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JAN 09 2018

Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

AMENDMENT - AMENDED

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. 17-3-01817-0

Financial Declaration of
(name): Aaron M. Surina
(FNDCLR)

Financial Declaration

1. Your personal information

Name: Aaron M. Surina

Highest year of education you completed: _____ Your job/profession is: IT Sys Admin 2

Are you working now?

☒ Yes. List the date you were hired *(month / year)*: 12/2014

☐ No. List the last date you worked *(month / year)*: _____

What was your monthly pay *before* taxes: $_____

Why are you not working now? _____

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.**)*	$ 2,261
2. Total Monthly Expenses After Separation *(copy from section **7**, line **I.**)*	$ 7,012
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)*	$

Gross Monthly Income of **Other Party** *(copy from section **3. A.**)*	$ 5,917

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

A. Gross Monthly Income (before taxes, deductions, or retirement contributions)		
	You	Other Party
Monthly wage / salary	7,473	3,708
Income from interest / dividends	0	
Income from business	0	
Spousal support / maintenance **received** (Paid by: Aaron Surina)	0	3,025
Other income	0	
Total Gross Monthly Income (add all lines above)	7,473	6,733
Total gross income for this year before deductions *(starting January 1 of this year until now)*	7,473	6,733

B. Monthly Deductions		
	You	Other Party
Income taxes (federal and state)	1,320	572
FICA (Soc.Sec. + Medicare) or self-employment taxes	571	284
State Industrial Insurance (Workers' Comp.)	8	
Mandatory union or professional dues	0	
Mandatory pension plan payments	0	
Voluntary retirement contributions (up to the limit in RCW 26.19.071(5)(g))	288	
Spousal support / maintenance **paid**	3,025	
Normal business expenses		
Total Monthly Deductions (add all lines above)	5,212	856

C. Net Monthly Income		
	You	Other Party
1. Total Gross Monthly Income (from A above)	7,473	6,773
2. Total Monthly Deductions (from B above)	5,212	856
3. **Net Monthly Income** (Line 1 minus Line 2)	2,261	5,917

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.)*		
	You	Other Party
Child support **received** from other relationships	0	
Other income *(From: _____)*	0	
Other income *(From: _____)*	0	
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: Benjamas Srirattanakun)*	N/A	Unknown
Other adult's gross income *(Name: _____)*	N/A	
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	$ 200.00
Stocks, bonds, CDs and other liquid financial accounts	$ N/A
Cash value of life insurance	$ N/A
Other liquid assets	$ N/A
Total Available Assets (add all lines above)	$200.00

7. Monthly Expenses After Separation

Tell 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 children.

A. Housing Expenses		F. Transportation Expenses	
Rent / Mortgage Payment	1,600	Automobile payment *(loan or lease)*	470
Property Tax (if not in monthly payment)		Auto insurance, license, registration	180
Homeowner's or Rental Insurance		Gas and auto maintenance	400
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	Total Transportation Expenses	1,050
B. Utilities Expenses		**G. Personal Expenses** (not children's)	
Electricity and heating (gas and oil)	180	Clothes	100
Water, sewer, garbage	150	Hair care, personal care	50
Telephone(s)	125	Recreation, clubs, gifts	75
Cable, Internet	100	Education, books, magazines	210
Other *(specify):*		Other Personal Expenses	
Total Utilities Expenses	555	Total Personal Expenses	435
C. Food and Household Expenses		**H. Other Expenses**	
Groceries for *(number of people):* 3	900	Life insurance (not deducted from pay)	
Household supplies (cleaning, paper, pets)	100	Other *(specify):*	
Eating out	300	Other *(specify):*	
Other *(specify):*		Other *(specify):*	
Total Food and Household Expenses	1,300	Total Other Expenses	
D. Children's Expenses		**List all Total Expenses from above:**	
Childcare, babysitting Estimate	750	A. Total Housing Expenses	1,600
Clothes, diapers	250	B. Total Utilities Expenses	555
Tuition, after-school programs, lessons	400	C. Total Food and Household Expenses	1,300
Other expenses for children		D. Total Children's Expenses	1,400
Total Children's Expenses	1,400	E. Total Health Care Expenses	672
		F. Total Transportation Expenses	1,050
E. Health Care Expenses		G. Total Personal Expenses	435
Insurance premium (health, vision, dental)	147	H. Total Other Expenses	
Health, vision, dental, orthodontia, mental health expenses not covered by insurance	500	**I. All Total Expenses** (add A - H above)	7,012
Other health expenses not covered by insurance Life Ins from pay	25	*Use section **10** below to explain any unusual expenses, or attach additional pages.*	
Total Health Care Expenses	672		

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

Debt for what expense *(mortgage, car loan, etc.)*	Who do you owe *(Name of creditor)*	Amount you owe this creditor now	Last Monthly Payment made
Mortgage	Franklin American	$ 225,000	Date: 01/01/2018
Automobile	Numerica	$ 13,000	Date: 01/01/2018
		$	Date:
		$	Date:

9. Monthly payments for other debts (not included in expenses listed in section 7)

Describe Debt *(credit card, loan, etc.)*	Who do you owe *(Name of creditor)*	Amount you owe this creditor now	Last Monthly Payment *(Date and Amount)*	
Credit Card	Bank of America	$ 6,500	Date:	$
Credit Card	AMEX	$ 1,700	Date:	$
Credit Card	Discover	$ 700	Date:	$
		$	Date:	$
		$	Date:	$
		$	Date:	$
			Total Monthly Payments for Debts	

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

Credit card debt is from legal fees and living expenses under current financial declaration.

11. Lawyer Fees

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

Amount paid	$ 11,800.	**Source** of the money you used to pay these fees and costs: Credit Cards, Wages
Amount still owed	$ 9,200.	Describe your agreement with your lawyer to pay your fees and costs:
Total Fees/Costs	$ 21,000.	

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: 1/9/2018

▶ _____ Aaron Surina

Sign here *Print name*

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).