

**KALISPEL INDIAN RESERVATION  
KALISPEL TRIBAL COURT**

In re the Child Support of:

Petitioner/s (as listed on the Petition):

\_\_\_\_\_

And Respondent/s (as listed on the Petition):

\_\_\_\_\_

No. \_\_\_\_\_

Response to Petition to Modify Child Support  
Order  
(RSP)

**Response to Petition to Modify Child Support Order**

**1. Your response**

Look at each section of the *Petition*. Check below to say if you agree or disagree with what the other party said in each section, or say if you don't know because you don't have enough information. (If you disagree with any part of a section, check "I disagree.") List your reasons for disagreeing on page 2.

Section in the Petition	Your response ( <i>check one</i> )		
<b>1.</b> (Name of person filing Petition)	(no response needed)		
<b>2.</b> Correct County (Venue)	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>3.</b> Jurisdiction to modify order	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>4.</b> Is the state filing this Petition?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>5.</b> Current Child Support Order	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>6.</b> Should the court modify the monthly child support amount?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>7.</b> Should the court modify the end date for child support?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>8.</b> Should the court modify post-secondary educational support?	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know

Section in the Petition	Your response ( <i>check one</i> )		
<b>9.</b> <i>Should the court modify payment for expenses or tax exemptions?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>10.</b> <i>Should the court modify health insurance orders?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>11.</b> <i>When do you want the new order to start?</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know
<b>12.</b> <i>Other Requests</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I disagree	<input type="checkbox"/> I don't know

If you checked "Disagree" for any of the sections, list your reasons here:

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

Section #: \_\_\_\_\_ Reasons: \_\_\_\_\_

\_\_\_\_\_

*(If you need more space, you may add more pages to this Response. Number, date and sign each page that you add.)*

## 2. Requests

I ask the court to (*check all that apply*):

- Deny** the other parent or non-parent custodian's *Petition to Modify Child Support Order*.
- Modify** the current *Child Support Order* by approving **my** proposed changes. I am filing my proposed *Child Support Worksheets* at the same time as this *Response*.
- Other (*specify*): \_\_\_\_\_

### Person filing this *Response* 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 (including any attachments) are true.

- I have attached (*number of*): \_\_\_\_\_ pages.

Signed at (*city and state*): \_\_\_\_\_ Date: \_\_\_\_\_



\_\_\_\_\_  
*Person filing Response signs here* *Print name*

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*):

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

**(Optional)** email: \_\_\_\_\_

*(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).)*

**Important!** You must fill out and file a *Confidential Information* form with the court clerk.

### Lawyer (if any) fills out below:



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

\_\_\_\_\_  
*Lawyer's address* *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 **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. You may ask for an order to seal other documents.