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SN: 170

PC: 3

FILE

MAR 1 5 2018

Timothy W. Fitzgerald SPOKANE COUNTY CLERK

Superior Court of Washington,	County of <u>Spokane</u>
In re:  Petitioner/s (person/s who started this case):  Siringa Surina  And Respondent/s (other party/parties):  Acron Surina	No. 17-3-01817-0  Motion for Order for: Reneve Private Party  GAL MANDATE  (MT)

## Motion for Order for: Remark Private Party GAL mandate

## 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 <a href="https://www.courts.wa.gov">www.courts.wa.gov</a>.

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

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

The court may not allow you to testify at the motion hearing. Read your county's Local Court Rules, if any.

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	:
	s motion, file a statement (using form FL All Family 135, <i>Declaration</i> ) ve those requests. You may file other written proof supporting your side.
1. Relief Requested  My name is:	. I ask the court to approve the
Optional Form (05/2016) FL All Family 181	Motion for Order p. 1 of 3

	Please Remove the Private Party Day Mandate
	which is preventing access to this service.
2.	Statement of Issues
	I ask the court to decide the following issues (specify):
	The GAL selected required 2500,00 retainer
	to Join our case. The current income in combo with
3.	Child Support Worksheet from 9/27 Prevent us from access statement of Facts/Grounds
	These facts support my request (list supporting facts):
	2 week paystub net income = 1900 Approx (x2-3,800)
	Maintenance ordered is approx 3,026.
	my monthly net mane & below minimum wage-
	I an classified as indigent below tederal powerty quidelines
	I GROSS toonuch & EBT does not base of net so
4.	t am also hungry 4 lot. Evidence Relied Upon
e.	I ask the court to consider this evidence (list all declarations and other documents that
	support this request): Financial Declaration Filed by me Van /2018
	Attached my styles & ATTACHED MITAF
	A THE COURT OF THE
=	Logal Authority
5.	Legal Authority I have the right to ask for these orders according to the law (describe the legal authority
	that supports your request):
	household income at or below 125% of the federal
	poverty guidelines
	GR34 guidelines
6.	
<b>6.</b> Per:	GR34
l de	A Proposed Order (check one):  is not attached to this Motion.  son making this motion fills out below clare under penalty of perjury under the laws of the state of Washington that the facts I have
l de prov	A Proposed Order (check one):  is is not attached to this Motion.  son making this motion fills out below clare under penalty of perjury under the laws of the state of Washington that the facts I have rided on this form are true.  I have attached (number of): pages.
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Sign Pers I agr	A Proposed Order (check one):  is is not attached to this Motion.  son making this motion fills out below  clare under penalty of perjury under the laws of the state of Washington that the facts I have rided on this form are true.  I have attached (number of): pages.  ed at (city and state):
Sign Pers Lagr	A Proposed Order (check one):  is is not attached to this Motion.  son making this motion fills out below  clare under penalty of perjury under the laws of the state of Washington that the facts I have rided on this form are true.  I have attached (number of): pages.  ed at (city and state):  Date:  3/15/18  on making this motion signs here  Print name here  ree to accept legal papers for this case at (check one):

street address or PO box  (Optional) email:  (If this address changes before the case end use the Notice of Address Change form (FL form (FL All Family 001) if this case involves	ds, you <b>must</b> notify all parties and All Family 120). You must also up	the court clerk in writing. You
(If this address changes before the case enduse the Notice of Address Change form (FL	All Family 120). You must also up	
use the Notice of Address Change form (FL	All Family 120). You must also up	
form (FL All Family 001) if this case involves		
· · · · · · · · · · · · · · · · · · ·	s parentage or child support.)	
awyer (if any) fills out below		
awyer signs here	Print name and WSBA No.	Date
wyer's address	city	state zip
nail <i>(if applicable):</i>		
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