CN: 201703018170
SN: 432
PC: 7

FILED
NOV 24 2020
TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK

Superior Court of Washington, County of SPOKANE

In re:

Petitioner/s *(person/s who started this case)*:
SIRINYA SURINA

And Respondent/s *(other party/parties)*:
AARON SURINA

No. 17301817O

Motion for Contempt Hearing
(MTSC)

Motion for Contempt Hearing

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**:

- 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:

To schedule a hearing on this motion, you must ask the court to sign the Order to Go to Court for Contempt Hearing (Order to Show Cause) (FL All Family 166). This Order may be signed "ex parte" (without the other party there). Contact the Superior Court Clerk's office for the procedure in your county. You must have this Motion and the Order to Go to Court personally served (by someone else) on the other party.

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*) explaining why the court should not approve those requests. You may file other written proof supporting your side.

I declare:

1. I am a *(check one)*: ☒ Petitioner ☐ Respondent in this case.

2. The other party, *(name)*: AARON SURINA did **not** obey the orders checked below that were signed by the court on *(date)*: 12/20/2019 in *(county and state)*: _____.

☒ The child support order including *(check all that apply)*:

☒ pay *(amount)* $ 1,550 per month.

☐ provide health insurance for the children and pay health care costs not covered by insurance.

☐ pay for the children's day care, education, long-distance transportation, and other expenses.

*Describe how the order was **not** obeyed, including dates and amounts:*

☐ The spousal support (maintenance/alimony) order to pay *(amount)* $_____ per month.

*Describe how the order was **not** obeyed, including dates and amounts:*

☒ The parenting plan, residential schedule or custody order.

*Describe how the order was **not** obeyed including dates and times:*

NOV 5TH COMMISSIONER SWENUMSON ORDERED CHILDREN TO BE RETURNED TO MOM IMMEDIATELY AARON REFUSED TO COMPLY AARON PICKED UP DAVID + ANDREW AUG 30TH @ 6:15 PM AND DID NOT RETURN THEM UNTIL SEPT 8TH (LAST WEEK OF SUMMER)

☒ The restraining order.

*Describe how the order was **not** obeyed including dates and times:*

AARON HAS SHOWN UP AT MY HOUSE ON DAYS THAT ARE NOT EXCHANGE DATES

SPECIFICALLY
JUNE 19TH 2020 @ 8:50 PM, SEPT 10TH @ 3:26 PM
OCT 8TH 2020 @ 3:19 PM

☐ Other order *(specify)*: _____

Describe how the order was ***not*** *obeyed including dates, times, and amounts, if any:*

_____

_____

_____

3. Request – I ask the court to:

- Order the other party to go to court to show why the court should not approve the judgment and orders I've requested,
- Find the other party in contempt, and
- Approve the requests checked below.

4. Money judgment requested

☐ No request.

☒ I ask the court to approve a judgment ordering the other party to pay *(check all that apply)*:

	Amount	Interest	From *(date)*	To *(date)*
☒ Past due child support	$4,650	$ 186	9-8-20	11-30-20
☐ Past due medical support *(health insurance & health care costs not covered by insurance)*	$	$		
☐ Past due children's expenses for: ☐ day care ☐ education ☐ long-distance transp. ☐ other	$	$		
☐ Past due spousal support	$	$		
☐ Other *(specify)*:	$	$		

5. Fines and penalties (remedial sanctions) requested

☐ Does not apply.

☒ Approve other reasonable orders, including ordering the other party to:

- Pay a fine – civil penalty (required for violations of parenting time orders),
- Pay a fine for each day the court's orders are not followed,
- Meet certain conditions to stop being in contempt (purge the contempt),
- Pay my lawyer fees and costs, if any,
- Give me make-up parenting time, if appropriate, and

- Any other relief allowed by law (Chapter 7.21 RCW, Chapter 26.09 RCW, Chapter 26.10 RCW, Chapter 26.26 RCW, and RCW 26.18.040).

☒ Send the other party to jail.

6. Other orders requested (if any): _____

Person making this motion fills out below:

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: 11/24/20

▶ _____ Siriya Surina

Person making this motion signs here *Print name here*

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

☐ my lawyer's address, listed below.

☒ the following address *(this does **not** have to be your home address)*:

BOX 30491 SPOKANE WA 99223

street address or PO box *city* *state* *zip*

(Optional) email: SIRINYAANDREW@GMAIL.COM

*(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:

▶ _____ _____ _____

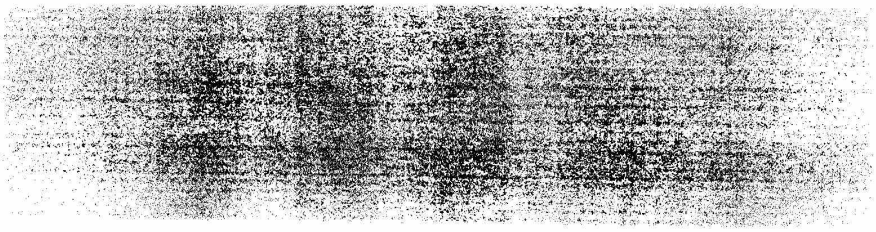
Lawyer signs here *Print name and WSBA No.* *Date*

_____

Lawyer's street address or PO box *city* *state* *zip*

Email *(if applicable)*: _____

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.



