

FILED
2020 SEP 23 09:00 AM
KING COUNTY
SUPERIOR COURT CLERK
E-FILED
CASE #: 20-3-03830-3 SEA

Superior Court of Washington, County of KING

In re parentage / parenting and
support of:

Elora Ralidak
Aidan Ralidak
Raina Ralidak

Petitioner,

Veronika Goodnight
Mother

And Respondent

Matthew Ralidak
Father

No. 20-3-03830-3 SEA

Motion for Temporary Family Law Order
(MTTO)
[X] and Restraining Order
(MTTMO)

**Motion for Temporary Family Law Order
[X] and Restraining Order**

Use this form for unmarried parents (parentage) cases only. For other cases, use FL Divorce 223, FL Non-Parent 423, or FL Modify 623, depending on the type of case.

To both 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.

If you want the court to consider your side, you must:

- 1 File your original documents with the Superior Court Clerk; AND
- 2 Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- 3 Have a copy of your papers served on all other parties or their lawyers; AND
- 4 Go to the hearing.
- 5 Read your county's Local Court Rules, if any.
- 6 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*)

RCW 26.26A.470
Mandatory Form (03/2020)
FL Parentage 323

Motion for Temporary
Family Law Order
p. 1 of 5

Bender Law Firm LLC
Margaret R Bender
777 108th Avenue NE; Suite #2240
Bellevue, WA 98004
Telephone: 425-452-0000
Fax: 425-452-0001

explaining why the court should not approve those requests. You may file other written proof supporting your side, and propose your own *Parenting Plan*, *Residential Schedule*, or *Child Support Worksheets*.

1. My name is: Mathew Ralidak. I ask the court for temporary orders approving the requests listed below.

2. Children

[X] I want these children under 18 listed below to be included in the court's orders:

Child's Name	Age
1. Elora Ralidak	5
2. Aidan Ralidak	4
3. Raina Ralidak	2
4.	
5.	
6.	

3. Active duty military

(The **federal** Servicemembers Civil Relief Act covers:

Army, Navy, Air Force, Marine Corps, and Coast Guard members on active duty;
National Guard or Reserve members under a call to active service for more than 30 days in a row; and
commissioned corps of the Public Health Service and NOAA.

The **state** Service Members' Civil Relief Act covers those service members listed above who are either
stationed in or residents of Washington state, and their dependents, except for the commissioned corps of the
Public Health Service and NOAA.)

4. Care and safety of children (Check all that apply)

[X] Approve the *Parenting Plan* (form FL All Family 140) or *Residential Schedule* (form FL Parentage 304) proposed by (check one): [X] me.

[X] Order (name): Veronika Goodnight not to take the children listed in 2 out of Washington State.

[X] Appoint a person to investigate and report to the court about what is in the children's best interest, and order who will pay this person's fees. This person should be a/n (check one):

[X] Guardian ad Litem (GAL) or Evaluator/Investigator.

[X] (Name): Matt Jolly.

5. Provide support

Order child support according to the Washington state child support schedule.

6. Pay fees and costs

[X] No request for attorney fees.

Other: GAL/Parenting Evaluator Fees shall be paid as set forth in the Order Appointing GAL/Parenting Evaluator.

7. Restraining Order

[X] I ask the Court for a *Restraining Order* (form FL All Family 150) that orders *(name/s)*:
Veronika Goodnight to obey the restraints and orders checked below. *(Check all that
apply; also check the "and Restraining Order" boxes in the form titles on page 1):*

[X] **Do not disturb** – Do not disturb my peace or the peace of any child listed in **2**.

[X] **Stay away** – Do not go onto the grounds of or enter my home, workplace or school,
and the daycare or school of any child listed in **2**, **except as may be allowed in the
Temporary Parenting Plan**.

[X] Also, do not knowingly go or stay within 500 feet of my home or workplace.

[X] **Do not hurt or threaten**

Do not assault, harass, stalk, or molest me or any child listed in **2**; and
Do not use, try to use, or threaten to use physical force against me or the children
that would reasonably be expected to cause bodily injury.

[X] **Other:** Do not post on social media any comments about me, remarks about
me or any pictures of me. Do not contact my employer.

Warning! *If the court makes this order and the parties are intimate partners, the court must
consider if weapons restrictions are required by state law; federal law may also prohibit the
Restrained Person from possessing firearms or ammunition.*

1 [X] **Intimate Partner:** The Restrained Person and the Protected Person are/were
2 intimate partners because they are (check all that apply):

3 [X] current or former spouses or domestic partners, or parents of a child-in-
4 common.

5 **8. Other temporary orders**

6 [X] No request.

7 **Reasons for my requests**

8 **9. Why are you asking the court for the orders you checked above? (Explain):**

9 If you need additional space use the *Declaration* form FL All Family 135.

10 If you are asking for a parenting plan or residential schedule, also fill out the *Information for*
11 *Temporary Parenting Plan*, form FL All Family 139, and a proposed *Parenting Plan*, form FL
12 All Family 140, or *Residential Schedule*, form FL Parentage 304.

13 If you are asking for child support, also fill out the *Child Support Worksheets* and *Financial*
14 *Declaration*, form FL All Family 131, and file the required financial records. If you or
15 anyone else has ever received public assistance for any child in this case, also fill out the
16 *Public Assistance Declaration*, form FL All Family 132.

17 If you are asking to prohibit weapons or order surrender, give your reasons at the end of this
18 section. N/A

19 If you are asking to change an earlier temporary order, give the date of the earlier order and explain
20 how circumstances have changed since then. N/A

21 **Person asking for this order fills out below:**

22 I declare under penalty of perjury under the laws of the state of Washington that the facts I have
23 provided on this form are true.

24 Signed at (city and state): Duvall, WA

Date: 09/21/2020

25 
Person asking for this order, signs here

Mathew Ralidak
Print name here

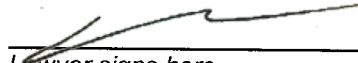
I agree to accept legal papers for this case at (check one):

[X] my lawyer's address, listed below.

Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.

(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) if this case involves parentage or child support.)

Lawyer (if any) fills out below:


Lawyer signs here

Margaret Bender 11948
Print name and WSBA No.

9/22/2020
Date

777 - 108th Ave NE, Suite 2240 Bellevue WA 98004

Lawyer's street address or PO box city state zip

Email (if applicable): bender@eastsidelawyer.com

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.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Superior Court of Washington, County KING

In re the Parentage of:

Elora Ralidak
Aiden Ralidak
Raina Ralidak

Petitioner,

Veronika Goodnight
Mother

And Respondent

Matthew Ralidak
Father

No. 20-3-03830-3 SEA

Parenting Plan
(PPP / PPT / PP)

[X] Clerk's action required: 1

Parenting Plan

1. This parenting plan is a **Proposal** by a parent Mathew Ralidak. It is not a signed court order (PPP).
2. **Children** - This parenting plan is for the following children:

Child's name	Age
1. Elora Ralidak	5
2. Aidan Ralidak	3
3. Raina Ralidak	2

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

a. Abandonment, neglect, child abuse, domestic violence, assault, or sex offense.

Neither parent has any of these problems.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

b. Other problems that may harm the children's best interests:

[X] A parent has one or more of these problems as follows (*check all that apply*):

[X] **Emotional or physical problem** – (*Parent's name*): **Veronika Goodnight** has a long-term emotional or physical problem that gets in the way of his/her ability to parent.

[X] **Substance Abuse** – (*Parent's name*): **Veronika Goodnight** has a long-term problem with drugs, alcohol, or other substances that gets in the way of his/her ability to parent.

[X] **Abusive use of conflict** – (*Parent's name*): **Veronika Goodnight** uses conflict in a way that endangers or damages the psychological development of a child listed in **2**.

4. Limitations on a parent

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

[X] **Evaluation or treatment required.** (*Name*): **Veronika Goodnight** must:

[X] be assessed for: mental health, alcohol and drug issues within twenty (20) days from the date of this Order by a state certified facility/program and provide to me and my attorney with copies of the assessments within five (5) days thereafter. She shall further provides the names, addresses and phone numbers of each person and/or entity where she is assessed. Further, she shall provide my attorney, the mental health and alcohol/drug assessor/treatment provider with a complete copy of the **Adult Mental Health Assessment from Sea Mar Community Health Centers dated September 25, 2019**. If she fails to do so, then all visitation shall cease until such time that she complies.

[X] start (or continue) and comply with treatment:

[X] as recommended by the assessment(s) within twenty (20) days.

[X] provide a copy of the evaluation and compliance reports (*specify details*):

Veronika Goodnight shall execute a release and/or direct each assessor and/or treatment provider to release any and all reports to me and my attorney. All reports shall be provided within ten (10) days from the date that they are issued.

If this parent does not follow the evaluation or treatment requirements above, then (*what happens*): All visitations shall cease until she is in compliance.

1 **5. Decision-making**

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

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

6

Type of Major Decision	Joint <i>(parents make these decisions together)</i>	Limited <i>(only the parent named below has authority to make these decisions)</i>
School / Educational		Matthew Ralidak
Health care (not emergency)		Matthew Ralidak
Other: Day Care		Matthew Ralidak
Other: Extracurricular Activities		Matthew Ralidak

10

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

12 ☒ Major decision-making **should** be limited because *(check all that apply)*:

13 ☐ Both parents are against shared decision-making.

14 ☒ One of the parents does not want to share decision-making and this is
15 reasonable because of:

16 ☒ problems as described in **3.b.** above.

17 **6. Dispute Resolution** - If you and the other parent disagree:

18 ☒ Court (without having to go to mediation, arbitration, or counseling).

19 *(If you check this box, skip to section 7 below, do not fill out 6.b.)*

20 **7. Custodian**

21 The custodian is Matthew Ralidak solely for the purpose of all state and federal statutes
22 which require a designation of determination of custody.

23 *(Washington law generally refers to parenting time and decision-making, rather than custody. However, some
24 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)

Complete the parenting time schedule in sections 8 - 11.

8. School Schedule

a. Children under School-Age

The schedule for children under school-age is the same as for school-age children.

b. School-Age Children

This schedule will apply immediately.

The children are scheduled to live with Matthew Ralidak except when they are scheduled to live with Veronika Ralidak on:

Every other weekend from Friday after school or 5:00 pm if no school, until Monday return to school, if no school, 8:00 am.

"No school" shall be defined and/or include remote learning, until such time that the children's school district resumes on campus learning.

9. Summer Schedule

Same as school schedule.

10. Holiday Schedule (includes school breaks)

This is the Holiday Schedule for all children:

Holiday	Children with (name): Matthew Ralidak	Children with (name): Veronika Goodnight
Martin Luther King Jr. Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____ return to school/daycare the day after the holiday, or 8:00 am if there is no school.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____ return to school/daycare the day after the holiday, or 8:00 am if there is no school.
	<input checked="" type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan: _____	
President's Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____ return to school/daycare the day after the holiday, or 8:00 am if there is no school.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____ return to school/daycare the day after the holiday, or 8:00 am if there is no school.
	<input checked="" type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan: _____	
Mid-winter Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____
	<input type="checkbox"/> Each parent has the children for the half of break attached to his/her weekend. The children must be exchanged on Wednesday at (time): _____. <input checked="" type="checkbox"/> Other plan: Same as School Schedule	
Spring Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____
	<input type="checkbox"/> Each parent has the children for the half of break attached to his/her weekend. The children must be exchanged on Wednesday at (time): _____. <input checked="" type="checkbox"/> Other plan: Same as School Schedule	

