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**FAMILY LAW WORKSHEET**  
**CLIENT'S STATISTICS**

Date \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Inside city limits?  Yes  No

Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Maiden name \_\_\_\_\_ Driver's license no. \_\_\_\_\_ Race \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Birth date \_\_\_\_\_ State of birth \_\_\_\_\_ Age \_\_\_\_\_

Mother's maiden name \_\_\_\_\_ How long have you lived in Washington \_\_\_\_\_

Education and training \_\_\_\_\_

**WORK HISTORY / EMPLOYMENT AND INCOME INFORMATION**

Did you work before this marriage?  Yes  No Did you work during this marriage?  Yes  No

Employer's name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address \_\_\_\_\_

Job Title \_\_\_\_\_ Length of employment \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ (per:  day  week  month) Net salary \$ \_\_\_\_\_

Payroll deductions: Tax \$ \_\_\_\_\_ FICA \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ Union dues \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_ Credit Union \$ \_\_\_\_\_ Other \_\_\_\_\_

**ATTACH A COPY OF MOST RECENT PAYROLL STATEMENT & TAX RETURNS FOR LAST 2 YEARS**

**STATE ASSISTANCE**

Are you receiving State Assistance (AFDC; TANF; medical assistance, etc.)?  Yes  No

Is your spouse receiving State Assistance (AFDC; TANF; medical assistance, etc.)?  Yes  No

**MILITARY**

Are you currently in the military?  Yes  No Is your spouse currently in the military?  Yes  No

**PREVIOUS DIVORCE FILINGS** (If you have ever filed for divorce from your present spouse before, please list:)

City, County, State where action was filed \_\_\_\_\_

Date of filing \_\_\_\_\_ Court's case no. \_\_\_\_\_ Is case still pending?  Yes  No

**HEALTH**

How is your health? \_\_\_\_\_

Date of last examination \_\_\_\_\_ Condition \_\_\_\_\_

Doctor's name and address \_\_\_\_\_

**YOUR PRIOR MARRIAGES / RELATIONSHIPS**

Former partner's name \_\_\_\_\_

If you had biological and/or adopted children from this prior marriage/relationship, list:

Their name(s)	Birth date	With whom are they residing and under what authority?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Support paid/received per month, per child \$ \_\_\_\_\_

*IF THIS RELATIONSHIP WAS A MARRIAGE, LIST:*

Date of marriage \_\_\_\_\_ City, County, State of marriage \_\_\_\_\_

How was the marriage terminated?  Divorce  Annulment  Widowed  Other \_\_\_\_\_

Date terminated \_\_\_\_\_ City, County, State terminated in \_\_\_\_\_

If you had any property or cash at the time of this marriage, describe \_\_\_\_\_

How was it acquired? \_\_\_\_\_

Do you still have this property?  Yes  No

Did you execute a Power of Attorney  Yes  No

If Yes: Was it recorded?  Yes  No Do you want it revoked?  Yes  No

**ADDITIONAL PRIOR MARRIAGE / RELATIONSHIP**

Former partner's name \_\_\_\_\_

If you had biological and/or adopted children from this prior marriage/relationship, list:

Their name(s)	Birth date	With whom are they residing and under what authority?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Support paid/received per month, per child \$ \_\_\_\_\_

*IF THIS RELATIONSHIP WAS A MARRIAGE, LIST:*

Date of marriage \_\_\_\_\_ City, County, State of marriage \_\_\_\_\_

How was the marriage terminated?  Divorce  Annulment  Widowed  Other \_\_\_\_\_

Date terminated \_\_\_\_\_ City, County, State terminated in \_\_\_\_\_

If you had any property or cash at the time of this marriage, describe \_\_\_\_\_

How was it acquired? \_\_\_\_\_

Do you still have this property?  Yes  No

**SPOUSE'S STATISTICS**

Full Legal Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Inside city limits?  Yes  No

