



200712200051

Skagit County Auditor

12/20/2007 Page

1 of

18 1:35PM

COVER SHEET

Return Address:

Brewer Layman, Attorneys at Law
A Professional Services Corporation
P.O. Box 488
Everett, WA 98206

Document Title(s) or transactions contained therein:

Temporary Order of Child Support

Grantor(s) or Debtor (Last name first, then first name and initials)

Williams, Warren C.

Grantee(s) or Person bringing lien (Last name first, then first name and initials)

Williams, Katrina E.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range, qtr./qtr.)

ACREAGE ACCOUNT, ACRES 31.04, O/S#5 AF#800393 1975 LOT 1 SHORT PLAT#PL00-0744
AF#200203260117 A PORTION OF LOT 4 SHORT PLAT#93-65 AF#9310010108 LOCATED IN
SE1/4

Reference Number(s) of Documents assigned or released:

Snohomish County Cause No. 06-3-03058-5

Assessor's Property Tax Parcel/Account Number

P119001

CERTIFIED
COPY

FILED

2007 JUL 24 AM 11:56

PAM L. DANIELS
COUNTY CLERK
SNOHOMISH CO., WASH.



CL12408191

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH

In re the Marriage of:

KATRINA E. WILLIAMS,

Petitioner,

and

WARREN C. WILLIAMS,

Respondent

No.: 06-3-03058-5

TEMPORARY ORDER OF CHILD
SUPPORT

I. JUDGMENT SUMMARY

1.1 JUDGMENT SUMMARY.

Judgment summary is as follows:

- | | | |
|----|--|--------------------|
| A. | Judgment creditor | Katrina Williams |
| B. | Judgment debtor | Warren C. Williams |
| C. | Principal judgment amount – see paragraph 3.20 | \$3,683.21 |
| D. | Interest to date of judgment | \$0.00 |
| E. | Attorney's fees | \$0.00 |
| F. | Costs | \$0.00 |
| G. | Other recovery amount | \$0.00 |
| H. | Principal judgment shall bear interest at 12% per annum | |
| I. | Attorney's fees, costs and other recovery amounts shall bear interest at 12% per annum | |
| J. | Attorney for judgment creditor | Karen D. Moore |
| K. | Attorney for judgment debtor | Steven Phillips |

Order of Child Support (TMORS, ORS) - Page 1 of 8
WPF DR 01.0500 (6/2006) - RCW 26.09.175; 26.26.132

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ORIGINAL

Judgment

WSSR

80

1
2 **II. BASIS**

3
4 2.1 **TYPE OF PROCEEDING.**

5 This order is entered pursuant to the Order entered June 6, 2007.

6 2.2 **CHILD SUPPORT WORKSHEET.**

7 The Child Support Worksheet which has been approved by the court is attached to this order and is incorporated by reference.

8 **III. FINDINGS AND ORDER**

9 IT IS ORDERED that:

10 3.1 **CHILDREN FOR WHOM SUPPORT IS REQUIRED.**

<u>Name</u>	<u>Age</u>
Warren Williams	7
Samira Williams	5

13
14 3.2 **PERSON PAYING SUPPORT (OBLIGOR).**

15 Name: Warren C. Williams
16 DOB: 10/23/1965
17 Service Address: 6817 20th Drive NE, Marysville, WA 98270

18 THE OBLIGOR PARENT MUST IMMEDIATELY FILE WITH THE COURT AND THE WASHINGTON STATE CHILD SUPPORT REGISTRY, AND UPDATE AS NECESSARY, THE CONFIDENTIAL INFORMATION FORM REQUIRED BY RCW 26.23.050.

19 THE OBLIGOR PARENT SHALL UPDATE THE INFORMATION REQUIRED BY PARAGRAPH 3.2 PROMPTLY AFTER ANY CHANGE IN THE INFORMATION. THE DUTY TO UPDATE THE INFORMATION CONTINUES AS LONG AS ANY MONTHLY SUPPORT REMAINS DUE OR ANY UNPAID SUPPORT DEBT REMAINS DUE UNDER THIS ORDER.

