

**Confidential Information  
(CIF)**

**Clerk: Do not file in a  
public access file**

Superior Court of Washington,

County: \_\_\_\_\_

Case No.: \_\_\_\_\_

**Important!** Only court staff and some state agencies may see this form. The other party and their lawyer may **not** see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

1. Who is completing this form? (Name): \_\_\_\_\_
2. Is there a current restraining or protection order involving the parties or children?  No  
 Yes. If yes, who does the order protect? (Name/s): \_\_\_\_\_
3. Does your address information need to be confidential to protect your or your children's health, safety, or liberty? (Check one):  Yes  No  
If yes, explain why? \_\_\_\_\_
4. **Your Information** - This person is a (check one):  Petitioner  Respondent  
Interpreter needed?  No  Yes, language: \_\_\_\_\_

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will <b>not</b> be kept private.) (street address or P.O. box, city, state zip):			
Email:		Phone:	

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	
Employer's name:	Employer's phone:
Employer's address:	

5. **Other Party's Information** – This person is a (check one):  Petitioner  Respondent  
Interpreter needed?  No  Yes, language: \_\_\_\_\_

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex:
Driver's license/Identicard (No., state):	Race:	Relationship to children in this case:	
Mailing address (This address will <b>not</b> be kept private.) (street address or PO box, city, state zip):			
Email:		Phone:	

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):	
Social Sec. No:	
Employer's name:	Employer's phone:
Employer's address:	

➤ **Skip sections 6–9 if your case does not involve children. Sign at the end.**

**6. Children's Information** (You do not have to fill out the children's Social Security numbers if your case is only about a protection order.)

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Soc. Sec. No.	Current location: lives with
1.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
2.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
3.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____
4.					<input type="checkbox"/> You <input type="checkbox"/> other party: _____

**7. Have the children lived with anyone other than you or the other party during the last 5 years?** (Check one):  No  Yes. If **yes**, fill out below:

Children lived with (name)	That person's <b>current</b> address
1.	
2.	

**8. Do other people (not parents) have custody or visitation rights to the children?** (Check one):  No  Yes. If **yes**, fill out below:

Person with rights (name)	That person's <b>current</b> address
1.	
2.	

I declare under penalty of perjury under Washington State law that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): \_\_\_\_\_

Check here if you need more space to list other Petitioners, Respondents, or children. Put that information on the *Attachment to Confidential Information*, form FL All Family 002, and attach it to this form.

Signed at (city and state): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner/Respondent signs here

\_\_\_\_\_  
Print name here

**FILED**  
 2023 DEC 11  
 KING COUNTY  
 SUPERIOR COURT CLERK

CASE #: 23-3-06366-3 SEA

Superior Court of Washington, County of Martin Luther King Jr.

In re:

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

Carl J. Adams Collier

And Respondent/s (other party/parties):

Henri H. Adams

No. 23-3-06366-3SEA

Financial Declaration of  
 (name): C. J. Collier  
 (FNDCLR)

## Financial Declaration

**1. Your personal information**

Name: C. J. Collier

Highest year of education you completed: grad 1 Your job/profession is: Technical Solutions Engineer

Are you working now?

Yes. List the date you were hired (month / year): 06/2019

No. List the last date you worked (month / year): \_\_\_\_\_

What was your monthly pay before taxes: \$ \_\_\_\_\_

Why are you not working now? \_\_\_\_\_

**2. Summary of your financial information**

(Complete this section after filling out the rest of this form.)

1. Total Monthly Net Income (copy from section 3, line C. 3.)	\$ <sup>9215</sup> <del>16056</del> <u>17000</u>
2. Total Monthly Expenses After Separation (copy from section 7, line I.)	\$ <u>6533.97</u>
3. Total Monthly Payments for Other Debts (copy from section 9)	\$ <u>2281.21</u>
4. Total Monthly Expenses + Payments for Other Debts (add line 2 and line 3)	\$ <u>8815.18</u>
Gross Monthly Income of Other Party (copy from section 3. A.)	\$ _____

### 3. Income

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your *Child Support Worksheets*. If you do not know the other person's financial information, give an estimate.