Mother's Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input checked="" type="checkbox"/> Every Yr. begin day/time: 8:00 am on Mother's Day end day/time: return to school/daycare the day after the holiday, or 8:00 am if there is no school.
	<input type="checkbox"/> Other plan: _____	
Memorial Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: return to school/daycare the day after the holiday, or 8:00 am if there is no school.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: return to school/daycare the day after the holiday, or 8:00 am if there is no school.
	<input checked="" type="checkbox"/> With the parent who has the children for the attached weekend	
	<input type="checkbox"/> Other plan: _____	
Father's Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input checked="" type="checkbox"/> Every Yr. begin day/time: 8:00 am on Father's Day end day/time: return to school/daycare the day after the holiday, or 8:00 am if there is no school.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____
	<input type="checkbox"/> Other plan: _____	
Fourth of July	<input checked="" type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: 6:00 pm on July 3rd end day/time: 8:00 am on July 5th	<input type="checkbox"/> Odd Years <input checked="" type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: 6:00 pm on July 3rd end day/time: 8:00 am on July 5th
	<input type="checkbox"/> Follow the Summer Schedule in section 9 . <input type="checkbox"/> Other plan: _____	

Labor Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____ return to school/daycare the day after the holiday, or 8:00 am if there is no school.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____ return to school/daycare the day after the holiday, or 8:00 am if there is no school.
	<input type="checkbox"/> With the parent who has the children for the attached weekend <input type="checkbox"/> Other plan: _____	
Thanksgiving Day / Break	<input type="checkbox"/> Odd Years <input checked="" type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ From after school or 5:00 pm if no school end day/time: _____ Return to school or 8:00 am if no school on the Monday following Thanksgiving Day.	<input checked="" type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ From after school or 5:00 pm if no school end day/time: _____ Return to school or 8:00 am if no school on the Monday following Thanksgiving Day.
	<input type="checkbox"/> Other plan: _____	
Winter Break	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____
	<input checked="" type="checkbox"/> Other plan: In odd years the father shall have the first half of winter break and the mother shall have the second half of winter break. In even years the mother shall have the first half of winter break and the father shall have the second half of winter break. The first half of winter break shall be defined as from pick up from school/daycare the day school is dismissed for winter break, or 8:00 am if there is no school, until 8:00 am on December 25th. The second half of winter break shall be defined as from 8:00 am on December 25th until return to school/daycare the day school resumes after winter break, or 8:00 am January 2 if there is no school.	
Christmas Eve	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr. begin day/time: _____ end day/time: _____
	<input checked="" type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other plan: _____	

Christmas Day	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	begin day/time: _____	begin day/time: _____
	end day/time: _____	end day/time: _____
<input checked="" type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other plan: _____		
New Year's Eve / New Year's Day <i>(odd/even is based on New Year's Eve)</i>	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	begin day/time: _____	begin day/time: _____
	end day/time: _____	end day/time: _____
<input checked="" type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other plan: _____		
Children's Birthdays	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	begin day/time: _____	begin day/time: _____
	end day/time: _____	end day/time: _____
<input checked="" type="checkbox"/> Other plan: Each parent shall celebrate a child's birthday during his/her own residential time with the children.		
All three-day weekends not listed elsewhere	<i>(Federal holidays, school in-service days, etc.)</i> <input checked="" type="checkbox"/> The children shall spend any unspecified holiday or non-school day with the parent who has them for the attached weekend. The end time shall be at 5:00 pm on the day of the federal holidays, school in-service days, etc. Other plan: _____	
Other occasion important to the family: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	begin day/time: _____	begin day/time: _____
	end day/time: _____	end day/time: _____
<input type="checkbox"/> Other plan: _____		
Other occasion important to the family: _____	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.	<input type="checkbox"/> Odd Years <input type="checkbox"/> Even Years <input type="checkbox"/> Every Yr.
	begin day/time: _____	begin day/time: _____
	end day/time: _____	end day/time: _____
<input type="checkbox"/> Other plan: _____		

11. Conflicts in Scheduling

The Holiday Schedule must be observed over all other schedules. If there are conflicts within the Holiday Schedule:

Named holidays shall be followed before school breaks.

12. Transportation Arrangements

The children will be exchanged for parenting time (picked up and dropped off) at school or daycare when in session.

Other location:

The Duvall police station, or any other location agreed to by the parties in writing in advance.

Who is responsible for arranging transportation?

Other details:

The parents will meet at the Duvall police station (or any other location agreed to by the parties in writing in advance) for exchanges not occurring at school and/or daycare.

13. Moving with the Children (Relocation)

Anyone with majority or substantially equal residential time (at least 45 percent) who wants to move with the children **must notify** every other person who has court-ordered time with the children.

Move to a different school district

If the move is to a different school district, the relocating person must complete the form *Notice of Intent to Move with Children* (FL Relocate 701) and deliver it at least **60 days** before the intended move.

Exceptions:

- If the relocating person could not reasonably have known enough information to complete the form in time to give 60 days' notice, s/he must give notice within **5 days** after learning the information.
- If the relocating person is relocating to a domestic violence shelter or moving to avoid a clear, immediate and unreasonable risk to health or safety, notice may be delayed **21 days**.
- If information is protected under a court order or the address confidentiality program, it may be withheld from the notice.
- A relocating person who believes that giving notice would put her/himself or a child at unreasonable risk of harm, may ask the court for permission to leave things out of the notice or to be allowed to move without giving notice. Use form *Motion to Limit*

Notice of Intent to Move with Children (Ex Parte) (FL Relocate 702).

The *Notice of Intent to Move with Children* can be delivered by having someone personally serve the other party or by any form of mail that requires a return receipt.

If the relocating person wants to change the *Parenting Plan* because of the move, s/he must deliver a proposed *Parenting Plan* together with the *Notice*.

Move within the same school district

If the move is within the *same* school district, the relocating person still has to let the other parent know. However, the notice does not have to be served personally or by mail with a return receipt. Notice to the other party can be made in any reasonable way. No specific form is required.

Warning! If you do not notify...

A relocating person who does not give the required notice may be found in contempt of court. If that happens the court can impose sanctions. Sanctions can include requiring the relocating person to bring the children back if the move has already happened, and ordering the relocating person to pay the other side's costs and lawyer's fees.