22 Monthly Net Income \$3,525.00 (court finding)

23 *Order of Child Support (TMORS, ORS) - Page 2 of 8*
24 *WPF DR 01.0500 (6/2006) - RCW 26.09.175; 26.26.132*

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1 3.3 PERSON RECEIVING SUPPORT (OBLIGEE).

2 Name: Katrina Williams
3 DOB: 12/20/1972
4 Service Address: 7804 69th Street NE, Marysville, WA 98270

5 THE OBLIGEE MUST IMMEDIATELY FILE WITH THE COURT AND THE
6 WASHINGTON STATE CHILD SUPPORT REGISTRY, AND UPDATE AS
7 NECESSARY, THE CONFIDENTIAL INFORMATION FORM REQUIRED
8 BY RCW 26.23.050.

9 THE OBLIGEE SHALL UPDATE THE INFORMATION REQUIRED BY PARAGRAPH 3.3
10 PROMPTLY AFTER ANY CHANGE IN THE INFORMATION. THE DUTY TO UPDATE
11 THE INFORMATION CONTINUES AS LONG AS ANY MONTHLY SUPPORT REMAINS
12 DUE OR ANY UNPAID SUPPORT DEBT REMAINS DUE UNDER THIS ORDER.

13 Monthly Net Income \$2,118.00 (court finding)

14 The obligor may be able to seek reimbursement for day care or special child rearing
15 expenses not actually incurred. RCW 26.19.080.

16 3.4 SERVICE OF PROCESS.

17 SERVICE OF PROCESS ON THE OBLIGOR AT THE ADDRESS REQUIRED
18 BY PARAGRAPH 3.2 OR ANY UPDATED ADDRESS, OR ON THE OBLIGEE
19 AT THE ADDRESS LISTED ABOVE IN PARAGRAPH 3.3 OR ANY UPDATED
20 ADDRESS, MAY BE ALLOWED OR ACCEPTED AS ADEQUATE IN ANY
21 PROCEEDING TO ESTABLISH, ENFORCE OR MODIFY A CHILD SUPPORT
22 ORDER BETWEEN THE PARTIES BY DELIVERY OF WRITTEN NOTICE TO
23 THE OBLIGOR OR OBLIGEE AT THE LAST ADDRESS PROVIDED.

24 3.5 CHILD SUPPORT TRANSFER PAYMENT.

25 The obligor shall pay the following amount per month for the following children:

26 Name
Warren Williams (age 7)
Samira Williams (age 5)

Total monthly transfer amount \$790.00



1 THE OBLIGOR PARENT'S PRIVILEGES TO OBTAIN OR MAINTAIN A LICENSE,
2 CERTIFICATE, REGISTRATION, PERMIT, APPROVAL OR OTHER SIMILAR
3 DOCUMENT ISSUED BY A LICENSING ENTITY EVIDENCING ADMISSION TO OR
4 GRANTING AUTHORITY TO ENGAGE IN A PROFESSION, OCCUPATION,
5 BUSINESS, INDUSTRY, RECREATIONAL PURSUIT, OR THE OPERATION OF A
6 MOTOR VEHICLE, MAY BE DENIED, OR MAY BE SUSPENDED IF THE OBLIGOR
7 PARENT IS NOT IN COMPLIANCE WITH THIS SUPPORT ORDER AS PROVIDED IN
8 CHAPTER 74.20A REVISED CODE OF WASHINGTON.

9
10 3.6 STANDARD CALCULATION.

11 \$790.00 per month. (See Worksheet line 15.)

12 3.7 REASONS FOR DEVIATION FROM STANDARD CALCULATION.

13 The child support amount ordered in paragraph 3.5 does not deviate from the standard
14 calculation.

15 3.8 REASONS WHY DEVIATION WAS DENIED.

16 A deviation was not requested.

17 3.9 STARTING DATE AND DAY TO BE PAID

18 Starting Date: 6/1/07
19 Day(s) of the month: June 2007
20 Support is due: 15th of every month

21 3.10 INCREMENTAL PAYMENTS.

22 Does not apply.

23 3.11 HOW SUPPORT PAYMENTS SHALL BE MADE.

