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TIMOTHY W. FITZGERALD SPOKANE COUNTY CLERK 2023 OCT 12 A 5: 12

THEOTHER W. FITZESCALD SPOKANE COUNTY CLERK

Superior Court of Washington,	County of Spokane
In re: HEALTHCARE SHARE REFUSE	No. 17-3-01817-0
Petitioner/s (person/s who started this case):	No. 17-3-01817-0
Sirinya surina	Motion for Contempt Hearing
And Respondent/s (other party/parties):	(MTSC)
Aaron Surina	5 x Refusal to Supper
Motion for Cor	ntempt Hearing
To both parties:	
Deadline! Your papers must be filed and served by the State Court Rules if there is no local rule. Court Rules a	
If you want the court to consider your side, you must : File your original documents with the Superior Courties Give the Judge/Commissioner a copy of your pape Have a copy of your papers served on all other particular	rs (if required by your county's Local Court Rules); AND
The court may not allow you to testify at the motion hear	ng. 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 Hearing (Order to Show Cause) (FL All Family 166). Thi party there). Contact the Superior Court Clerk's office fo Motion and the Order to Go to Court personally served (I	s Order may be signed "ex parte" (without the other r the procedure in your county. You must have this
To the person receiving this motion:	,
If you do not agree with the requests in this motion, file a explaining why the court should not approve those requeside.	
I declare:	
1. I am a (check one): Petitioner	spondent in this case.
RCW 26.09.160 Motion for Co	ntempt Hearing

Mandatory Form (05/2016) FL All Family 165

p. 1 of 4

the orders checked below that were signed by the court on (date):	The other party, (name): 5iringa Surinc ,did not obey	
The child support order including (check all that apply): pay (amount) \$ 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. 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: DN Mapril 5 2020	the orders checked below that were signed by the court on (date): Doc 20 2019	
pay (amount) \$	in (county and state): 5pokane, wa	
pay (amount) \$	The child support order including (check all that apply):	
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: ** DN **April 5 2020, String Refused to Down medical expenses. Town Advid Surina, In Violation of Court Deners Total 45658 her posetion was \$228.39 Antrew Surinas Ervisit 10-16-2020, total 480°0 too II. 2020 Ratuse in Court Dener App Refuse to pay 2400 for Street and Cover of Contempt See Exitibit A and affacted to Cover of Respective to the Cover of Contempt The parenting plan, residential schedule or custody order. Describe how the order was not obeyed including dates and times: PETHIDUER HELD OUR KINS AND MADE THEM UNANHUABLE TO PUR UP. ASHIFT HAD MADE PLANS SEPERATE PROM THE PARENTING, PLAN AGAIN. This IS ON September 14, 2023		
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		Other order (, Refused	La con	to koja	he Faisin	our kid		
	-	Describe how the order was no	t obeyed include	ding dates, tim	es, and amour	nts, if any:		
(hat-	Dorron Surina For						
	3	inviolation of Co						
		12-20-2019 by						
	_		0	150		,		
3.	Request – I ask the court to:							
 Order the other party to go to court to show why the court should not approv judgment and orders I've requested, 								
	Find the other party in contempt, and							
		Approve the requests checked						
4.	Ma	ney judgment requested						
-7.	- IVIO							
		No request.						
	X	I ask the court to approve a judg	ment ordering	the other part	T			
			Amount	Interest	From (date)	To (date)		
		Past due child support	\$	\$		to prensent		
		Past due medical support (health insurance & health care	\$1400°0	\$	表 2/20/	9/23/		
		costs not covered by insurance)			3	33 €0		
		Past due children's expenses for: day care education long-distance transp.	\$	\$				
		☐ Past due spousal support	\$	\$				
		Other (specify):	\$	\$				
5.	Fin	es and penalties (remedial	sanctions) r	equested				
		Does not apply.						
	\bowtie	Approve other reasonable orde		-				
		 Pay a fine – civil penalty 				orders),		
		 Pay a fine for each day 						
 Meet certain conditions to stop being in contempt (purge the contempt) 								
		 Pay my lawyer fees and costs, if any, 						
		 Give me make-up parer 						
		 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.						
PCM	/ 26 0	9 160 Motio	n for Contempt H	learing				

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 reprovided on this form are true. Signed at (city and state): Date: 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): POBDX 30133 Solkure State zip (Optional) email: AMSD Surve and the court clerk in writing. You use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Inform Form (FL All Family 001) if this case involves parentage or child support.) Lawyer (if any) fills out below: Print name and WSBA No. Date	Other orders requested (if any): Decision Making for Health Car						
I declare under penalty of perjury under the laws of the state of Washington that the facts I reprovided on this form are true. Signed at (city and state):							
I declare under penalty of perjury under the laws of the state of Washington that the facts I reprovided on this form are true. Signed at (city and state): Date: Person making this motion signs here I agree to accept legal papers for this case at (check one): my lawyer's address, listed below. I the following address (this does not have to be your home address): POBDX 30 (3 SONCIPE UN 99 ZOSTEED COPTION OF THE STATE OF THE							
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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 the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using Sealed cover sheet (form FL All Family 011, 012, or 013). You may ask for an order to seal other documents.	ga						