**Tip:** If you do not get paid once a month, calculate your *monthly* income like this:  
 Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

#### A. Gross Monthly Income (before taxes, deductions, or retirement contributions)

	You	Other Party
Monthly wage / salary	13,500	
Income from interest / dividends	2,500	
Income from business	16	
Spousal support / maintenance received (Paid by: _____)	0	
Other income (Notary Commissions)	40	
<b>Total Gross Monthly Income</b> (add all lines above)	<b>16,056</b>	
Total gross income for this year before deductions (starting January 1 of this year until now)	113,884	

#### B. Monthly Deductions

	You	Other Party
Income taxes (federal and state)	3,750	
FICA (Soc. Sec. + Medicare) or self-employment taxes	898	
State Industrial Insurance (Workers' Comp.)		
Mandatory union or professional dues		
Mandatory pension plan payments		
Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g))	343	
Spousal support / maintenance paid	350	
Normal business expenses	1,500	
<b>Total Monthly Deductions</b> (add all lines above)	<b>6,841</b>	

#### C. Net Monthly Income

	You	Other Party
1. Total Gross Monthly Income (from A above)	16,056	
2. Total Monthly Deductions (from B above)	6,841	
<b>3. Net Monthly Income</b> (Line 1 minus Line 2)	<b>9,215</b>	

**4. Other Income and Household Income**

*Tip:* If this income is not once a month, calculate the *monthly* amount like this:  
 Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

A. Other Income (Do not repeat income you already listed on page 2.)		
	You	Other Party
Child support received from other relationships		
Other income (From: _____)		
Other income (From: _____)		
<b>Total Other Income</b> (add all lines above)	0	

B. Household Income (Monthly income of other adults living in the home)		
	Your Home	Other Party's Home
Other adult's gross income (Name: _____)		
Other adult's gross income (Name: _____)		
<b>Total Household Income</b> of other adults in the home (add all lines above)	0	

**5. Disputed Income** – If you disagree with the other party's statements about anyone's income, explain why the other party's statements are not correct, and your statements are correct:

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**6. Available Assets**

List your liquid assets, like cash, stocks, bonds, that can be easily cashed.	
Cash on hand and money in all checking & savings accounts	\$ 3,197.93
Stocks, bonds, CDs and other liquid financial accounts	\$
Cash value of life insurance	\$ 0
Other liquid assets	\$
<b>Total Available Assets</b> (add all lines above)	3,197.93

## 7. Monthly Expenses After Separation

Tell the court what your monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

<b>A. Housing Expenses</b>		<b>F. Transportation Expenses</b>	
Rent / Mortgage Payment	3100	Automobile payment (loan or lease)	700.30
Property Tax (if not in monthly payment)		Auto insurance, license, registration	153.00
Homeowner's or Rental Insurance	12.67	Gas and auto maintenance	150
Other mortgage, contract, or debt payments based on equity in your home		Parking, tolls, public transportation	15
Homeowner's Association dues or fees		Other transportation expenses	
<b>Total Housing Expenses</b>	<b>3112.67</b>	<b>Total Transportation Expenses</b>	<b>1018.30</b>
<b>B. Utilities Expenses</b>		<b>G. Personal Expenses (not children's)</b>	
Electricity and heating (gas and oil)	94	Clothes	20
Water, sewer, garbage	94	Hair care, personal care	40
Telephone(s)	195	Recreation, clubs, gifts	30
Cable, Internet	100	Education, books, magazines	200
Other (specify):		Other Personal Expenses	
<b>Total Utilities Expenses</b>	<b>483</b>	<b>Total Personal Expenses</b>	<b>290</b>
<b>C. Food and Household Expenses</b>		<b>H. Other Expenses</b>	
Groceries for (number of people): <u>2</u>	800	Life insurance (not deducted from pay)	
Household supplies (cleaning, paper, pets)	250	Other (specify):	
Eating out	400	Other (specify):	
Other (specify): <u>None</u>	300	Other (specify):	
<b>Total Food and Household Expenses</b>	<b>1450</b>	<b>Total Other Expenses</b>	
<b>D. Children's Expenses</b>		<b>List all Total Expenses from above:</b>	
Childcare, babysitting		A. Total Housing Expenses	3112.67
Clothes, diapers	80	B. Total Utilities Expenses	483
Tuition, after-school programs, lessons	50	C. Total Food and Household Expenses	1450
Other expenses for children		D. Total Children's Expenses	130
<b>Total Children's Expenses</b>	<b>130</b>	E. Total Health Care Expenses	50
<b>E. Health Care Expenses</b>		F. Total Transportation Expenses	1018.30
Insurance premium (health, vision, dental)		G. Total Personal Expenses	290
Health, vision, dental, orthodontia, mental health expenses not covered by insurance		H. Total Other Expenses	0
Other health expenses not covered by insurance	50	<b>I. All Total Expenses (add A - H above)</b>	<b>6533.97</b>
<b>Total Health Care Expenses</b>	<b>50</b>	<i>Use section 10 below to explain any unusual expenses, or attach additional pages.</i>	