24 Direct Payment: Support payments shall be made directly to

25 Katrina Williams
26 c/o 1211 164th Street SW, #103
Lynnwood, WA 98087

Order of Child Support (TMORS, ORS) - Page 4 of 8
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1 A party required to make payments to the Washington State Support Registry will not
2 receive credit for a payment made to any other party or entity. The obligor shall keep the
3 registry informed whether he or she has access to health insurance coverage at reasonable
4 cost and, if so, to provide the health insurance policy information.

4 3.12 WAGE WITHHOLDING.

5 Withholding action may be taken against wages, earnings, assets, or benefits, and liens
6 enforced against real and personal property under the child support statutes of this or any
7 other state, without further notice to the obligor parent at any time after entry of this order
8 unless an alternative provision is made below:

9 Wage withholding, by notice of payroll deduction or other income withholding action
10 under Chapter 26.18 RCW or Chapter 74.20A RCW, without further notice to the
11 obligor, is delayed until a payment is past due, because:

12 the parties have reached a written agreement that the court approves that provides
13 for an alternate arrangement.

11 3.13 TERMINATION OF SUPPORT.

12 Support shall be paid provided that this is a temporary order, until a subsequent child
13 support order is entered by this court.

14 3.14 POST SECONDARY EDUCATIONAL SUPPORT.

15 Does not apply as this is a temporary order.

16 3.15 PAYMENT FOR EXPENSES NOT INCLUDED IN TRANSFER PAYMENT.

17 Effective June 1, 2007, Respondent/Husband shall pay his pro rata share (.625%) of the
18 children's daycare and tuition within seven (7) days of receipt of proof of payment.

19 3.16 PERIODIC ADJUSTMENT.

20 Child support may be reviewed and adjustment pursuant to Washington State statutes.

21 3.17 INCOME TAX EXEMPTIONS.

22 Reserved - as this is a temporary order.

23 *Order of Child Support (TMORS, ORS) - Page 5 of 8*
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1 **3.18 MEDICAL INSURANCE FOR THE CHILDREN LISTED IN PARAGRAPH 3.1.**

2 Unless one or more of the **alternatives** below are checked, **each parent** shall maintain or
3 provide health insurance coverage if:

4 (a) Coverage that can be extended to cover the child(ren) is or becomes available to each
5 parent through employment or is union-related; and

6 (b) The cost of such coverage for the mother does not exceed 25 percent of mother's
7 basic child support obligation on Worksheet Line 7), and the cost of such coverage for
8 the father does not exceed 25 percent of father's basic child support obligation on
9 Worksheet Line 7).

10 The parent(s) shall maintain health insurance coverage, if available for the children listed
11 in paragraph 3.1, until further order of the court or until health insurance is no longer
12 available through the parents' employer or union and no conversion privileges exist to
13 continue coverage following termination of employment.

14 A parent who is required under this order to provide health insurance coverage is liable
15 for any covered health care costs for which that parent receives direct payment from an
16 insurer.

17 A parent who is required under this order to provide health insurance coverage shall
18 provide proof that such coverage is available or not available within 20 days of the entry
19 of this order to the physical custodian or the Washington State Support Registry if the
20 parent has been notified or ordered to make payments to the Washington State Support
21 Registry.

22 If proof that health insurance coverage is available or not available is not provided within
23 20 days, the obligee or the Department of Social and Health Services may seek direct
24 enforcement of the coverage through the obligor's employer or union without further
25 notice to the obligor as provided under Chapter 26.18 RCW.

26 **3.19 EXTRAORDINARY HEALTH CARE EXPENSES.**

The OBLIGOR shall pay .625% of extraordinary health care expenses within ten (10)
days following verification (the obligor's proportional share of income from the Child
Support Schedule Worksheet, line 6) of monthly medical expenses that exceed \$63.20
(5% of the basic support obligation from Worksheet, line 5.)

The amount of expense shall be determined by date of the service. The obligee parent
shall provide the obligor parent with a copy of all invoices reflecting medical expenses
for which payment is due by obligor. If the obligee parent advances payment of the
health care expense, the obligor parent shall reimburse the obligee parent within 15 days
of service of the document request for payment.