Right to object

A person who has court-ordered time with the children can object to a move to a different school district and/or to the relocating person's proposed *Parenting Plan*. If the move is within the same school district, the other party doesn't have the right to object to the move but s/he may ask to change the *Parenting Plan* if there are adequate reasons under the modification law (RCW 26.09.260).

An objection is made by filing the *Objection about Moving with children and Petition about Changing a Parenting/Custody Order (Relocation)* (form FL Relocate 721). File your *Objection* with the court and serve a copy on the relocating person and anyone else who has court-ordered time with the children. Service of the *Objection* must be by personal service or by mailing a copy to each person by any form of mail that requires a return receipt. The *Objection* must be filed and served no later than **30 days** after the *Notice of intent to Move with Children* was received.

Right to move

During the 30 days after the *Notice* was served, the relocating person may not move to a different school district with the children unless s/he has a court order allowing the move.

After the 30 days, if no *Objection* is filed, the relocating person may move with the children without getting a court order allowing the move.

After the 30 days, if an *Objection* has been filed, the relocating person may move with the children **pending** the final hearing on the *Objection* **unless**:

- The other party gets a court order saying the children cannot move, or

- The other party has scheduled a hearing to take place no more than 15 days after the date the *Objection* was served on the relocating person. (However, the relocating person may ask the court for an order allowing the move even though a hearing is pending if the relocating person believes that s/he or a child is at unreasonable risk of harm.)
- the court may make a different decision about the move at a final hearing on the *Objection*.

Parenting Plan after move

If the relocating person served a proposed *Parenting Plan* with the *Notice*, **and** if no *Objection* is filed within 30 days after the *Notice* was served (or if the parties agree):

- Both parties may follow that proposed plan without being held in contempt of the *Parenting Plan* that was in place before the move. However, the proposed plan cannot be enforced by contempt unless it has been approved by a court.
- Either party may ask the court to approve the proposed plan. Use form *Ex Parte Motion for Final Order Changing Parenting Plan – No Objection to Moving with Children* (FL Relocate 706).

Forms

You can find forms about moving with children at:

- The Washington State Courts' website: www.courts.wa.gov/forms,
 - The Administrative Office of the Courts - call: (360) 705-5328,
 - Washington LawHelp: www.washingtonlawhelp.org, or
 - The Superior Court Clerk's office or county law library (for a fee).
- (This is a summary of the law. The complete law is in RCW 26.09.430 through 26.09.480.)

14. Other

Each parent is responsible for arranging childcare for the children during their week. Both parents shall have right of first refusal, except in the event that either parent elects to have any future partner/spouse or other family member care for the children.

Communication with the children during the other parent's residential time is up to the children whether they desire to contact the other parent.

Both parents shall adhere to text and/or email communication with each other and shall keep communications to subjects concerning the children.

Neither parent shall make disparaging remarks about the other parent to or in front of the children and they shall not allow others to do so.

Veronika Goodnight shall not consume alcohol or medications that are not specifically prescribed Veronika Goodnight within 24-hours from the time that visitations begins or during visitations with the children.

1 **15. Proposal**

2 This is a **proposed** (requested) parenting plan. (*The parent/s requesting this plan must*
3 *read and sign below.*)

4 I declare under penalty of perjury under the laws of the state of Washington that this plan
was proposed in good faith and that the information in section 3. above is true.

5 _____
Parent requesting plan signs here

Signed at (city and state)

6 **16. Court Order**

7 This is a court order (if signed by a judge or commissioner below).

8 **Findings of Fact** - Based on the pleadings and any other evidence considered:

9 The Court adopts the statements in section 3 (Reasons for putting limitations on a
10 parent) as its findings.

11 **Conclusions of Law** - This *Parenting Plan* is in the best interest of the children.

12 **Order** - The parties must follow this *Parenting Plan*.

13 _____
14 *Date*

Judge or Commissioner signs here

15 **Warning!** If you don't follow this *Parenting Plan*, the court may find you in contempt
16 (RCW 26.09.160). You still have to follow this *Parenting Plan* even if the other parent
doesn't.

17 Violation of **residential** provisions of this order with actual knowledge of its terms is
18 punishable by contempt of court and may be a criminal offense under RCW
9A.40.060(2) or 9A.40.070(2). Violation of this order may subject a violator to arrest.

19 **If this is a court order, the parties and/or their lawyers (and any GAL) sign below.**

20 This order:
Is presented by me.

This order:

21 _____ 11948
Petitioner signs here or lawyer signs here + WSBA #

Respondent signs here or lawyer signs here + WSBA #

22 Margaret Bender
23 *Print Name*

Date

Veronika Goodnight
23 *Print Name*

Date

1
2
3
4
5
6
7 **Superior Court of Washington, County of KING**

8 In re:
9 Petitioner,

10 Veronika Goodnight

11 And Respondent

12 Mathew Ralidak
13 Presumed Father

No. 20-3-03830-3 SEA

Child Support Order
Temporary (TMORS)

Clerk's action required: WSSR, 1

14 **Child Support Order**

15 **1. Money Judgment Summary**

16 No money judgment is ordered.

17 ***Findings and Orders***

18 **2.** The court orders child support as part of this family law case. This is a temporary order.

19 **3.** The *Child Support Schedule Worksheets* attached or filed separately are approved by the
20 court and made part of this Order.

21 **4. Parents' contact and employment information**

22 Each parent must fill out and file with the court a *Confidential Information* form (FL All
23 Family 001) including personal identifying information, mailing address, home address,
and employer contact information.

24 ***Important!*** If you move or get a new job any time while support is still owed, you must:

- Notify the Support Registry, and

25 RCW 26.09.135, 26.10.050,
26.26B.030
Mandatory Form (06/2020)
FL All Family 130

Child Support Order

p. 1 of 10

Bender Law Firm LLC
Margaret R Bender
777 108th Avenue NE; Suite #2240
Bellevue, WA 98004
Telephone: 425-452-0000
Fax: 425-452-0001

- Fill out and file an updated *Confidential Information* form with the court.