**8. Debts included in Monthly Expenses listed in section 7 above**

Debt for what expense (mortgage, car loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment made
Subaru	Wells Fargo	\$ 29,786.58	Date: 12/07/2023
		\$	Date:
		\$	Date:
		\$	Date:

**9. Monthly payments for other debts (not included in expenses listed in section 7)**

Describe Debt (credit card, loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment (Date and Amount)	
wf cc	Wells Fargo	\$ 6816.69	Date: 12/1/23	\$ 624.05
Mission Lane cc	Mission Lane	\$ 1676.96	Date: 12/7/23	\$ 400
Pink credit one	Credit one	\$ 138.23	Date: 12/7	\$ 332.56
Black credit one	Credit one	\$ 213.57	Date: 12/7	\$ 30
Silver cap. one	Capital one	\$ 37.63	Date: 11/25	\$ 62.36
gold cap. one	Capital one	\$ 1227.08	Date: 11/22	\$ 32.24
+ 800 other credit cards + 775 Subaru				Total Monthly Payments for Debts 1481.21 2281.21

**10. Explanation of expenses or debts (if any needed):**

Credit cards are at max and need to be paid down.

**11. Lawyer Fees**

List your total lawyer fees and costs for this case as of today.

Amount paid	\$	Source of the money you used to pay these fees and costs:
Amount still owed	\$	Describe your agreement with your lawyer to pay your fees and costs:
Total Fees/Costs	\$	

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): Seattle, WA

Date: 2023/12/11

Sign here: C. J. Collier

Print name: C. J. Collier

**Financial Records** – You must provide financial records as required by statute and state and local court rules. These records may include:

- Personal Income Tax Returns
- Partnership or Corporate Income Tax Returns
- Pay stubs
- Other financial records

**Important!** Do not attach financial records to this form. Financial records should be served on the other party and filed with the court separately using the *Sealed Financial Source Documents* cover sheet (FL All Family 011). If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties and lawyers in this case, court personnel and certain state agencies and boards.) See GR 22(c)(2).



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

In re:

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

Carl J. Adams-Collier

And Respondent/s (other party/parties):

Hannah Adams

No. 23-3-06366-3 SEA

Financial Declaration of

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

(FNDCLR)

## Financial Declaration

### 1. Your personal information

Name: \_\_\_\_\_

Highest year of education you completed: \_\_\_\_\_ Your job/profession is: \_\_\_\_\_

Are you working now?

Yes. List the date you were hired (month / year): \_\_\_\_\_

No. List the last date you worked (month / year): \_\_\_\_\_

What was your monthly pay before taxes: \$ \_\_\_\_\_

Why are you not working now? \_\_\_\_\_

### 2. Summary of your financial information

(Complete this section **after** filling out the rest of this form.)

1. Total Monthly Net Income (copy from section <b>3</b> , line C. 3.)	\$
2. Total Monthly Expenses After Separation (copy from section <b>7</b> , line I.)	\$
3. Total Monthly Payments for Other Debts (copy from section <b>9</b> )	\$
4. Total Monthly Expenses + Payments for Other Debts (add line 2 and line 3)	\$

Gross Monthly Income of <b>Other Party</b> (copy from section <b>3. A.</b> )	\$
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### 3. Income

List monthly income and deductions below for you and the other person in your case. If your case involves child support, this same information is required on your *Child Support Worksheets*. If you do not know the other person's financial information, give an estimate.

