

## Washington State Child Support Schedule Worksheets

[ ] Proposed by [ ]

[ ] State of WA (CSWP)

Or, [X] Signed by the Judicial/Reviewing Officer. (CSW)

**County** KING

**Case No.** 20-3-03830-3 SEA

**Child/ren and Age/s:** Elora Ralidak, 6; Aidan Ralidak, 5; Raina Ralidak, 3

**Parents' names:** Mathew Ralidak

Veronika Goodnight

(Column 1)

(Column 2)

	Mathew	Veronika
<b>Part I: Income</b> (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries Imputed for Veronika	\$9,024.67	-
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Maintenance Received	-	-
e. Other Income	-	-
f. Imputed Income	-	\$2,511.60
g. Total Gross Monthly Income (add lines 1a through 1f)	\$9,024.67	\$2,511.60
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State) Tax Year: Manual	\$1,052.08	-
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$651.66	\$192.14
c. State Industrial Insurance Deductions	-	-
d. Mandatory Union/Professional Dues	-	-
e. Mandatory Pension Plan Payments	-	-
f. Voluntary Retirement Contributions	-	-
g. Maintenance Paid	-	-
h. Normal Business Expenses	-	-
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$1,703.74	\$192.14
3. Monthly Net Income (line 1g minus 2i)	\$7,320.93	\$2,319.46
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)		\$9,640.39
5. Basic Child Support Obligation Number of children: 3 x \$854.00 per child (enter total amount in box →)		\$2,562.00
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.759	.241

	Mathew	Veronika
<b>Part II: Basic Child Support Obligation</b> (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations (Each parent's Line 6 times Line 5.)	\$1,944.56	\$617.44
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the federal poverty guideline for a one-person family.)	\$1,416.00	
a. Is combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child.	-	-
b. Is Monthly Net Income Less Than Self-Support Reserve? If yes, for that parent enter the presumptive \$50 per child.	-	-
c. Is Monthly Net Income equal to or more than Self-Support Reserve? If yes, for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive \$50 per child, whichever is greater.	-	-
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child.	\$1,944.56	\$617.44
<b>Part III: Health Care, Day Care, and Special Child Rearing Expenses</b> (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$204.04	-
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	-	-
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$204.04	-
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	\$204.04	
11. Day Care and Special 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 11a through 11d)	-	-
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	-	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	\$204.04	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$154.87	\$49.17
<b>Part IV: Gross Child Support Obligation</b>		
15. Gross Child Support Obligation (line 9 plus line 14)	\$2,099.43	\$666.61

	Mathew	Veronika
<b>Part V: Child Support Credits</b> (see Instructions, page 9)		
<b>16. Child Support Credits</b>		
a. Monthly Health Care Expenses Credit	\$204.04	-
b. Day Care and Special Expenses Credit	-	-
c. Other Ordinary Expenses Credit (describe)	-	-
	-	-
	-	-
d. Total Support Credits (add lines 16a through 16c)	\$204.04	-
<b>Part VI: Standard Calculation/Presumptive Transfer Payment</b> (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$1,895.39	\$666.61
<b>Part VII: Additional Informational Calculations</b>		
18. 45% of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$3,294.42	\$1,043.76
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$486.14	\$154.36
<b>Part VIII: Additional Factors for Consideration</b> (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	-	-
b. Investments	-	-
c. Vehicles and Boats	-	-
d. Bank Accounts and Cash	-	-
e. Retirement Accounts	-	-
f. Other: (describe)	-	-
	-	-
	-	-
	-	-
21. Household Debt (List liens against household assets, extraordinary debt.)		
a.	-	-
b.	-	-
c.	-	-
d.	-	-
e.	-	-
f.	-	-
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action)		
Name	-	-
Name	-	-
b. Income Of Other Adults in Household		
Name	-	-
Name	-	-



Other Factors For Consideration (continued) (**attach additional pages as necessary**)

**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.

\_\_\_\_\_  
Parent's Signature (Column 1)

\_\_\_\_\_  
Parent's Signature (Column 2)

\_\_\_\_\_  
Date City

\_\_\_\_\_  
Date City

  
\_\_\_\_\_  
Judicial/Reviewing Officer

  
\_\_\_\_\_  
Date

Leonid Ponomarchuk

This Worksheet has been certified by the State of Washington Administrative Office of the Courts.  
Photocopying of the worksheet is permitted.