

Superior Court of Washington, County of \_\_\_\_\_

In re parentage:

Petitioner (*person who started this case*):

\_\_\_\_\_

And Respondents:

(*parent / presumed parent / possible genetic parents*)

\_\_\_\_\_

\_\_\_\_\_

No. \_\_\_\_\_

**Response to Petition to Decide Parentage  
(RSP)**

☐ Revocation of Joinder (RSPRV)

**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.") and list your reasons for disagreeing on page 2.

☐ **Revocation of Joinder:** I previously signed an *Agreement to Join Petition* (Joinder) in this case and I am **no** longer in agreement so I am filing this *Response*. (Check *Revocation of Joinder* box above.)

Section in the Petition	Your response ( <i>check one</i> )		
<b><i>Parentage</i></b>			
1. <i>Petitioner asks the court to decide who are the legal parent/s of (name/s):</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
2. <i>Child</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
3. <i>Petitioner</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
4. <i>Respondent/s</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
5. <i>Personal Jurisdiction</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
6. <i>Correct County (Venue)</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
7. <i>Genetic Testing</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> )		
8. <i>Presumed Parent, if any (by marriage, domestic partnership, or holding out)</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
9. <i>Challenge to Acknowledgment or Denial of Parentage</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
10. <i>Challenge by Person <u>not included</u> in Acknowledgment or Court Decision</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
11. <i>Assisted reproduction (not surrogacy)</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
12. <i>Birth Record</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
13. <i>Other Children Together</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>Child Support</b>			
14. <i>Child Support</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
15. <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
<b>Parenting Plan</b>			
If Petitioner <b>skipped</b> sections 16 – 20 ( <i>check one</i> ):			
<input type="checkbox"/> I also do <b>not</b> want the court to make any orders about parenting or residential time.			
<input type="checkbox"/> I want the court to make orders about parenting or residential time. ( <i>Fill out and file the Declaration about Child Custody Jurisdiction (UCCJEA) form FL All Family 138 and serve on all parties.</i> )			
If Petitioner <b>completed</b> sections 16 – 20, respond below:			
16. <i>Child's Home/s</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
17. <i>Other people with a legal right to spend time with the child</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
18. <i>Other court cases involving the child</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
19. <i>Jurisdiction over the child</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
20. <i>Parenting Plan</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>Other Requests</b>			
21. <i>Protection Order</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
22. <i>Restraining Order</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
23. <i>Fees and Costs</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
24. <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 below:

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

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Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

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Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

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Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

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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. Parentage**

☐ I admit that I am the parent of *(child's name)*: \_\_\_\_\_.

☐ I deny that I am the parent of *(child's name)*: \_\_\_\_\_.

☐ I don't know whether I am the parent of *(child's name)*: \_\_\_\_\_.

**3. Sexual assault**

☐ Does not apply.

☐ *(Child's name)*: \_\_\_\_\_

was born as a result of a sexual assault by *(name)*: \_\_\_\_\_

against me. See the *Sexual Assault Allegation*, filed separately.

**Important!** File and serve the *Sexual Assault Allegation* (FL Parentage 383) together with this Response.

**4. Protection Order**

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

☐ **No.** I do not want a *Protection Order*.

- ☐ **Yes.** (You must file a Petition for Protection Order, form PO 001. You may file your Petition for Protection Order using the same case number assigned to this case.)

**Important!** If you need protection **now**, ask the court clerk about getting a Temporary Protection Order.

- ☐ **There already is a Protection Order between (name): \_\_\_\_\_ and me.** (Describe below. Attach a copy of the Protection Order if you have one.):

Court that issued the order: \_\_\_\_\_

Case number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

**5. Restraining order**

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

- ☐ **No.** (Skip to 6.)

- ☐ **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 to go onto the grounds of or enter my home, workplace, vehicle or school, and the daycare or school of any child listed in the *Petition*.

- ☐ Also, not knowingly to go or stay within \_\_\_\_ feet of my home, workplace, vehicle, or school, or 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 child 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 access, possess, have in their custody or control or obtain any firearms, other dangerous weapons, or concealed pistol licenses until the Order ends, and
  - To immediately surrender any firearms, other dangerous weapons, and any concealed pistol licenses that they have in their custody, control, or possession to (check one): ☐ the police chief or sheriff ☐ their lawyer ☐ other person (name): \_\_\_\_\_.

- ☐ **Other 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).

**6. Requests**

I ask the court to (check one):

☐ **Dismiss** the *Petition to Decide Parentage* because: \_\_\_\_\_  
\_\_\_\_\_.

☐ **Decide Parentage** as follows (check all that apply):

☐ I ask the court to decide parentage based on genetic testing. (Check one):

☐ I will file a motion for genetic testing.

☐ Genetic testing has already been done.

☐ I do **not** want the court to use genetic testing to decide parentage.

☐ If genetic testing shows I am **not** the child's parent, I intend to claim I am a De Facto Parent. I will file a *Petition for De Facto Parentage*, FL Parentage 341.

☐ Order that (name): \_\_\_\_\_ is a legal parent of (child's name): \_\_\_\_\_.

☐ Order that (name): \_\_\_\_\_ is **not** a parent of (child's name): \_\_\_\_\_.

☐ Change the child's birth record to list the parents as requested above.

☐ and to change the child's name to: \_\_\_\_\_.

☐ Other parentage decision (specify): \_\_\_\_\_  
\_\_\_\_\_.

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

**Sexual Assault**

☐ See the requests listed in the *Sexual Assault Allegation* (FL Parentage 383) filed separately.

**Parenting Plan**

☐ My proposed *Parenting Plan*.

**Child Support**

☐ *Child Support Order*

☐ Order (name): \_\_\_\_\_ to pay past child support, medical support, and other expenses for the child.

**Protection / Restraining Order**

☐ *Protection Order*

☐ *Restraining Order*

**Fees / Other**

☐ Order who should be ordered to pay filing fees, reasonable lawyer fees, other costs, and necessary travel and other reasonable expenses.

☐ 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.

☐ Email: \_\_\_\_\_

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

Street Address or PO Box

City

State

Zip

(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): \_\_\_\_\_