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2 Extraordinary health care expense shall mean all health care insurance and all uninsured
3 health care expenses, including deductible payment and co-payments. Health care shall
4 mean medical, dental, optical, orthodontia, counseling (mental health), and prescription
5 drug expense.

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3.20 BACK CHILD SUPPORT/TUITION/DAYCARE.

Respondent/Husband owes child support/tuition/daycare as follows:

May 2007	\$2,948.85	(Support obligation pursuant to prior Order of Child Support entered 1/22/2007)
June 2007	\$ 790.00	(Support obligation pursuant to Order entered 6/6/2007)
June 2007	\$1,152.33	(Husband's pro rata share of daycare/tuition pursuant to Order entered 6/6/2007)
July 2007	\$ 790.00	(\$1,843.72 x .625% - see attached)
		(Support obligation pursuant to Order entered 6/6/2007)
<u>TOTAL</u>	<u>\$5,681.18</u>	
Less:	\$1,598.85	Payment made 6/5/2007
	<u>399.12</u>	Payment made 6/27/2007
TOTAL DUE	\$3,683.21	

Judgment shall enter against Respondent in favor of Petitioner in the amount of \$3,683.21.

3.21 BACK INTEREST.

No back interest is owed at this time.



1
2 DONE IN OPEN COURT this 29 day of July, 2007.


3
4 
JUDGE COURT COMMISSIONER

5 Presented by:

Approved for entry:
Notice for presentation waived:

6 BREWE LAYMAN
7 Attorneys at Law
8 A Professional Services Corporation

9 By Krista Stige 38147 for
10 Karen D. Moore, WSBA 21328
Attorney for Petitioner


11 Steven Phillips, WSBA 22789
12 Attorney for Respondent

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WORKSHEET SYNOPSIS

	FATHER	MOTHER	COMBINED
1. Monthly Net Income Tax Year: Manual	\$3,525.00	\$2,118.00	\$5,643.00
2. Proportional Share of Income	.625	.375	
3. Basic Support:			
Warren \$632.00			
Samira \$632.00			
-			
-			
4. TOTAL			\$1264.00
5. Total Basic Support Obligation	\$790.00	\$474.00	\$1264.00
6. OBLIGATION for Extraordinary Health Care, Day Care, and Special Exp.	-	-	-
7. TOTAL OBLIGATION	\$790.00	\$474.00	
8. CREDIT for Extraordinary Medical	-	-	
9. CREDIT for Day Care and Special Exp.	-	-	
10. CREDIT for Ordinary Expenses	-	-	
11. TOTAL CREDITS	-	-	
12. Father Pays Mother	\$790.00	-	

File Name: Williams, Katrina.SCP
 Page was printed on 6/6/2007 at 12:51 AM

INCOME EXCEEDS \$5000
 PRESUMPTIVE AMOUNT: \$1148.00
 ADVISORY AMOUNT: \$1264.00



Washington State Child Support Schedule Worksheets (CSW)

Mother: Katrina Williams
County: SNOHOMISH

Father: Warren Williams
Superior Court Number: 06-3-03058-5

Children and Ages: Warren, 7; Samira, 5

Part I: Basic Child Support Obligation (See Instructions, Page 5)

1. Gross Monthly Income	Father	Mother
a. Wages and Salaries	\$3,525.00	\$2,118.00
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Spousal Maintenance Received	-	-
e. Other Income	-	-
f. Total Gross Monthly Income (add lines 1a through 1e)	\$3,525.00	\$2,118.00
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State) Tax Year: Manual	-	-
b. FICA (Soc. Sec. + Medicare)/Self-Employment Taxes	-	-
c. State Industrial Insurance Deductions	-	-
d. Mandatory Union/Professional Dues	-	-
e. Pension Plan Payments	-	-
f. Spousal Maintenance Paid	-	-
g. Normal Business Expenses	-	-
h. Total Deductions from Gross Income (add lines 2a through 2g)	-	-
3. Monthly Net Income (line 1f minus 2h)	\$3,525.00	\$2,118.00
4. Combined Monthly Net Income (Line 3 amounts combined) (If line 4 is less than \$600, skip to line 7.)		\$5,643.00
5. BASIC CHILD SUPPORT OBLIGATION: Combined →		
Warren \$632.00		
Samira \$632.00		
-		
-		
		\$1264.00