State of Washington
Division of Child Support

Case Payment History

9/8/2020 10:28:34 AM - 2525

NCP: **SURINA, AARON MICHAEL**
CP: **SURINA, SIRIMYA**

CFO: **Spokane**
IV-D Case#: **2694016**

Monthly Child Support	1,550.78
Monthly Medical Support	0.00
Monthly Order Amt	1,550.78
Annual Fee Due	0.00
Annual Fee Paid	0.00
Receivable	0.00

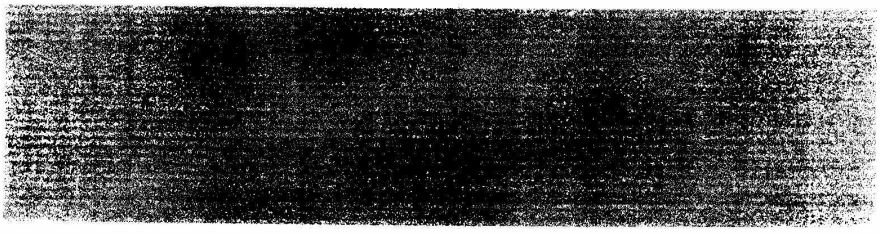
DSHS Arrs	0.00
DSHS Med Arrs	0.00
Temp Arrs	0.00
CP Arrs	0.00
CP Medical Arrs	0.00
Total Owed	386.78

Curr Support Due	386.78
Curr Medical Due	0.00
Disbursed	51,893.21
Retained	1,193.00
Retained Medical	0.00
Total Amount Paid	53,086.21

Case Type	Receipt Date	Payment Number	Current Payment	Current Retained	DSHS Arrears	DSHS Med Arrs	TEMP Arrears	CP Arrears	CP Med Arrs	Annual Fee	Misc	Total Disbursed
NA	09-08-2020	090820F986045	1,164.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,164.00
NA	08-17-2020	081720F530079	59.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59.65
NA	08-04-2020	080420F335160	357.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	357.87
NA	08-04-2020	080420F335152	357.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	357.87
NA	07-23-2020	072320F082848	59.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	59.65
NA	07-08-2020	070820F838058	715.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	715.74
NA	06-09-2020	060920F284412	398.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	398.42
NA	06-01-2020	060120F080233	376.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	376.97
NA	05-29-2020	052920F068588	338.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	338.77
NA	05-12-2020	051220F787090	715.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	715.74
NA	05-04-2020	050420F810665	496.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	496.27
NA	04-28-2020	042820F481061	219.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	219.47
NA	04-14-2020	041420F275235	715.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	715.74
NA	04-02-2020	040220F107028	615.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	615.57
NA	03-31-2020	033120F026159	100.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.17
NA	03-17-2020	031720F818035	715.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	715.74
NA	03-03-2020	030320F619026	715.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	715.74
NA	03-03-2020	030320F619024	19.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19.13
NA	02-19-2020	021920F402019	696.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	696.61
NA	02-04-2020	020420F221017	715.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	715.74
NA	02-04-2020	020420F221015	138.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	138.43
NA	01-22-2020	012220F003020	537.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	537.26
NA	01-07-2020	010720F825009	675.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	675.69

Case Type	Receipt Date	Payment Number	Current Payment	Current Retained	DSHS Arrears	DSHS Med Arrs	TEMP Arrears	CP Arrears	CP Med Arrs	Annual Fee	Misc	Total Disbursed
NA	01-03-2020	010320F770173	337.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	337.83
		Total	11,244.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,244.07

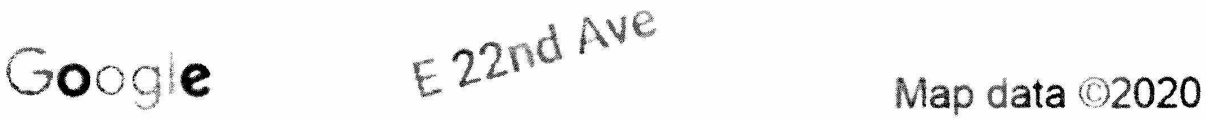
Total Case Payments printed for IVD # 2694016 : 24
Date Range requested - From: 01/01/2020 To: 09/08/2020



View Check-in

AS **Aaron Surina** SS

I'm waiting



227 E 22nd Ave
227 E 22nd Ave, Spokane, WA 99203, USA

View Check-in

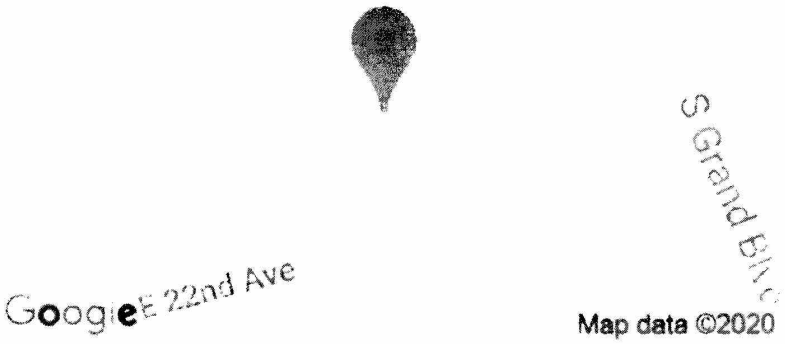
AS **Aaron Surina** SS

on 10/ 5/20 at 05:24 PM

Details

You're not here and all the vehicles are not here.

Did you move out?
I am filing a report with the police and the boys are not here either



233 E 22nd Ave
233 E 22nd Ave, Spokane, WA 99203, USA