Home phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Maiden name \_\_\_\_\_ Driver's license no. \_\_\_\_\_ Race \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Birth date \_\_\_\_\_ State of birth \_\_\_\_\_ Age \_\_\_\_\_

Mother's maiden name \_\_\_\_\_ How long has spouse lived in Washington \_\_\_\_\_

Education and training \_\_\_\_\_

Employer's name \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address \_\_\_\_\_

Job title \_\_\_\_\_ Length of employment \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ (per:  day  week  month) Net salary \$ \_\_\_\_\_

Payroll deductions: Tax \$ \_\_\_\_\_ FICA \$ \_\_\_\_\_ Union dues \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_ Credit Union \$ \_\_\_\_\_

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

**ATTACH A COPY OF SPOUSE'S MOST RECENT PAYROLL STATEMENT**

**HEALTH**

How is spouse's health? \_\_\_\_\_

Date of last examination \_\_\_\_\_ Condition \_\_\_\_\_

Doctor's name and address \_\_\_\_\_

**SPOUSE'S PRIOR MARRIAGE / RELATIONSHIP**

Spouse's former partner's name \_\_\_\_\_

If your spouse had biological or adopted children from this prior marriage/relationship, list:

Their name(s)	Birth date	With whom are they residing and under what authority?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Support paid/received per month, per child \$ \_\_\_\_\_

*IF THIS RELATIONSHIP WAS A MARRIAGE, LIST:*

Date of marriage \_\_\_\_\_ City, County, State of marriage \_\_\_\_\_

How was the marriage terminated?  Divorce  Annulment  Widowed  Other \_\_\_\_\_

Date terminated \_\_\_\_\_ City, County, State terminated in \_\_\_\_\_

If your spouse had any property or cash at the time of this marriage, describe \_\_\_\_\_

How was it acquired? \_\_\_\_\_

Does your spouse still have this property?  Yes  No

## STATISTICS OF THIS MARRIAGE

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

City, County and State of marriage \_\_\_\_\_

Date of start of relationship of living together (if prior to marriage) \_\_\_\_\_

Do you have a Will?  Yes  No Do you have a Community Property Agreement?  Yes  No

Does your spouse have a Will?  Yes  No Where are they located? \_\_\_\_\_

### JURISDICTION (Check all that apply)

My spouse is presently residing in Washington

My spouse and I lived in Washington during our marriage and I continue to reside or be a member of the armed forces stationed in this state

My spouse and I have conceived a child while within Washington

My spouse will be personally served in the state of Washington

My spouse will consent to the jurisdiction of this court

Other \_\_\_\_\_

### PROPERTY

#### 1. REAL PROPERTY

##### a. Home

Address \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

Do you want the home?  Yes  No Home now occupied by \_\_\_\_\_

Purchase date	Purchase price	Down payment	Balance due	Present Fair Market Value
_____	\$ _____	\$ _____	\$ _____	\$ _____

Mortgage or contract holder \_\_\_\_\_

Monthly payment (including taxes & reserves) \$ \_\_\_\_\_

Legal Description [provide copy of deed, deed of trust, mortgage or real estate contract]

##### b. Other Real Property

Address or location \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

Do you want this property?  Yes  No

Is this:  Investment **or**  Rental property? If this is rented, monthly rental received \$ \_\_\_\_\_

Purchase date	Purchase price	Down payment	Balance due	Present Fair Market Value
_____	\$ _____	\$ _____	\$ _____	\$ _____

Mortgage or contract holder \_\_\_\_\_

Monthly payment (including taxes & reserves) \$ \_\_\_\_\_

Legal Description [provide copy of deed, deed of trust, mortgage or real estate contract]

##### c. Other Real Property (provide same information as above on back of this page)

2. AUTOMOBILES, MOTOR BIKES (for additional items, provide same information on back of this page)

a. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

Do you want this item?  Yes  No Title in whose name? \_\_\_\_\_

Purchase Date	Purchase Price	Encumbrances	Monthly payment	Present Fair Market Value
_____	\$ _____	\$ _____	\$ _____	\$ _____