Warning! Any notice of a child support action delivered to the last address you provided on the *Confidential Information* form will be considered adequate notice, if the party trying to serve you has shown diligent efforts to locate you.

5. Parents' Income

Parent (name): Mathew Ralidak	Parent (name): Veronika Goodnight
Net monthly income \$ 5915.28. (line 3 of the Worksheets)	Net monthly income \$ 3321.00. (line 3 of the Worksheets)
This income is: [] imputed to this parent. [X] this parent's actual income (after any exclusions approved below).	This income is: [X] imputed to this parent. [] this parent's actual income (after any exclusions approved below).
Does this parent have income from overtime or a 2nd job? [X] No. [] Yes.	Does this parent have income from overtime or a 2nd job? [X] No. [] Yes.

6. Imputed Income

To calculate child support, the court may **impute** income to a parent:

- whose income is unknown, or
- who the Court finds is unemployed or under-employed by choice.

Imputed income is not actual income. It is an assigned amount the court finds a parent could or should be earning. (RCW 26.19.071(6))

Parent (name): Mathew Ralidak	Parent (name): Veronika Goodnight
Does not apply. This parent's actual income is used.	This parent's monthly net income is imputed because: this parent is voluntarily under-employed. The imputed amount is based on the information below: (Options are listed in order of required priority. The Court used the first option possible based on the information it had.) Table of Median Net Monthly Income.

7. Limits affecting the monthly child support amount

Does not apply. The monthly amount was not affected by the upper or lower limits in RCW 26.19.065.

8. Standard Calculation

<i>Parent Name</i>	<i>Standard calculation Worksheets line 17</i>
Mathew Ralidak	\$1520.32
Veronika Goodnight	\$963.68

9. Deviation from standard calculation

Should the monthly child support amount be different from the standard calculation?

Yes - The monthly child support amount ordered in section 10 is **different** from the standard calculation listed in section 8 because:

By agreement of the parties.

The facts that support the reasons checked above are:

The parent asking for a deviation:

As follows:

The father does not wish to cause the mother financial strain and wants to ensure the children are provided for properly while in her care.

10. Monthly child support amount (transfer payment)

After considering the standard calculation in section 8, and whether or not to apply a deviation in section 9, the court orders the following monthly child support amount (transfer payment).

Veronika Goodnight must pay child support to Mathew Ralidak each month as follows for the children listed below:

Child's Name	Age	Amount
1. Elora Ralidak	5	\$160.00
2. Aidan Ralidak	4	\$160.00

3. Raina Ralidak	2	\$160.00
Total monthly child support amount:		\$ 480.00

11. Starting date and payment schedule

The monthly child support amount must be paid starting January, 2020 on the following payment schedule:

In two payments each month: 1/2 by the 1st and 1/2 by the 15th day of the month.

12. Step Increase (for modifications or adjustments only)

Does not apply.

13. Periodic Adjustment

Child support may be changed according to state law. The Court is not ordering a specific periodic adjustment schedule below.

14. Payment Method (*check either Registry or Direct Pay*)

Registry – Send payment to the Washington State Support Registry. The Division of Child Support (DCS) will forward the payments to the person owed support and keep records of all payments.

Address for payment: Washington State Support Registry
PO Box 45868, Olympia, WA 98504

Phone number/s: 1 (800) 922-4306 or 1 (800) 442-5437

Important! *If you are ordered to send your support payments to the Washington State Support Registry, and you pay some other person or organization, you will **not** get credit for your payment.*

DCS Enforcement:

DCS will **enforce** this order because:

One of the parties has already asked DCS for services.

15. Enforcement through income withholding (garnishment)

DCS or the person owed support can collect the support owed from the wages, earnings, assets, or benefits of the parent who owes support, and can enforce liens against real or personal property as allowed by any state's child support laws without notice to the parent who owes the support.

If this order is **not** being enforced by DCS and the person owed support wants to have support paid directly from the employer, the person owed support must ask the court to sign a separate wage assignment order requiring the employer to withhold wages and make payments. (Chapter 26.18 RCW.)

Income withholding may be delayed until a payment becomes past due if the court finds good reason to delay.

Income withholding will be **delayed** until a payment becomes past due because the child support payments are enforced by DCS and there are good reasons in the children's best interest **not** to withhold income at this time. If this is a case about changing child support, previously ordered child support has been paid on time.

List the good reasons here:

The is no basis to require income withholding.

16. End date for support

Support must be paid for each child until the court signs a different order, if this is a temporary order.

17. Post-secondary educational support (for college or vocational school)

Reserved - A parent or non-parent custodian may ask the court for post-secondary educational support at a later date without showing a substantial change of circumstances by filing a *Petition to Modify Child Support Order* (form FL Modify 501). The *Petition* must be filed *before* child support ends as listed in section 16.

18. Tax Issues

Important! Although the personal tax exemptions are currently suspended under federal law through tax year 2025, other tax benefits may flow from claiming a child as dependent.

The parties have the right to claim the children as their dependents for purposes of personal tax exemptions and associated tax credits on their tax forms as follows:

Other:

The father shall claim Elora and the mother shall claim Aidan every tax year. In even tax years, the father shall claim Rainia. In odd tax years, the mother shall claim Rainia. Once Elora can no longer be claimed as an exemption, then the father shall claim Rainia every year. Once Aidan can no longer be claimed as an exemption, then father shall continue to claim Rainia in even tax years and the mother in odd tax years.

For tax years when a non -custodial parent has the right to claim the children, the parents must cooperate to fill out and submit IRS Form 8332 in a timely manner.

19. Medical Support

Important! Read the Medical Support Warnings at the end of this order. Medical Support includes health insurance (both public and private) and cash payments towards premiums and uninsured medical expenses.

Private health insurance ordered. Mathew Ralidak must pay the premium to provide health insurance coverage for the children. The court has considered the needs of the children, the cost and extent of coverage, and the accessibility of coverage.

The other parent must pay his/her proportional share* of the premium paid. Health insurance premiums are included on the *Worksheets* (line 14). No separate payment is needed.