**Tip:** If you do not get paid once a month, calculate your *monthly* income like this:  
 Monthly income = Weekly x 4.3 **or** 2-week x 2.15 **or** Twice a month x 2

<b>A. Gross Monthly Income</b> (before taxes, deductions, or retirement contributions)		
	You	Other Party
Monthly wage / salary		
Income from interest / dividends		
Income from business		
Spousal support / maintenance <b>received</b> (Paid by: _____)		
Other income		
<b>Total Gross Monthly Income</b> (add all lines above)		
Total gross income for this year before deductions (starting January 1 of this year until now)		

<b>B. Monthly Deductions</b>		
	You	Other Party
Income taxes (federal and state)		
FICA (Soc.Sec. + Medicare) or self-employment taxes		
State Industrial Insurance (Workers' Comp.)		
Mandatory union or professional dues		
Mandatory pension plan payments		
Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g))		
Spousal support / maintenance <b>paid</b>		
Normal business expenses		
<b>Total Monthly Deductions</b> (add all lines above)		

<b>C. Net Monthly Income</b>		
	You	Other Party
1. Total Gross Monthly Income (from A above)		
2. Total Monthly Deductions (from B above)		
<b>3. Net Monthly Income</b> (Line 1 minus Line 2)		

**4. Other Income and Household Income**

**Tip:** If this income is not once a month, calculate the *monthly* amount like this:  
 Monthly income = Weekly x 4.3 or 2-week x 2.15 or Twice a month x 2

<b>A. Other Income</b> (Do not repeat income you already listed on page 2.)		
	You	Other Party
Child support <b>received</b> from other relationships		
Other income (From: _____ )		
Other income (From: _____ )		
<b>Total Other Income</b> (add all lines above)		

<b>B. Household Income</b> (Monthly income of other adults living in the home)		
	Your Home	Other Party's Home
Other adult's gross income (Name: _____ )		
Other adult's gross income (Name: _____ )		
<b>Total Household Income</b> of other adults in the home (add all lines above)		

**5. Disputed Income** – If you disagree with the other party's statements about anyone's income, explain why the other party's statements are not correct, and your statements are correct:

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**6. Available Assets**

<b>List your liquid assets, like cash, stocks, bonds, that can be easily cashed.</b>	
Cash on hand and money in all checking & savings accounts	\$
Stocks, bonds, CDs and other liquid financial accounts	\$
Cash value of life insurance	\$
Other liquid assets	\$
<b>Total Available Assets</b> (add all lines above)	

## 7. Monthly Expenses After Separation

Tell the court what your monthly expenses are (or will be) after separation. If you have dependent children, your expenses must be based on the parenting plan or schedule you expect to have for the children.

<b>A. Housing Expenses</b>		<b>F. Transportation Expenses</b>	
Rent / Mortgage Payment		Automobile payment ( <i>loan or lease</i> )	
Property Tax (if not in monthly payment)		Auto insurance, license, registration	
Homeowner's or Rental Insurance		Gas and auto maintenance	
Other mortgage, contract, or debt payments based on equity in your home		Parking, tolls, public transportation	
Homeowner's Association dues or fees		Other transportation expenses	
Total Housing Expenses		Total Transportation Expenses	
<b>B. Utilities Expenses</b>		<b>G. Personal Expenses</b> (not children's)	
Electricity and heating (gas and oil)		Clothes	
Water, sewer, garbage		Hair care, personal care	
Telephone(s)		Recreation, clubs, gifts	
Cable, Internet		Education, books, magazines	
Other ( <i>specify</i> ):		Other Personal Expenses	
Total Utilities Expenses		Total Personal Expenses	
<b>C. Food and Household Expenses</b>		<b>H. Other Expenses</b>	
Groceries for ( <i>number of people</i> ): _____		Life insurance (not deducted from pay)	
Household supplies (cleaning, paper, pets)		Other ( <i>specify</i> ):	
Eating out		Other ( <i>specify</i> ):	
Other ( <i>specify</i> ):		Other ( <i>specify</i> ):	
Total Food and Household Expenses		Total Other Expenses	
<b>D. Children's Expenses</b>		<b>List all Total Expenses from above:</b>	
Childcare, babysitting		A. Total Housing Expenses	
Clothes, diapers		B. Total Utilities Expenses	
Tuition, after-school programs, lessons		C. Total Food and Household Expenses	
Other expenses for children		D. Total Children's Expenses	
Total Children's Expenses		E. Total Health Care Expenses	
<b>E. Health Care Expenses</b>		F. Total Transportation Expenses	
Insurance premium (health, vision, dental)		G. Total Personal Expenses	
Health, vision, dental, orthodontia, mental health expenses not covered by insurance		H. Total Other Expenses	
Other health expenses not covered by insurance		<b>I. All Total Expenses</b> (add A - H above)	
Total Health Care Expenses		Use section <b>10</b> below to explain any unusual expenses, or attach additional pages.	