Lien holder \_\_\_\_\_

b. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

Do you want this item?  Yes  No Title in whose name? \_\_\_\_\_

Purchase Date	Purchase Price	Encumbrances	Monthly payment	Present Fair Market Value
_____	\$ _____	\$ _____	\$ _____	\$ _____

Lien holder \_\_\_\_\_

c. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

Do you want this item?  Yes  No Title in whose name? \_\_\_\_\_

Purchase Date	Purchase Price	Encumbrances	Monthly payment	Present Fair Market Value
_____	\$ _____	\$ _____	\$ _____	\$ _____

Lien holder \_\_\_\_\_

d. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

Do you want this item?  Yes  No Title in whose name? \_\_\_\_\_

Purchase Date	Purchase Price	Encumbrances	Monthly payment	Present Fair Market Value
_____	\$ _____	\$ _____	\$ _____	\$ _____

Lien holder \_\_\_\_\_

3. CASH (for additional items, provide same information on back of this page)

a. Checking account(s)

(1) Bank and branch \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

(2) Bank and branch \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

b. Savings account(s)

(1) Bank and branch \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

(2) Bank and branch \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

4. BOAT / TRAILER / CAMPER / ETC. (for additional items, provide same information on back of this page)

a. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

Do you want this item?  Yes  No Title in whose name? \_\_\_\_\_

Purchase Date \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Encumbrances \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_ Present Fair Market Value \$ \_\_\_\_\_

Lien holder \_\_\_\_\_ Motor h.p. \_\_\_\_\_

b. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Is this:  Community property **or** Separate property belonging to  Client  Spouse?

Do you want this item?  Yes  No Title in whose name? \_\_\_\_\_

Purchase Date \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Encumbrances \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_ Present Fair Market Value \$ \_\_\_\_\_

Lien holder \_\_\_\_\_ Motor h.p. \_\_\_\_\_

5. FURNITURE AND APPLIANCES (for additional items, provide same information on back of this page)

List all major items. (Items **not paid for** must be listed on page 8 under DEBTS AND LIABILITIES)

Do you want it?	Item	Value	Community <b>or</b> Separate property
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse

If you and your spouse are unable to agree upon division of these items or the values of each item, provide schedule of items and include approximate date of purchase, cost and present fair market value.

6. JEWELRY, FURS, PAINTINGS, ETC.(for additional items, provide same information on back of this page)

Do you want it?	Item	Value	Community <b>or</b> Separate property
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse

7. SECURITIES (for additional items, provide same information on back of this page)

Stock and/or Bond name	Certificate number	No. of shares	Purchase date
Purchase price	Present value	Income	Face amount
\$ _____	\$ _____	\$ _____	\$ _____
How held? _____			
Is this: <input type="checkbox"/> Community property <b>or</b> Separate property belonging to <input type="checkbox"/> Client <input type="checkbox"/> Spouse?			
Do you want this item? <input type="checkbox"/> Yes <input type="checkbox"/> No			

8. LIFE INSURANCE (for additional items, provide same information on back of this page)

a. Company \_\_\_\_\_ Policy no. \_\_\_\_\_  
 Insured \_\_\_\_\_ Beneficiaries \_\_\_\_\_  
 Type:  Term  Straight  Group  Other \_\_\_\_\_  
 Face amount \$ \_\_\_\_\_ Surrender value \$ \_\_\_\_\_

b. Company \_\_\_\_\_ Policy no. \_\_\_\_\_  
 Insured \_\_\_\_\_ Beneficiaries \_\_\_\_\_  
 Type:  Term  Straight  Group  Other \_\_\_\_\_  
 Face amount \$ \_\_\_\_\_ Surrender value \$ \_\_\_\_\_

