Expenses for:	Parent (name): _____ pays monthly	Parent (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"/>

Children's Expenses for:	Parent (name):	Parent (name):	Make payments to:	
	_____ pays monthly	_____ pays monthly	Person who pays the expense	Service Provider
<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"/> Long-distance transportation: _____ _____	<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 parent'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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

- This order does not address any past due amounts or interest owed.
- As of (date): \_\_\_\_\_, neither parent owes (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 other parent or non-parent custodian.  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 _____			\$	\$

Judgment for	Debtor's name <i>(person who must pay money)</i>	Creditor's name <i>(person who must be paid)</i>	Amount	Interest
<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 <i>(describe)</i> :			\$	\$

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

Other *(specify)*: \_\_\_\_\_

**23. 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)*: \_\_\_\_\_

**24. 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 <i>(check any that apply)</i> :<br><input type="checkbox"/> is an agreement of the parties<br><input type="checkbox"/> is presented by me<br><input type="checkbox"/> may be signed by the court without notice to me | This document <i>(check any that apply)</i> :<br><input type="checkbox"/> is an agreement of the parties<br><input type="checkbox"/> is presented by me<br><input type="checkbox"/> 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 parent 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

**Parent or Non-Parent Custodian 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.)

▶ \_\_\_\_\_  
Parent or Non-Parent Custodian signs here                      Print name                      Date  
(lawyer cannot sign for party)

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**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 children's health care was spent.
- Repay the other parent for any day care or special expenses included in the support if you didn't actually have those expenses. (RCW 26.19.080)

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**Health Insurance Warnings!**

**Both parents** must keep the Support Registry informed whether or not they have access to health insurance for the children at a reasonable cost, and provide the policy information for any such insurance.

\* \* \*

**If you are ordered to provide children's health insurance...**

You have **20 days** from the date of this order to send:

- proof that the children are covered by insurance, or
- proof that insurance is not available as ordered.

Send your proof to the other parent or to the Support Registry (if your payments go there).

If you do **not** provide proof of insurance:

- The other parent or the support agency may contact your employer or union, without notifying you, to ask for direct enforcement of this order (RCW 26.18.170), and
- The other parent may:
  - Ask the Division of Child Support (DCS) for help,
  - Ask the court for a contempt order, or
  - File a Petition in court.

**Don't** cancel your children's health insurance without the court's approval, unless your job ends and you can no

longer get or continue coverage as ordered in section 19 through your job or union. If your insurance coverage for the children ends, you must notify the other parent and the Support Registry.

If an insurer sends you payment for a medical provider's service:

- you must send it to the medical provider if the provider has not been paid; or
- you must send the payment to whoever paid the provider if someone else paid the provider; or
- you may keep the payment if you paid the provider.

If the children have public health care coverage, the state can make you pay for the cost of the monthly premium.

**Always** inform the Support Registry and other parent if your access to health insurance changes or ends.