**8. Debts included in Monthly Expenses listed in section 7 above**

Debt for what expense (mortgage, car loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment made
		\$	Date:
		\$	Date:
		\$	Date:
		\$	Date:

**9. Monthly payments for other debts (not included in expenses listed in section 7)**

Describe Debt (credit card, loan, etc.)	Who do you owe (Name of creditor)	Amount you owe this creditor now	Last Monthly Payment (Date and Amount)		
			Date:	\$	
		\$	Date:	\$	
		\$	Date:	\$	
		\$	Date:	\$	
		\$	Date:	\$	
		\$	Date:	\$	
		\$	Date:	\$	
<b>Total Monthly Payments for Debts</b>					

**10. Explanation of expenses or debts (if any needed):**

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**11. Lawyer Fees**

List your total lawyer fees and costs for this case as of today.

Amount paid	\$	Source of the money you used to pay these fees and costs:
Amount still owed	\$	
<b>Total Fees/Costs</b>	\$	Describe your agreement with your lawyer to pay your fees and costs:

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: \_\_\_\_\_

 \_\_\_\_\_ \_\_\_\_\_  
 Sign here Print name

**Financial Records** – You must provide financial records as required by statute and state and local court rules. These records may include:

- Personal Income Tax Returns
- Partnership or Corporate Income Tax Returns
- Pay stubs
- Other financial records

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FILED  
2023 DEC 11  
KING COUNTY  
SUPERIOR COURT CLERK

CASE #: 23-3-06366-3 SEA

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

In re:

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

Carl J. Adams-Collier

And Respondent/s (other party/parties):

Hannah H Adams

**23-3-06366-3SEA**

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

Parenting Plan  
(PPP / PPT / PP)

Clerk's action required: **1**

**Parenting Plan**

1. This parenting plan is a (check one):

**Proposal** (request) by a parent (name/s): C. J. Collier  
It is not a signed court order. (PPP)

**Court order** signed by a judge or commissioner. This is a (check one):

Temporary order. (PPT)

Final order. (PP)

This final parenting plan changes the last final parenting plan.

2. **Children** – This parenting plan is for the following children:

Child's name	Age	Child's name	Age
1. <u>Scarlett Adams</u>	19	2.	
3. <u>Zelda Adams-Collier</u>	16	4.	
5.		6.	

3. **Reasons for putting limitations on a parent** (under RCW 26.09.191)

a. **Abandonment, neglect, child abuse, domestic violence, assault, or sex offense.** (If a parent has any of these problems, the court **must** limit that parent's contact with the children and that parent's right to make decisions for the children, and may not require dispute resolution other than court.)

Neither parent has any of these problems. (Skip to **3.b.**)

- A parent has one or more of these problems as follows (check all that apply):
- Abandonment** – (Parent's name): \_\_\_\_\_  
intentionally abandoned a child listed in **2** for an extended time.
  - Neglect** – (Parent's name): \_\_\_\_\_  
substantially refused to perform his/her parenting duties for a child listed in **2**.
  - Child Abuse** – (Parent's name): \_\_\_\_\_  
(or someone living in that parent's home) abused or threatened to abuse a child. The abuse was (check all that apply):  
 physical  sexual  repeated emotional abuse.
  - Domestic Violence** – (Parent's name): \_\_\_\_\_  
(or someone living in that parent's home) has a history of domestic violence as defined in RCW 7.105.010.
  - Assault** – (Parent's name): \_\_\_\_\_  
(or someone living in that parent's home) has assaulted or sexually assaulted someone causing grievous physical harm, causing fear of such harm, or resulting in a pregnancy.
  - Sex Offense** –
    - (Parent's name): \_\_\_\_\_  
has been convicted of a sex offense as an adult.
    - Someone living in (parent's name): \_\_\_\_\_'s home has been convicted as an adult or adjudicated as a juvenile of a sex offense.