9. RETIREMENT / PENSION / OTHER EMPLOYEE BENEFITS

a. Client

Item	Value	Community <b>or</b> Separate property
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Separate
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Separate
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Separate
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Separate

b. Spouse

Item	Value	Community <b>or</b> Separate property
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Separate
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Separate
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Separate
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Separate

10. INCOME TAX REFUND

Amount expected \$ \_\_\_\_\_ For year \_\_\_\_\_

11. **BUSINESSES (Provide a copy of the last 3 years Federal Income Tax Returns)**

Do you or your spouse own a business?  Yes  No

If Yes: Name of business \_\_\_\_\_

Describe business and identify who owns it: \_\_\_\_\_

Approximate monthly: Gross Income \$ \_\_\_\_\_ Net Income \$ \_\_\_\_\_

12. **OTHER ASSETS (for additional items, provide same information on back of this page)**

a. Clothing / personal effects of husband Value \$ \_\_\_\_\_

b. Clothing / personal effects of wife Value \$ \_\_\_\_\_

c. Other assets, please list:

Item	Value	Community <b>or</b> Separate property
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
_____	\$ _____	<input type="checkbox"/> Community <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse

13. **SAFE DEPOSIT BOX**

Name of business/location \_\_\_\_\_

In whose name? \_\_\_\_\_ Contents \_\_\_\_\_

14. **If there is any property in the hands of a third party, describe the property and give name/address of third party**

Property description	Name and address of third party
_____	_____
_____	_____

**DEBTS AND LIABILITIES (SCHEDULE OF ALL DEBTS - include car and mortgage payments)**

Name of creditor and description of debt	Monthly payment	Total balance	Community <b>or</b> Separate property
1. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
2. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
3. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
4. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
5. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
6. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
7. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
8. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
9. _____	\$ _____	\$ _____	<input type="checkbox"/> Comm <b>or</b> <input type="checkbox"/> Client <input type="checkbox"/> Spouse
<b>TOTAL MONTHLY PAYMENTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	

10. Petitioner's debts, if any, incurred since separation date:

11. Respondent's debts, if any, incurred since separation date:



**SPOUSAL MAINTENANCE** (Choose one)

- Spousal maintenance should not be ordered
- There is a need for spousal maintenance because \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other \_\_\_\_\_

**CONTINUING RESTRAINING ORDER** (Choose all that apply)

- A restraining order should not be ordered
- A continuing restraining order should be entered which restrains my spouse from assaulting, harassing, molesting or disturbing my peace
- A continuing restraining order should be entered which restrains my spouse from going onto the grounds of or entering my home, work place or school, or the daycare or school of the dependent children
- A restraining order should be entered which restrains my spouse from knowingly coming within or **knowingly** remaining within \_\_\_\_\_ (distance, i.e., feet, yards, etc.) of the home, workplace or school of me or the daycare or school of the dependent children
- Other \_\_\_\_\_

**PREGNANCY** (Choose one)

- The wife is not pregnant
- The wife is pregnant. The father of the unborn child is the  *Husband*  *Not the husband*  *Unknown*  
 Date the child is expected \_\_\_\_\_

**DEPENDENT CHILDREN** (Choose one)

- Does not apply because there are no dependent children of this marriage
- The husband and the wife are **both** the parents of the following dependent child(ren):

Full legal name	Birth date	Age	Social Security No.	Present address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

JURISDICTION OVER THE CHILDREN (Choose one)

\_\_\_ This state is the home state of the children because:

\_\_\_ The children lived in Washington with a parent or a person acting as a parent for at least six consecutive months immediately preceding the commencement of this proceeding

\_\_\_ The children are less than six months old and have lived in Washington with a parent or a person acting as parent since birth

\_\_\_ Any absences from Washington have been only temporary

\_\_\_ Washington was the home state of the children within six months before the commencement of this proceeding and the children are absent from the state but a parent or person acting as parent continued to live in this state