** Proportional share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.*

20. Health care coverage if circumstances change or court has not ordered

If the parties' circumstances change, or if the court is not ordering how health care coverage must be provided for the children in section 19:

- A parent, non-parent custodian, or DCS can enforce the medical support requirement.
- If a parent does not provide proof of accessible health care coverage (coverage that can be used for the children's primary care), that parent must:
 - Get (or keep) insurance through his/her work or union, unless the insurance costs more than 25% of his/her basic support obligation (line 19 of the *Worksheets*),
 - Pay his/her share of the other parent's monthly premium up to 25% of his/her basic support obligation (line 19 of the *Worksheets*), or
 - Pay his/her share of the monthly cost of any public health care coverage, such as Apple Health or Medicaid, which is assigned to the state.

21. Children's expenses not included in the monthly child support amount

Uninsured medical expenses - Each parent is responsible for a share of uninsured medical expenses as ordered below. Uninsured medical expenses include premiums, co-pays, deductibles, and other health care costs not paid by health care coverage.

Children's Expenses for:	Parent: Mathew Ralidak pays monthly	Parent: Veronika Goodnight	Make payments to:	
			Person who pays the expense	Service Provider

		pays monthly		
Uninsured medical expenses	Proportional Share*	Proportional Share*	[X]	[]

* Proportional Share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.

** If the percentages ordered are different from the Proportional Share, explain why:

The other parent shall pay his/her share of the expense to the other parent within fifteen (15) days from the date of notification of said expense.

Other shared expenses:

The parents will share the cost for the expenses listed below:

Children's Expenses for:	Parent: Mathew Ralidak pays monthly	Parent: Veronika Goodnight pays monthly	Make payments to:	
			Person who pays the expense	Service Provider
[X] Day care: **Each parent is responsible for the cost of childcare needed during their own residential schedule	100%**	100%**	[]	[X]
[X] Education: agreed upon	Proportional Share*	Proportional Share*	[X]	[]
[] Long-distance transportation:			[]	[]
[X] Other (specify): agreed upon extracurricular activities	Proportional Share*	Proportional Share*	[X]	[]

* *Proportional Share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.*

** *If any percentages ordered are different from the Proportional Share, explain why:*
Each party is solely responsible for child care costs needed during their residential time.

Other:

Each parent shall pay his/her proportional share of expenses within fifteen (15) days from the date that the other parent notified him/her of said expense.

A person receiving support can ask DCS to collect:

- expenses owed directly to him/her.
- reimbursement for expenses the person providing support was ordered to pay.
- an order for a money judgment that s/he got from the court.

22. Past due child support, medical support and other expenses

As of the date this order is signed, no parent owes:

<input checked="" type="checkbox"/> Past due child support	<input checked="" type="checkbox"/> Interest on past due child support
<input checked="" type="checkbox"/> Past due medical support	<input checked="" type="checkbox"/> Interest on past due medical support
<input checked="" type="checkbox"/> Past due other expenses	<input checked="" type="checkbox"/> Interest on past due other expenses

to:
The other parent or non-parent custodian.

The state.

23. Overpayment caused by change

Does not apply.

24. Other Orders

All of the *Warnings* below are required by law and are incorporated and made part of this order.

Ordered.

Date

Judge or Commissioner

Petitioner and Respondent or their lawyers fill out below:

RCW 26.09.135, 26.10.050,
26.26B.030
Mandatory Form (06/2020)
FL All Family 130

Child Support Order
p. 8 of 10

Bender Law Firm LLC
Margaret R Bender
777 108th Avenue NE; Suite #2240
Bellevue, WA 98004
Telephone: 425-452-0000
Fax: 425-452-0001

This document:
Is presented by me

This document:

11948

Petitioner signs here *or* lawyer signs here + WSBA #

Respondent signs here *or* lawyer signs here + WSBA #

Margaret Bender

Print Name

Date

Veronika Goodnight

Print Name

Date

If any parent or child received public assistance:

The state Department of Social and Health Services (DSHS) was notified about this order through the Prosecuting Attorney's office, and has reviewed and approved the following:

☐ Child support

☐ Medical support

☐ Past due child support

☐ Other:

Deputy Prosecutor signs here

Print name and WSBA #

Date

Parent or Non-Parent Custodian applies for DCS enforcement services:

I ask the Division of Child Support (DCS) to enforce this order. I understand that DCS will keep \$35 each year (\$25 before 10/1/2019) as a fee if DCS collects more than \$550 (\$500 before 10/1/2019), unless I ask to be excused from paying this fee in advance. (You may call DCS at 1-800-442-5437. DCS will **not** charge a fee if you have ever received TANF, tribal TANF, or AFDC.)

Parent or Non-Parent Custodian signs here
(lawyer cannot sign for party)

Print name

Date

All the warnings below are required by law and are part of the order. Do not remove.

Warnings!

If you don't follow this child support order...

- DOL or other licensing agencies may deny, suspend, or refuse to renew your licenses, including your driver's license and business or professional licenses, and
- Dept. of Fish and Wildlife may suspend or refuse to issue your fishing and hunting licenses and you may not be able to get permits. (RCW 74.20A.320)

If you receive child support...

You may have to:

- Document how that support and any cash received for the children's health care was spent.
- Repay the other parent for any day care or special expenses included in the support if you didn't actually have those expenses. (RCW 26.19.080)

Medical Support Warnings!

RCW 26.09.135, 26.10.050,
26.26B.030
Mandatory Form (06/2020)
FL All Family 130

Child Support Order

p. 9 of 10

Bender Law Firm LLC
Margaret R Bender
777 108th Avenue NE; Suite #2240
Bellevue, WA 98004
Telephone: 425-452-0000
Fax: 425-452-0001

The parents must keep the Support Registry informed whether or not they have access to health care coverage for the children at a reasonable cost, and provide the policy information for any such coverage.

* * *

If you are ordered to provide children's health care coverage...

You have **20 days** from the date of this order to send:

- proof that the children are covered, or
- proof that health care coverage is not available as ordered.

Send your proof to the other parent or to the Support Registry (if your payments go there).

