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Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

Superior Court of Washington, County of SPOKANE

In re: SURINYA SURINA, Petitioner, And, AARON SURINA, Respondent.	No. 17-3-01817-0 Financial Declaration of Respondent (FNDCLR)

Financial Declaration

1. **Your personal information**

Name: Aaron Surina
Highest year of education you completed: Some College
Your job/profession is: Tech - Telecom
Are you working now? Yes. I was hired December 2014

2. **Summary of your financial information**

1. Total Monthly Net Income *(copy from section 3, line C. 3.)*	$6,873
2. Total Monthly Expenses After Separation *(copy from section 7, line I.)*	$6,697.92
3. Total Monthly Payments for Other Debts *(copy from section 9)*	$268
4. Total Monthly Expenses + Payments for Other Debts *(add line 2 and line 3)*	$6,965.92

Gross Monthly Income of **Other Party** *(copy from section 3. A.)*	$

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3. **Income**

A. Gross Monthly Income (before taxes, deductions, or retirement contributions)		
	You	Other Party
Monthly wage / salary	$8,719	
Income from interest / dividends		
Income from business	$273	
Spousal support / maintenance **received** (Paid by: _____)		
Other income		
Total Gross Monthly Income (add all lines above)	$8,719	

B. Monthly Deductions		
	You	Other Party
Income taxes (federal and state)	$910	
FICA (Soc.Sec. + Medicare) or self-employment taxes	$667	
State Industrial Insurance (Workers' Comp.)	$7	
Mandatory union or professional dues		
Mandatory pension plan payments		
Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g))	$262	
Spousal support / maintenance **paid**		
Normal business expenses		
Total Monthly Deductions (add all lines above)	$1,846	

C. Net Monthly Income		
	You	Other Party
1. Total Gross Monthly Income (from A above)	$8,719	
2. Total Monthly Deductions (from B above)	$1,846	
3. **Net Monthly Income** (Line 1 minus Line 2)	$6,843	

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4. **Other Income and Household Income**

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: _____)*		
Total Other Income (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: _____)*		
Total Household Income 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:

_____

_____

_____

_____

_____

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	$
Stocks, bonds, CDs and other liquid financial accounts	$
Cash value of life insurance	$
Other liquid assets	$
Total Available Assets (add all lines above)	0

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7. **Monthly Expenses After Separation**

A. Housing Expenses

Rent/Mortgage Payment Rent and Mortgage	$1,000 $1643
Property Tax (if not in monthly payment)	$
Homeowner's or rental insurance	$
Other mortgage, contract, or debt payments based on equity in your home	$
Homeowner's Association dues or fees	$
Home maintenance	$
Yard maintenance	$
Total Housing Expenses	**$2,643**

B. Utilities Expenses (includes Rocky Ridge home)

Electricity and heating (gas and oil)	$150
Water, sewer, garbage	$75
Telephone (s)	$144
Cable, internet	$100
Other:	$
Total Utilities Expenses	**$469**

C. Food and Household Expenses

Groceries for 3 people	$500
Household supplies	$50
Eating out	$100
Other:	$
Total Food and Household Expenses	**$650**

D. Children's Expenses

Childcare/babysitting – KinderCare $249 weekly	$1,070
Clothing and Diapers	$250
Tuition	$524
Extracurricular expenses	$

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Other child expenses	$
Total Children's Expenses	**$1,844**

E. Health Care Expenses

Insurance premiums (health, vision, dental)	$69.92
Health, vision, dental, orthodontia, mental health expenses not covered by insurance	$
Other health expenses not covered by insurance	$
Total Health Care Expenses	**$69.92**

F. Transportation Expenses

Automobile payment *(loan or lease)Petitioner's vehicle*	$600
Auto insurance, license, registration	$122
Gas and auto maintenance	$200
Parking, tolls, public transportation	$
Other transportation expenses	$
Total Transportation Expenses	**$922**

G. Personal Expenses (not children's)

Clothes	$80
Haircare, personal care	$20
Recreation, clubs, entertainment	$
Gifts	$
Education, books, magazines	$
Travel	$
Other personal expenses	$
Total Personal Expenses	**$100**

H. Other Expenses

Life insurance (not deducted from pay)	$
Small appliances repair/replace	$
Other:	$
Total Other Expenses	**$0**

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List all Total Expenses from above:

A. Total Housing Expenses	$2,643
B. Total Utilities Expenses	$469
C. Total Food and Household Expenses	$650
D. Total Children's Expenses	$1,844
E. Total Health Care Expenses	$69.92
F. Total Transportation Expenses	$922
G. Total Personal Expenses	$100
H. Total Other Expenses	$0
I. **All Total Expenses (add A-H above)**	**$6,697.92**

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

Debt	Creditor	Amount you owe this creditor now	Last Monthly Payment made
Mortgage	Franklin American	$227,63.00	August 7, 2017
Auto	Numerica Credit Union	$12,951.64	July 28, 2017
		$	
		$	

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

Debt	Creditor	Total owing	Month of last payment	Amount Due
Credit Card	Macys	$2,625	August 1, 2017	$75
Credit Card	BOFA	$6,371	August 25, 2017	$168
Credit Card	Discover Card	$45	July 26, 2017	$25
		$		$
		$		$
		$		$
			Total Monthly Payments for Debts	$268

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

_____

_____

_____

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

Amount paid	$6,000	**Source** of the money you used to pay these fees and costs: Credit Cards
Amount still owed	$	Describe your agreement with your lawyer to pay your fees and costs:
Total Fees/Costs	$6,000	

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, Wa Date: 9/14/2017

Aaron Surina

AARON SURINA

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