\_\_\_ The children and the parents or the children and at least one parent or person acting as a parent, have significant connection with the state other than mere physical presence; and substantial evidence is available in this state concerning the children's care, protection, training and personal relationships; and

\_\_\_ The children have no home state elsewhere

\_\_\_ The children's home state has declined to exercise jurisdiction on the ground that this state is the more appropriate forum under RCW 26.27.261 or .271

\_\_\_ No other state has jurisdiction

DURING THE LAST FIVE YEARS, THE CHILD(REN) HAVE LIVED (Choose one)

\_\_\_ In no place other than the state of Washington and with no person other than my spouse or myself

\_\_\_ In the following places with the following persons (list each place the children lived, including the state of Washington, the dates the children lived there and the names and present addresses of the persons with whom the children lived):

Child's name	City/State they lived in	Dates they lived there	Person's name and current address they lived with
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLAIMS TO CUSTODY OR VISITATION (Choose one)

\_\_\_ I do not know of any person other than my spouse who has physical custody of, or claims to have custody or visitation rights to, the child(ren)

\_\_\_ The following persons have physical custody of, or claim to have custody or visitation rights to, the children (do not list your spouse) \_\_\_\_\_

\_\_\_\_\_

**INVOLVEMENT IN ANY OTHER PROCEEDING CONCERNING THE CHILDREN (Choose one)**

I have not been involved in any other proceeding regarding the children

I have been involved in the following proceeding(s) regarding the children:

Name of Court (include County & State)	Case number	Date of Judgment or Order
_____	_____	_____
_____	_____	_____

**OTHER LEGAL PROCEEDINGS CONCERNING THE CHILD(REN) (Choose one)**

I have not participated in or am not aware of any other legal proceedings concerning the children, including any paternity, dependency or custody proceedings

I have participated in or am aware of the following legal proceedings which concern the child(ren) :

Child's name	Name of Court (include County & State)	Case number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER**

- If you are the wife, do you want to change your name?  Yes  No  
If yes, name desired \_\_\_\_\_
- If you are the husband, does your spouse want to change her name?  Yes  No  
If yes, name desired \_\_\_\_\_
- Are you asking your spouse to contribute toward your attorney fees/court costs?  Yes  No  
If yes, what amount? \$ \_\_\_\_\_
- Health / Medical / Hospital / Dental Insurance:  
Company \_\_\_\_\_  
Policy no. \_\_\_\_\_ Premium: \$ \_\_\_\_\_ monthly/annually  
Coverage \_\_\_\_\_  
Is this through employment?  Yes  No Whose? \_\_\_\_\_  
Do you want spouse to maintain you on his/her medical insurance?  Yes  No  
Do you want spouse to maintain the child(ren) on his or her medical insurance?  Yes  No
- Do you want an award of tax exemptions?  Yes  No  
Who father receives \_\_\_\_\_  
Who mother receives \_\_\_\_\_
- Do you want spouse to be ordered to pay daycare expense?  Yes  No

## TEMPORARY ORDER REQUEST

A temporary order is necessary which includes:

### 1.1 TEMPORARY SPOUSAL MAINTENANCE (Choose one)

- Does not apply  
 Orders temporary maintenance

Explain:

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### 1.2 TEMPORARY SUPPORT FOR THE CHILD(REN) (Choose one)

- Does not apply  
 Orders child support as determined pursuant to the Washington State Support Schedule

Explain:

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### 1.3 PROPOSED TEMPORARY PARENTING PLAN (Choose one)

- Does not apply  
 Approves my proposed parenting plan

Explain:

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### 1.4 TEMPORARY RESTRAINING ORDER (Choose all that apply)