If you do **not** provide proof of health care coverage:

- The other parent or the support agency may contact your employer or union, without notifying you, to ask for direct enforcement of this order (*RCW 26.18.170*), and
- The other parent may:
 - Ask the Division of Child Support (DCS) for help,
 - Ask the court for a contempt order, or
 - File a Petition in court.

Don't cancel your employer or union health insurance for your children unless the court approves or your job ends and you no longer qualify for insurance as ordered in section **19**.

If an insurer sends you payment for a medical provider's service:

- you must send it to the medical provider if the provider has not been paid; or
- you must send the payment to whoever paid the provider if someone else paid the provider; or
- you may keep the payment if you paid the provider.

If the children have public health care coverage, the state can make you pay for the cost of the monthly premium.

Always inform the Support Registry and any parent if your access to health care coverage changes or ends.

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, 5; Aidan Ralidak, 4; Raina Ralidak, 2

Parents' names: Mathew Ralidak

Veronika Goodnight

(Column 1)

(Column 2)

	Mathew	Veronika
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries Imputed for Veronika	\$7,500.00	-
b. Interest and Dividend Income	-	-
c. Business Income	-	-
d. Maintenance Received	-	-
e. Other Income	-	-
f. Imputed Income	-	\$3,321.00
g. Total Gross Monthly Income (add lines 1a through 1f)	\$7,500.00	\$3,321.00
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State) Tax Year: Manual	\$1,012.32	-
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$553.40	-
c. State Industrial Insurance Deductions	\$19.00	-
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)	\$1,584.72	-
3. Monthly Net Income (line 1g minus 2i)	\$5,915.28	\$3,321.00
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	\$9,236.28	
5. Basic Child Support Obligation Number of children: 3 x \$828.00 per child (enter total amount in box →)	\$2,484.00	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.640	.360

	Mathew	Veronika
Part II: Basic Child Support Obligation (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.)	\$1,589.76	\$894.24
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.)	\$1,329.00	
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.	\$1,589.76	\$894.24
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$192.90	-
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	-	-
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$192.90	-
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	\$192.90	
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)	\$192.90	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$123.46	\$69.44
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$1,713.22	\$963.68

	Mathew	Veronika
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$192.90	-
b. Day Care and Special Expenses Credit	-	-
c. Other Ordinary Expenses Credit (describe)	-	-
	-	-
	-	-
d. Total Support Credits (add lines 16a through 16c)	\$192.90	-
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$1,520.32	\$963.68
Part VII: Additional Informational Calculations		
18. 45% of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$2,661.88	\$1,494.45
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$397.44	\$223.56
Part VIII: Additional Factors for Consideration (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

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

1
2
3
4
5
6
7 **Superior Court of Washington, County of KING**

8 In re:

9 Petitioner,

10 Veronika Goodnight

11 And Respondent

12 Mathew Ralidak

Presumed Father

No. 20-3-03830-3 SEA

Restraining Order

[X] Clerk's action required: **6, 7**

13
14 **Restraining Order**

15 *This order replaces all earlier Restraining Orders restraining the same person signed in this*
16 *case number. Use a separate order for each restrained person.*

17 **1. This Order restrains:**

18 Veronika Goodnight

19 Restrained Party's Distinguishing Features:

20 Brown eyes. Currently has long dyed red hair. Nose ring. Monroe beauty mark piercing.
21 Approximately 5'3". Multiple tattoos specifically some kind of spiral on her left thumb,
some type of symbol on her left wrist, multiple floral tattoos up her left arm, tree on her
upper right arm, symbolic tattoo on her thigh.

22 Restrained Party's Identifiers:

23 Sex: Female

Race: Caucasian

Hair: Brown

24 Height: Approx. 5'3"

Weight: Approx. 135

Eyes: Brown

Caution: Access to weapons: unknown

2. This Order protects Mathew Ralidak and the following children, who are under 18 (if any)

Child's name	Age	Child's name	Age
1. Elora Ralidak	5	4.	
2. Aidan Ralidak	4	5.	
3. Raina Ralidak	2	6.	

3. To the Restrained Person listed in 1:

This Order starts immediately, and ends in 12 months or on:

Warning! You must obey this order. Violation of this order with actual notice of its terms is a **criminal offense** under Chapter 26.50 RCW and will subject the violator to arrest (*RCW 26.09.060*). This order is enforceable in all 50 U.S. states, the District of Columbia, and U.S. territories and tribal lands (*18 U.S.C. § 2265*).

4. Findings

Authority: The court has jurisdiction over the parties, the children listed in **2**, and the subject matter.

Notice: The Restrained Person had reasonable notice and an opportunity to be heard. She was notified of the hearing by personal service.

The Restrained Person was present at the hearing.

Intimate Partner: The Restrained Person and the Protected Person are/were intimate partners because they are:

current or former spouses or domestic partners, or parents of a child-in-common.

5. Court Orders to the Restrained Person listed in 1:

Warning! You must obey this order until it ends. If you know about this order but do not obey, you may be arrested and charged with a crime.

Do not disturb

The Restrained Person must not disturb the peace of the Protected Person or of any child listed in **2**.

Stay away

The Restrained Person must stay away from the Protected Person's home, workplace, or school, and the daycare or school of any child listed in **2**.

Also, The Restrained Person must not knowingly go or stay within 500 feet of the Protected Person's home, workplace, or school, or the daycare or school of any child listed in **2**.

Do not hurt or threaten

The Restrained Person must not:

- Assault, harass, stalk, or molest the Protected Person or any child listed in **2**; or
- Use, try to use, or threaten to use physical force against the Protected Person or children that would reasonably be expected to cause bodily injury.

Warning! If the court checks this box, the court must consider if weapons restrictions are required by state law; federal law may also prohibit the Restrained Person from possessing firearms or ammunition.

Other restraining orders:

The Restrained Person must not: Post on social media any comments or remarks about the protected person or post any pictures of protected person, or contact the protected person's employer.

