

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

In re:

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

\_\_\_\_\_

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

\_\_\_\_\_

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

Motion to Adjust Child Support Order  
(MTAS)

## Motion to Adjust Child Support Order

### To all 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.

Read your county's Local Court Rules, if any:

- You may be required to file other forms and documents.
- The court may not allow you to testify at the motion hearing.

Bring proposed orders to the hearing.

### To the person filing this motion:

You must schedule a hearing on this motion. You may use the *Notice of Hearing* (form FL All Family 185) unless your county's Local Court Rules require a different form. Contact the court for scheduling information.

### 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, and propose your own *Child Support Worksheets*.

**1.** My name is: \_\_\_\_\_ . I ask the court to adjust the *Child Support Order*. I am filing and serving proposed *Child Support Schedule Worksheets* at the same time as this motion.

**2. Is the state filing this motion? (Check one):**

- No.** This motion is filed by a parent or non-parent custodian.
- Yes.** The state Department of Social and Health Services (DSHS) is filing this motion because *(check all that apply)*:
  - the children receive public assistance.
  - the children do not receive public assistance, but one of the parties asked DSHS to review the order and DSHS decided the order should be adjusted.
  - another state or jurisdiction asked for this adjustment.

➤ **Why should the court adjust child support? (Check all that apply):**

**3. Two years or more have passed**

- Does not apply.
- At least two full years (24 months) have passed since the current order was issued and any step increase took effect **and** *(check all that apply)*:
  - the economic table or standards in RCW 26.19 have changed.
  - the parents' income has changed. *(Explain the changes here or use a separate Declaration form (FL All Family 135) and/or Financial Declaration form (FL All Family 131))*: \_\_\_\_\_

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**4. Current order allows periodic adjustment**

- Does not apply.
- The current *Child Support Order* says support may be adjusted now.

**5. Other (if any):**

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**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).)*

**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*): \_\_\_\_\_

**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.