- Does not apply
- a. Restrains the other party from transferring, removing, encumbering, concealing or in any way disposing of any property except in the usual course of business or for the necessities of life and requiring each party to notify the other of any extraordinary expenditures made after the order is issued
- b. Restrains the other party from molesting or disturbing me or any child
- c. Restrains the other party from going onto the grounds of or entering the home, work place or school of me, or the daycare or school of the children
- d. Restrains the other party from removing the residence of any of the children from the state of Washington
- e. Restrains the other party from removing the children from the state of Washington
- f. Restrains the other party from knowingly coming within or knowingly remaining within \_\_\_\_\_ (distance, i.e. feet, yards, etc.) of home, work place or school of me
- g. Restrains the other party from assigning, transferring, borrowing, lapsing, surrendering or changing entitlement of any insurance policies of either or both parties whether medical, health, life or auto insurance

Explain:

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**TEMPORARY ORDER REQUEST (Continued)**

**1.5 SURRENDER OF DEADLY WEAPONS (Choose one)**

- Does not apply
- Requires the other party to surrender any deadly weapon in his or her immediate possession or control or subject to his or her immediate possession or control to the sheriff of the county having jurisdiction of this proceeding, to his or her lawyer or to a person designated by the court

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.6 DEBT PAYMENT (Choose one)**

- Does not apply
- a. Makes each party immediately responsible for their own future debts whether incurred by credit card or loan, security interest or mortgage
- b. Divides responsibility for the debts of the parties

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.7 PROPERTY (Choose one)**

- Does not apply
- a. Authorizes the family home to be occupied by me
- b. Orders the use of property

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.8 VACATION OF FAMILY HOME (Choose one)**

- Does not apply
- Requires the other party to vacate the family home

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.9 ATTORNEY FEES, OTHER PROFESSIONAL FEES AND COSTS (Choose one)**

- Does not apply
- Requires the other party to pay temporary attorney fees, other professional fees and costs in the amount of \$\_\_\_\_\_.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEMPORARY ORDER REQUEST (Continued)

1.10 APPOINTMENT OF GUARDIAN AD LITEM/INVESTIGATOR/LAWYER (Choose one)

- Does not apply
- Appoints a guardian ad litem/investigator/lawyer on behalf of the minor children

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.11 Other: ADDITIONAL RESTRAINING ORDERS (Choose all that apply)

- Does not apply
- a. Restrains each party from advising the child of the status of child support payments or other legal matters regarding the parties' relationship
- b. Restrains each party from using the child, directly or indirectly, to gather information about the other party or take verbal messages to the other party
- c. Restrains each party from making derogatory comments about the other parent or allow anyone else to do the same in the child's presence. Each party should be restrained from allowing or encouraging the child to make derogatory comments about the other party

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.12 Other: MEDICAL INSURANCE (Choose one)

- Does not apply
- Both parties should maintain  *The child(ren)* and/or  *Each other* on medical insurance through their employments

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.13 Other: DAYCARE EXPENSE (Choose one)

- Does not apply
- Mother*  *Father* to pay work-related daycare expense

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other:

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEMPORARY PARENTING PLAN PROVISIONS**

**SCHEDULES**

**MOTHER'S**

1. Work schedule: (past 12 months)\_\_\_\_\_

\_\_\_\_\_

Current work schedule (if different than above)\_\_\_\_\_

2. Performance of parenting functions relating to daily needs of child(ren)\_\_\_\_\_

**FATHER'S**

1. Work schedule: (past 12 months)\_\_\_\_\_

\_\_\_\_\_

Current work schedule (if different than above)\_\_\_\_\_

2. Performance of parenting functions relating to daily needs of child(ren)\_\_\_\_\_

**CHILD-CARE**

Child's name

Schedule

_____	_____
_____	_____
_____	_____
_____	_____

**SCHOOL**

Child's name

Schedule

_____	_____
_____	_____
_____	_____
_____	_____

**RESIDENTIAL ADDRESS OF CHILD(REN) FOR THE PAST 12 MONTHS**

Child's name

Address

_____	_____
_____	_____
_____	_____
_____	_____