6. Service:

Fill out a *Law Enforcement Information Sheet* (form All Cases 01.0400) and give it to the clerk.

The other party must be served.

You have a right to have law enforcement serve this order free of charge if the "Do not disturb," "Stay away," "Do not hurt or threaten," or "Prohibit weapons and order surrender" boxes are checked above.

The clerk of the court shall forward a copy of this order on or before the next judicial day to King County Sheriff's Office *where the restrained person lives* which shall personally serve the restrained person with a copy of this order and shall promptly complete and return to this court proof of service.

After serving, the server fills out a *Proof of Personal Service* (form FL All Family 101) and gives it to you. File the original *Proof of Personal Service* with the court clerk, and give a copy to the law enforcement agency listed below.

7. To the clerk:

Provide a copy of this Order and the *Law Enforcement Information Sheet* to the agency listed below within one court day. The law enforcement agency must enter this Order into

the state's database.

Name of law enforcement agency where the Protected Person lives: King County Sheriff.

The restrained person's information will be removed from the state's database when this Order ends unless the court signs a new Order or extends the end date of this Order.

Ordered.

Date Time Judge or Commissioner

Petitioner and Respondent or their lawyers fill out below.

This order (check any that apply):
Is presented by me

This order (check any that apply):

Petitioner signs here or lawyer signs here + WSBA #

Respondent signs here or lawyer signs here + WSBA #

Margaret Bender
Print Name Date

Veronika Goodnight
Print Name Date

1
2
3
4
5
6
7
8 **Superior Court of Washington, County of KING**

9 In re:

10 Petitioner,

11 Veronika Goodnight

12 And Respondent

13 Mathew Ralidak

Presumed Father

No. 20-3-03830-3 SEA

Order Appointing Parenting
Evaluator/Investigator
(ORAPPE)

14
15
16 **Order Appointing Parenting Evaluator/Investigator**

- 17
18 1. A motion to appoint a parenting evaluator/investigator for the children listed below was made by the :

19

Child's name	Age
20 1. Elora Ralidak	5
21 2. Aidan Ralidak	4
22 3. Raina Ralidak	2
23 4.	
24 5.	
25 6.	

2. The court finds it is in the best interest of the children listed in 1 to appoint a parenting evaluator/investigator. The court has authority to make this appointment under parentage law, Ch. 26.26 RCW.

RCW 26.09.220; 26.10.130
Mandatory Form (03/2020)
FL All Family 148

Order Appointing Parenting
Evaluator/Investigator
p. 1 of 4

Bender Law Firm LLC
Margaret R Bender
777 108th Avenue NE; Suite #2240
Bellevue, WA 98004
Telephone: 425-452-0000
Fax: 425-452-0001

The court orders:

3. _____ is appointed as a parenting evaluator/ investigator for the children listed in 1 above.

4. Duties

The evaluator/investigator is ordered to investigate and file a report only on the issues checked below, unless the court approves investigation into other issues:

All issues related to making a parenting plan for these children

Mental health issues of Petitioner.

Substance abuse of Petitioner.

Any other issues discovered that could affect the **safety** of the children.

5. Report

The Evaluator/Investigator's report must include:

- Facts about the issues listed in 4 above.
- The children's preferences for the parenting plan (if they stated any),
- Any facts about whether the children stated their preferences voluntarily, and
- Any facts about the children's level of understanding.

The report may include recommendations based on the investigation.

Deadline! Unless the court extends the deadline, the report must be filed and served on all parties by _____, which is at least 60 days before the trial.

The parties (or their lawyers, if any) have the right to inspect and copy the Evaluator/Investigator's file of data gathered during the investigation, including the names and addresses of everyone the Evaluator/Investigator consulted. *Exception:* information in the Evaluator/Investigator's file that is confidential by law or sealed by a court shall **not** be shared with the parties or their lawyers.

6. Access to the children and information

The Evaluator/Investigator is allowed reasonable access to the children, and to all records and people with information that affects the children, including:

- Child care providers
- Physical and mental health care providers
- Schools and other educational institutions

- Law enforcement agencies, Child Protective Services, and the Department of Social and Health Services (or equivalent agencies if outside Washington)

Note: agencies may withhold or black out legally protected parts of requested information.

All parties must give the Evaluator/Investigator copies of court papers as requested by the Evaluator/Investigator.

7. Release of information

The signatures of parties or children age 12 or older below mean they give permission to the agencies and professionals listed in **6** above to share information about themselves and their children with the Evaluator/Investigator.

8. Confidentiality

The Evaluator/Investigator will:

- Have access to all Superior Court and Juvenile Court files related to his/her duties, including sealed and confidential documents. *Exception:* The Evaluator/Investigator will not have access to information sealed under RCW 13.50.050(7);
- Keep confidential any sealed and confidential information (unless his or her duties as evaluator/investigator require otherwise);
- Tell the court if his/her report includes any sealed or confidential information; and
- File his or her report in two parts: one public and one sealed as required by GR 22.

Any party or the Evaluator/Investigator may ask the court to make confidential any reports or documents placed in the file, if there is a good reason to do so.

9. Fees

The Evaluator/Investigator's hourly fee is \$_____. The Evaluator/Investigator may not charge more than a total of \$_____ without court review and approval.

The Evaluator/Investigator's fees will be paid as follows:

100 % paid by Respondent Mathew Ralidak

10. Appointment Ends

The Evaluator/Investigator's appointment ends when s/he is discharged by the court or earlier if:

The final *Parenting Plan* or *Residential Schedule* is signed by the court.

11. Other orders (if any):

Ordered.

Date

Judge or Commissioner

Petitioner and Respondent or their lawyers fill out below:

A party's signature authorizes release of information as described in 7 above.

This document:
Is presented by me

This document:

11948
Petitioner signs here or lawyer signs here + WSBA #

Respondent signs here or lawyer signs here + WSBA #

Margaret Bender
Print Name Date

Veronika Goodnight
Print Name Date

Children age 12 or older sign below to authorize release of information as described in 7:

Child signs here Print name Date

Other child signs here Print name Date