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Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

**Superior Court of Washington, County of SPOKANE**

| | |
|---|---|
| In re:<br>Petitioner:<br><br>SIRINYA P. SURINA<br><br>And Respondent:<br><br>AARON MICHAEL SURINA | **No.** 17-3-01817-0<br><br>**AMENDED February 15, 2018**<br>**Financial Declaration of**<br>**Name:** Sirinya P. Surina<br>(FNDCLR) |

# Financial Declaration

## 1. Your personal information

Name: Sirinya P. Surina
The highest year of education completed: 9
Your job/profession is: H/W; ESL Language school
Are you working now?
[ ] Yes. List the date you were hired *(month / year)*:
[X] No. List the last date you worked *(month / year)*:
What was your monthly pay before taxes: -
Why are you not working now?:
H/W full time mother

## 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.**)* | $1,760.19 |
| 2. Total Monthly Expenses After Separation *(copy from section **7**, line **I.**)* | $1,725.00 |
| 3. Total Monthly Payments for Other Debts *(copy from section **9**)* | $180.00 |
| 4. Total Monthly Expenses + Payments for Other Debts *(add line 2 and line 3)* | $1,905.00 |

| | |
|---|---|
| Gross Monthly Income of Other Party *(copy from section **3. A.**)* | $9,569.00 |



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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

| **A. Gross Monthly Income** (before taxes, deductions, or retirement contributions) | | |
|---|---|---|
| | **Sirinya** | **Aaron** |
| Imputed income | $1,906.00 | - |
| Monthly wage / salary | - | $9,569.00 |
| Income from Interest and dividend Income | - | - |
| Income from business | - | - |
| Spousal support / maintenance **received** (Paid by: ) | - | - |
| Other Income | - | - |
| **Total Gross Monthly Income** (add all lines above) | **$1,906.00** | **$9,569.00** |
| Total gross income for this year before deductions *(starting January 1 of this year until now)* | - | - |

| **B. Monthly Deductions** | | |
|---|---|---|
| | **Sirinya** | **Aaron** |
| Income taxes (federal and state) | - | $1,580.68 |
| FICA (Soc.Sec. + Medicare) or self-employment taxes | $145.81 | $732.03 |
| State Industrial Insurance (Workers' Comp.) | - | $7.00 |
| Mandatory union or professional dues | - | - |
| Mandatory pension plan payments | - | $262.00 |
| Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g)) | - | - |
| Spousal support / maintenance **paid** | - | - |
| Normal business expenses | - | - |
| **Total Monthly Deductions** (add all lines above) | **$145.81** | **$2,581.71** |

| **C. Monthly Net Income** | **Sirinya** | **Aaron** |
|---|---|---|
| 1. Total Gross Monthly Income (from A above) | **$1,906.00** | **$9,569.00** |
| 2. Total Monthly Deductions (from B above) | **$145.81** | **$2,581.71** |
| 3. **Net Monthly Income** (Line 1 minus Line 2) | **$1,760.19** | **$6,987.29** |



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## 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.)*

| | Sirinya | Aaron |
|---|---|---|
| Child support received from other relationships | - | - |
| Other Income From: ( ) | - | - |
| Other Income From: ( ) | - | - |
| **Total Other Income** (add all lines above) | - | - |

| **B. Household Income** *(Monthly income of other adults living in the home)* | | |
|---|---|---|
| | **Sirinya's Home** | **Aaron's Home** |
| Other adult's gross income<br>Name: ( ) | - | - |
| Other adult's gross income<br>Name: ( ) | - | - |
| **Total Household Income** 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:

## 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 | $75.00 |
| Stocks, bonds, CDs and other liquid financial accounts | - |
| Cash value of life insurance | - |
| Other liquid assets | - |
| **Total Available Assets** (add all lines above) | **$75.00** |



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## 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.

| | | | |
|---|---|---|---|
| **A. Housing Expenses** | | **F. Transportation Expenses** | |
| Rent / Mortgage Payment | - | Automobile payment *(loan or lease)* | - |
| Property Tax (if not in monthly payment) | - | Auto insurance, license, registration | - |
| Homeowner's or Rental Insurance | - | Gas and auto maintenance | $300.00 |
| 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 | **$300.00** |

| | | | |
|---|---|---|---|
| **B. Utilities Expenses** | | **G. Personal Expenses** (not children's) | |
| Electricity and heating (gas and oil) | - | Clothes | $100.00 |
| Water, sewer, garbage | - | Hair care, personal care | $50.00 |
| Telephone(s) | - | Recreation, clubs, gifts | $50.00 |
| Cable, Internet | - | Education, books, magazines | - |
| Other *(specify):* | - | Other Personal Expenses | - |
| Total Utilities Expenses | - | Total Personal Expenses | **$200.00** |

| | | | |
|---|---|---|---|
| **C. Food and Household Expenses** | | **H. Other Expenses)** | |
| Groceries for *(# of people) 3:* | $850.00 | Life insurance (not deducted from pay) | - |
| Household supplies (cleaning, paper, pets) | $75.00 | Other *(specify):* | - |
| Eating out | $100.00 | Other *(specify):* | - |
| Other *(specify):* | - | Other *(specify)* : | - |
| Total Food and Household Expenses | **$1,025.00** | Total Personal Expenses | - |

| | | | |
|---|---|---|---|
| **D. Children's Expenses** | | **List all Total Expenses from above:** | |
| Childcare, babysitting | - | A. Total Housing Expenses | - |
| Clothes, diapers | $200.00 | B. Total Utilities Expenses | - |
| Tuition, after-school programs, lessons | - | C. Total Food and Household Expenses | $1,025.00 |
| Other expenses for children | - | D. Total Children's Expenses | $200.00 |
| Total Children's Expenses | **$200.00** | E. Total Health Care Expenses | - |
| | | F. Total Transportation Expenses | $300.00 |
| **E. Health Care Expenses** | | G. Total Personal Expenses | $200.00 |
| Insurance premium (health, vision, dental) | - | H. Total Other Expenses | - |
| Health, vision, dental, orthodontia, mental health expense not covered by insurance | - | **I. All Total Expenses** (add A - H above) | **$1,725.00** |
| Other health expenses not covered by insurance | - | *Use section **11** below to explain any unusual expenses, or attach additional pages.* | |
| Total Health Care Expenses | - | | |



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## 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 |
|---|---|---|---|
| Car Loan | Numericva Credit Union | $12,951.64 | August 28, 2017 |
| | | - | |
| | | - | |
| | | - | |

## 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* | |
|---|---|---|---|---|
| Legal Fees & Costs | Carl and On Wilson | $31,595.00 | February | $180.00 |
| | | - | | - |
| | | - | | - |
| | | - | | - |
| | | - | | - |
| | | - | | - |
| | | | **Total Monthly Payments for Debts** | **$180.00** |

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

I receive EBT in the amount of $504.00 for Food and Nutrition from DSHS- WA I receive $1,464.00 in Child Support transfer payment. My total monthly cash inflow equals: $1,968. My mother Benjamus lives with us. She receives an EBT card to pay for her own groceries.

## 11. Lawyer Fees

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

| | | |
|---|---|---|
| Amount paid | $35,095.00 | **Source** of the money you used to pay these fees and costs: $1,425.00 Savings; Loan from Carl and On Wilson |
| Amount still owed | $2,000.00 | Describe your agreement with your lawyer to pay your fees and costs: |
| **Total Fees/Costs** | **$37,095.00** | Fees are paid as incurred |

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)*: Spokane Date: 2/15/18

*Sign here* Sirinya Surina
*Print name*



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**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). |



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