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TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK

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SPOKANE COUNTY CLERK

Superior Court of Washington, County of Spokane

In re: HEALTHCARE SHARE REFUSE

Petitioner/s *(person/s who started this case)*:
Sirinya Surina

And Respondent/s *(other party/parties)*:
Aaron Surina

No. 17-3-01817-0

Motion for Contempt Hearing
(MTSC)

5 x Refusal to support

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)*: Sirinya Surina, did **not** obey the orders checked below that were signed by the court on *(date)*: Dec 20 2019 in *(county and state)*: Spokane, WA:

☒ 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.

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

* On April 5 2020, Sirinya Refused to pay medical expenses for David Surina, In Violation of Court ORDERS Total 456.58 her portion was $ 228.29 Andrew Surina's ER visit 10-16-2020, total 480.00 Feb 11, 2020 Refuse in Court ORDER App. Refuse to pay 240 of 480 See attached: 5X REFUSED $_____

See EXHIBIT A attached to COVER SHEET & AFFIDAVIT OF RESP IN SUPPORT of CONTEMPT

☒ The parenting plan, residential schedule or custody order.

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

PETTIONER HELD OUR KIDS AND MADE THEM UNAVAILABLE TO PICK UP. SHE HAD MADE PLANS SEPERATE FROM THE PARENTING PLAN AGAIN. This is on September 14, 2023

☐ The restraining order.

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

☐ Other order (. Refused to contribute to raising our kids.

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

Payor Garnishing for payment of Medical Expenses in violation of COURT ORDER signed in 12-20-2019 by Judge Rice

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	$	$		
☒ Past due medical support *(health insurance & health care costs not covered by insurance)*	$ 1400.00	$	[redacted] 2/20/ [redacted]	to present 9/23/ [redacted]20
☐ 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): Decision Making for Health Care to Respondent

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: 9/28/23

▶ _____ AARON 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)*:

PO Box 30123 Spokane WA 99223

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

(Optional) email: AMS@Surina.org

*(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.