

## POSITION STATEMENT

You must complete this document prior to your Settlement Conference. Please review the Domestic Case Schedule Order for deadlines.

The original of this document must be completed and delivered to the Court Administrators Office or uploaded to eMotion.

**The mailing address for Benton & Franklin Counties is:**

**Benton Co. Superior Court Admin.  
7122 W. Okanogan Place, Bldg. A, Ste A130  
Kennewick, WA 99336**

**eMotion Upload for Benton & Franklin Counties:**

<https://motion.co.franklin.wa.us/>

**You should make two copies. Keep a copy for yourself and send a copy to the other party. NOTE: Do not file the Position Statement.**

If this documentation is not completed, the presiding judicial officer may impose a sanctions.

If your action is filed in FRANKLIN COUNTY, you must check in at the Franklin County Superior Court Clerk's Office for your Conference.

If your action is filed in BENTON COUNTY, you must check in at the Benton County Superior Court Administrators office for your Conference.

If you have any questions, please call the Superior Court Administrators office at 509-736-3071, x. 3218

POSITION STATEMENT OF: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_ vs \_\_\_\_\_  
Petitioner Respondent

*(Fill out completely – write “N/A” if not applicable -Other Case Types under VIII)*

**I. PERSONAL DATA**

Name: \_\_\_\_\_, Age \_\_\_\_\_ Occupation: \_\_\_\_\_

Marriage date: \_\_\_\_\_ Employer: \_\_\_\_\_

Separation date: \_\_\_\_\_ Gross monthly income: \_\_\_\_\_

Children’s ages: \_\_\_\_\_ Net monthly income: \_\_\_\_\_

**II. SUGGESTED RESIDENTIAL TIME FOR CHILDREN**

With Father: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With Mother: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. SUGGESTED CHILD SUPPORT**

If child support is at issue, complete and file an updated set of Washington State Child Support Worksheets. Based on current Worksheets, the presumptive amount of child support for \_\_\_\_\_ children is \$ \_\_\_\_\_ per month. Child support should be set at \$ \_\_\_\_\_ per month, because \_\_\_\_\_

---



---



---



---



---

**IV. SUGGESTED SPOUSAL MAINTENANCE**

If spousal maintenance is at issue, complete and attach the Monthly Expense Schedule, and page 1 of the Washington State Child Support Worksheets (showing income and deductions).

Spousal maintenance of \$ \_\_\_\_\_ per month should be paid to the [ ] husband [ ] wife, until \_\_\_\_\_, because \_\_\_\_\_

---



---

**V. ASSETS AND DEBTS**

If the other party *has not* yet filed a Position Statement: fill in and attach four separate schedules, listing each community asset, separate asset, community debts, and separate debt. For each item, insert your figures in the appropriate columns (for “Husband’s Position” or “Wife’s Position”).

If the other party *has* filed a Position Statement: on their four schedules, add your own figures for each item in the appropriate columns. If the other party omitted any assets or debts, add them to the appropriate schedule. Attach copies of your completed schedules.

Transfer your totals from the Community Assets and Community Debts schedules to this chart, showing your proposed divisions of community property and debt:

	To Husband	To Wife
Community Assets:		
Community Debts:		
Subtract Debts from Assets:		
Proposed judgment transfer (+/-):		
<b>FINAL TOTALS</b>		

**VI. MONTHLY EXPENSES**

MONTHLY EXPENSES OF \_\_\_\_\_ AND \_\_\_\_\_ DEPENDENTS:

Housing:

Rent or house payment	\$ _____
Taxes and Insurance	\$ _____
_____	\$ _____

Utilities:

Heat (gas & oil)	\$ _____
Electricity	\$ _____
Water, sewer, garbage	\$ _____
Telephone	\$ _____
Cable	\$ _____
_____	\$ _____

Food and Supplies:

Food for _____ persons	\$ _____
Supplies (paper, tobacco, pets)	\$ _____
Meals eaten out	\$ _____
_____	\$ _____

Children:

Day care / babysitting	\$ _____
Clothing	\$ _____
Tuition (if any)	\$ _____
_____	\$ _____
_____	\$ _____

Transportation:

Vehicle payments or leases	\$ _____
Vehicle insurance & license	\$ _____
Vehicle gas, oil, ordinary maintenance	\$ _____
Parking	\$ _____
_____	\$ _____

Health Care:

Insurance	\$ _____
Uninsured dental, orthodontic, medical, eye care	\$ _____
_____	\$ _____

Personal Expenses (not including children):

Clothing	\$ _____
Hair care / personal care	\$ _____
Clubs & recreation	\$ _____
Education	\$ _____
Books, newspapers, magazines, photos	\$ _____
Gifts	\$ _____
_____	\$ _____





**ASSETS and DEBTS –Use additional sheets if necessary**

Asset/Debt	Description of Asset/Debt	Related Asset #	Husband's/Wife's Position		
			Balance at Date:	To Husband	To Wife
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
TOTALS (minus debts from assets for each column):					