**b. Other problems that may harm the children's best interests.** (If a parent has any of these problems, the court **may** limit that parent's contact with the children and that parent's right to make decisions for the children.)

Neither parent has any of these problems. (Skip to **4**.)

- A parent has one or more of these problems as follows (check all that apply):
- Neglect** – (Parent's name): \_\_\_\_\_  
neglected his/her parental duties towards a child listed in **2**.
  - Emotional or physical problem** – (Parent's name): \_\_\_\_\_  
\_\_\_\_\_ has a long-term emotional or physical problem that gets in the way of his/her ability to parent.
  - Substance Abuse** – (Parent's name): \_\_\_\_\_  
has a long-term problem with drugs, alcohol, or other substances that gets in the way of his/her ability to parent.
  - Lack of emotional ties** – (Parent's name): \_\_\_\_\_  
has few or no emotional ties with a child listed in **2**.
  - Abusive use of conflict** – (Parent's name): \_\_\_\_\_  
uses conflict in a way that may cause serious damage to the psychological development of a child listed in **2**.
  - Withholding the child** – (Parent's name): \_\_\_\_\_  
has kept the other parent away from a child listed in **2** for a long time, without a good reason.
  - Other (specify):** \_\_\_\_\_



4. **Limitations on a parent**

Does not apply. There are no reasons for limitations checked in **3.a. or 3.b.** above.  
(Skip to **5.**)

**No limitations despite reasons** (explain why there are no limitations on a parent even though there are reasons for limitations checked in **3.a. or 3.b.** above): \_\_\_\_\_  
\_\_\_\_\_

**The following limits or conditions apply to** (parent's name): \_\_\_\_\_  
\_\_\_\_\_ (check all that apply):

- No contact with the children.
- Limited contact as shown in the Parenting Time Schedule (sections **8 – 11**) below.
- Limited contact as follows (specify schedule, list all contact here instead of in the Parenting Time Schedule): \_\_\_\_\_  
\_\_\_\_\_

**Supervised contact.** All parenting time shall be supervised. Any costs of supervision must be paid by (name): \_\_\_\_\_

The supervisor shall be:  
 a professional supervisor (name): \_\_\_\_\_  
 a non-professional supervisor (name): \_\_\_\_\_

The dates and times of supervised contact will be:  
 as shown in the Parenting Time Schedule (sections **8 – 11**) below.  
 as follows (specify): \_\_\_\_\_  
\_\_\_\_\_

(Specific rules for supervision, if any): \_\_\_\_\_  
\_\_\_\_\_

Other limitations or conditions during parenting time (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluation or treatment required.** (Name): \_\_\_\_\_ must:

- be evaluated for: \_\_\_\_\_
- start (or continue) and comply with treatment:
  - as recommended by the evaluation.
  - as follows (specify kind of treatment and any other details): \_\_\_\_\_  
\_\_\_\_\_

provide a copy of the evaluation and compliance reports (specify details): \_\_\_\_\_  
\_\_\_\_\_

If this parent does not follow the evaluation or treatment requirements above, then  
(what happens):

5. **Decision-making**

When the children are with you, you are responsible for them. You can make day-to-day decisions for the children when they are with you, including decisions about safety and emergency healthcare. Major decisions must be made as follows:

a. **Who can make major decisions about the children?**

Type of Major Decision	Joint (parents make these decisions together)	Limited (only the parent named below has authority to make these decisions)
School / Educational	<input checked="" type="checkbox"/>	<input type="checkbox"/> (Name):
Healthcare (not emergency)	<input checked="" type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):
Other:	<input type="checkbox"/>	<input type="checkbox"/> (Name):

b. **Reasons for limits on major decision-making, if any:**

- There are no reasons to limit major decision-making.
- Major decision-making **must** be limited because one of the parents has problems as described in **3.a.** above.
- Major decision-making **should** be limited because (check all that apply):
  - Both parents are against shared decision-making.
  - One of the parents does not want to share decision-making and this is reasonable because of:
    - problems as described in **3.b.** above.
    - the history of each parent's participation in decision-making.
    - the parents' ability and desire to cooperate with each other in decision-making.
    - the distance between the parents' homes makes it hard to make timely decisions together.

