CN: 201703018170 SN: 4

FILED

AUG 1 4 2017

Timothy W. Fitzgerald SPOKANE COUNTY CLERK

Superior Court of Washington, County of SPOKANE

In re:

Petitioner:

PC: 6

SIRINIYA SURINA

And Respondent:

AARON MICHAEL SURINA

No. 17301817-0

Financial Declaration of Name: Siriniya Surina

(FNDCLR)

Financial Declaration

1. Your personal information

Name: Siriniya Surina

The highest year of education completed: 9

Your job/profession is: H/W 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.)	\$4,880.00
3. Total Monthly Payments for Other Debts (copy from section 9)	-
4. Total Monthly Expenses + Payments for Other Debts (add line 2 and line 3)	\$4,880.00

Gross Monthly Income of Other Party (copy from section 3. A.)	\$9,167.00

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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

	Siriniya	Aaron
Imputed income	\$1,906.00	
Monthly wage / salary	-	\$9,167.00
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	\$9,167.00
Total gross income for this year before deductions (starting January 1 of this year until now)	-	-

B. Monthly Deductions				
	Siriniya	Aaron		
Income taxes (federal and state)	-	\$1,739.24		
FICA (Soc.Sec. + Medicare) or self-employment taxes	\$145.81	\$701.27		
State Industrial Insurance (Workers' Comp.)	-	_		
Mandatory union or professional dues	-	_		
Mandatory pension plan payments	-	_		
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	\$2,440.51		

C. Monthly Net Income	Siriniya	Aaron	
Total Gross Monthly Income (from A above)	\$1,906.00	\$9,167.00	
2. Total Monthly Deductions (from B above)	\$145.81	\$2,440.51	
3. Net Monthly Income (Line 1 minus Line 2)	\$1,760.19	\$6,726.49	

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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.)

	Siriniya	Aaron
Child support received from other relationships		
Other Income From: (-	_
Other Income From: ()		-
Total Other Income (add all lines above)	_	•

	Siriniya's Home	me) Aaron's Home
The second secon	Siriniya S nome	Aaron's nome
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)	-	-

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)	-	

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7.

Monthly Expenses After SeparationTell 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

A. Housing Expenses		F. Transportation Expenses	
Rent / Mortgage Payment	\$1,600.00	Automobile payment (loan or lease)	\$600.00
Property Tax (if not in monthly payment)	_	Auto insurance, license, registration	\$125.00
Homeowner's or Rental Insurance	-	Gas and auto maintenance	\$200.00
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	\$1,600.00	Total Transportation Expenses	\$925.00

B. Utilities Expenses		G. Personal Expenses (not children's)	
Electricity and heating (gas and oil)	\$130.00	Clothes	\$100.00
Water, sewer, garbage	\$150.00	Hair care, personal care	\$50.00
Telephone(s)	\$130.00	Recreation, clubs, gifts	\$90.00
Cable, Internet	\$80.00	Education, books, magazines	-
Other (specify):	-	Other Personal Expenses	-
Total Utilities Expenses	\$490.00	Total Personal Expenses	\$240.00

C. Food and Household Expenses		H. Other Expenses)	
Groceries for (# of people) 4:	\$850.00	Life insurance (not deducted from pay)	-
Household supplies (cleaning, paper, pets)	\$50.00	Other (specify):	-
Eating out	\$200.00	Other (specify):	-
Other (specify):	_	Other (specify) :	-
Total Food and Household Expenses	\$1,100.00	Total Personal Expenses	-

D. Children's Expenses		List all Total Expenses from above:		
Childcare, babysitting	-	A. Total Housing Expenses	\$1,600.00	
Clothes, diapers	\$150.00	B. Total Utilities Expenses	\$490.00	
Tuition, after-school programs, lessons	\$375.00	C. Total Food and Household Expenses	\$1,100.00	
Other expenses for children	-	D. Total Children's Expenses	\$525.00	
Total Children's Expenses	\$525.00	E. Total Health Care Expenses	_	
		F. Total Transportation Expenses	\$925.00	
E. Health Care Expenses	001 (504 000 000 000 000 000 000 000 000 000	G. Total Personal Expenses	\$240.00	
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)	\$4,880.00	
Other health expenses not covered by insurance	-	Use section 11 below to explain any unusual expense or attach additional pages.		
Total Health Care Expenses	-			

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Debt for what expens (mortgage, car loan, e		Who do you owe (Name of creditor)		Amount you owe this creditor now	Last Monthly Payment mad
Car Loan					
				-	2
Describe Debt	Who do y	Who do you owe (Name of creditor this		Last Month	nly Payment
(credit card, loan, etc.)	(Name of	creaitor	this creditor now	(Date and Amount	
					_
			_	74	_
					-
			_		-
		Total Monthly Payments for Debts		_	
10. Explanation of11. Lawyer FeesList your total law		·	,		
11. Lawyer Fees	of expenses or awyer fees and co \$3,500.00	osts for this ca	ase as of today money you used to	o pay these fees an	d costs:
11. Lawyer Fees List your total la	awyer fees and co	osts for this ca Source of the I Loan from a f	ase as of today money you used to riendf	***************************************	
11. Lawyer Fees List your total la	awyer fees and co	Source of the Loan from a find Describe your	ase as of today money you used to riendf agreement with yo	pay these fees an	

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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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