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	Father	Mother
6. Proportional Share of Income (Each parent's net income from line 3 divided by line 4)	.625	.375
7. Each Parent's Basic Child Support Obligation (Multiply each number on line 6 by line 5) (If line 4 is less than \$600, enter each parent's support obligation of \$25 per child. Number of children: 2 (Skip to line 15a and enter this amount.)	\$790.00	\$474.00
Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 7)		
8. Health Care Expenses		
a. Children's Monthly Health Insurance	-	-
b. Children's Uninsured Monthly Health Care	-	-
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	-	-
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)		-
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)		\$63.20
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e., if "0" or negative, enter "0")		-
9. Day Care and Special Child Rearing Expenses		
a. Day Care Expenses	-	-
b. Education Expenses	-	-
c. Long Distance Transportation Expenses	-	-
d. Other Special Expenses (describe)		
	-	-
	-	-
	-	-
e. Total Day Care and Special Expenses (Add lines 9a through 9d)	-	-
10. Combined Monthly Total Day Care and Special Expenses (Combine amounts on line 9e)		-
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)		-
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (Multiply each number on line 6 by line 11)	-	-
Part III: Gross Child Support Obligation		
13. Gross Child Support Obligation (line 7 plus line 12)	\$790.00	\$474.00
Part IV: Child Support Credits (See Instructions, Page 7)		
14. Child Support Credits		
a. Monthly Health Care Expenses Credit	-	-
b. Day Care and Special Expenses Credit	-	-
c. Other Ordinary Expenses Credit (describe)		
	.	.
	.	.
	.	.
d. Total Support Credits (add lines 14a through 14c)	-	-



Other factors for consideration (continued)

Signature and Dates

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.

Krista E. Stepe 38147 for
Mother's Signature

Father's Signature

7/24/07 *Everett*
Date City

Date City

[Signature]
Judge/Reviewing Officer

Date *7/24 2007*

Worksheet certified by the State of Washington Administrator for the Courts.
Photocopying of the worksheet is permitted.



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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH

In re the Marriage of:

KATRINA E. WILLIAMS,

Petitioner,

and

WARREN C. WILLIAMS,

Respondent

No.: 06-3-03058-5

DAYCARE/TUITION RECORDS FOR
JUNE 2007

Total daycare/tuition incurred for June, 2007 \$ 1,843.72

Husband's pro rata share: .625% \$ 1,152.33

DAYCARE/TUITION RECORDS FOR JUNE 2007

BREWE LAYMAN
Attorneys at Law



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variation

NG
JE

8206-0488

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Jun 14 '07 03:00p

Brighton School

4257780940

p.5



NOBEL
LEARNING
COMMUNITIES...

Invoice

1615 West Chester Pike
Suite 200
West Chester PA 19382
Tax ID # 22-2465204

Date	Invoice #
6/4/2007	IN1399843

Bill To
Williams, Warren 6817 - 20th Dr. N.E. Marysville WA 98371

Invoice Type

Item	Quantity	Description	Amount
Kindergarten	1		995.00
Discount Pre-payment			-49.50
Subtotal			945.50
Discount (Discount Family 5%)			-47.28
Total			\$898.22
Amount Paid			898.22



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Other Household Income (continued)	Father's Household	Mother's Household
e. Income From Assistance Programs		
Program	-	-
Program	-	-
f. Other Income (describe)		
	-	-
	-	-
19. Non-Recurring Income (describe)		
	-	-
	-	-
20. Child Support Paid For Other Children		
Name/age:	-	-
Name/age:	-	-
21. Other Children Living In Each Household * (First names and ages)		
22. Other Factors For Consideration		



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UNOFFICIAL DOCUMENT

STATE OF WASHINGTON }
COUNTY OF SNOHOMISH } ss.

I, PAM L. DANIELS, Clerk of the above entitled Court, do hereby certify that the foregoing instrument is a true and correct copy of the original now on file in my office.

In witness whereof, I hereunto set my hand and the seal of said Court this

DEC 11 2007

day of _____ 20____
PAM L. DANIELS, County Clerk

[Signature] Deputy



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