6. **Dispute Resolution**

**Important!** After this parenting plan is signed by a judge or commissioner, if you and the other parent disagree about shared decisions or what parts of this plan mean, the court may require you to use a dispute resolution provider before going back to court. The court may only require a dispute resolution provider if there are **no** limitations in **3.a.** above. If a dispute resolution provider is checked below, the parents may, and sometimes must, use this provider before filing a Petition to Change a Parenting Plan or a Motion for Contempt for not following the plan. Check your county's Local Court Rules.

a. The parents will go to (check one):

- The dispute resolution provider below (before they may go to court):

Mediation (mediator or agency name): \_\_\_\_\_

Arbitration (arbitrator or agency name): \_\_\_\_\_

Counseling (counselor or agency name): \_\_\_\_\_

If a dispute resolution provider is not named above or if the named provider is no longer available, the parents may agree on a provider or ask the court to name one.

**Important!** Unless there is an emergency, the parents must participate in the dispute resolution process listed above in good faith, before going to court for disagreements about joint decisions or what parts of this plan mean. This section does **not** apply to disagreements about money or support.

Court (without having to go to mediation, arbitration, or counseling).  
(If you check this box, skip to section 7 below and do not fill out 6.b.)

b. If mediation, arbitration, or counseling is required, one parent must notify the other parent by (check one):  certified mail  other (specify): \_\_\_\_\_

The parents will pay for the mediation, arbitration, or counseling services as follows (check one):

(Name): \_\_\_\_\_ will pay \_\_\_\_\_ %,  
(Name): \_\_\_\_\_ will pay \_\_\_\_\_ %.

based on each parents' Proportional Share of Income (percentage) from line 6 of the *Child Support Worksheet*.

as decided through the dispute resolution process.

**What to expect in the dispute resolution process:**

- Preference shall be given to carrying out the parenting plan.
- If you reach an agreement, it must be put into writing, signed, and both parents must get a copy.
- If the court finds that you have used or frustrated the dispute resolution process without a good reason, the court can order you to pay financial sanctions (penalties) including the other parent's legal fees.
- You may go back to court if the dispute resolution process doesn't solve the disagreement or if you disagree with the arbitrator's decision.

**7. Custodian**

The custodian is (name): Carl J. Adams-Callier solely for the purpose of all state and federal statutes which require a designation or determination of custody. Even though one parent is called the custodian, this does not change the parenting rights and responsibilities described in this plan.

(Washington law generally refers to parenting time and decision-making, rather than custody. However, some state and federal laws require that one person be named the custodian. The custodian is the person with whom the children are scheduled to reside a majority of their time.)

➤ **Parenting Time Schedule (Residential Provisions)**

Check one:

- Limited schedule only** – The children live with (name): \_\_\_\_\_ and have no contact with the other parent except as described in section 4.

(You may skip the parenting time schedule in sections 8 – 11, unless you want a different Summer or Holiday schedule, including to give uninterrupted time for vacation and holidays to the parent **not** subject to limitations.)

- Complete the parenting time schedule in sections 8 – 11.**

**8. School Schedule**

**a. Children under school-age**

- Does not apply. All children are school-age.  
 The schedule for children under school-age is the same as for school-age children.  
 Children under school-age are scheduled to live with (name): \_\_\_\_\_

except when they are scheduled to live with (name): \_\_\_\_\_ on (check all that apply):

WEEKENDS:  every week  every other week  other (specify): \_\_\_\_\_  
from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.  
from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

WEEKDAYS:  every week  every other week  other (specify): \_\_\_\_\_  
from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.  
from (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m. to (day) \_\_\_\_\_ at \_\_\_\_:\_\_\_\_.m.

OTHER (specify): \_\_\_\_\_

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

**b. School-age children**

This schedule will apply (check one):

- immediately.  
 when the youngest child enters (check one):  Kindergarten  1st grade  
 when the oldest child enters (check one):  Kindergarten  1st grade  
 Other: \_\_\_\_\_