

Washington State Affordable Law

902 N. Monroe, Spokane WA

>Uncontested Divorce

Welcome to Washington State Affordable Law, a division of Robert Cossey and Associates that provides the option for you to handle common legal matters yourself, at a price you can afford, while still having the expertise of an attorney to guide you.

This alternative is not for everyone because frankly, you will have limited access to an attorney. But if you already know what you need, are good at filling out forms and willing to roll up your sleeves to save some money, this could be the right option for you. If you have issues with completing the process yourself and want full legal representation we can also assist you in that regard for a reasonable price.

We provide the forms and the legal know-how and you fill out the forms with the necessary information.

>Program also available online<

Uncontested Divorce

With Children	\$ 750 Cost	\$ 314 Filing Fee	\$ 1064 Total Cost
No Children	\$ 500 Cost	\$ 314 Filing Fee	\$ 814 Total Cost

***Additional form needed for quick claim deed.**

1. Complete the following form out completely as possible then drop the form by or mail us your information a check for the total amount made out to “Robert Cossey and Associates” for payment.
2. After 3-7 business days our office will mail completed documents for signatures and review. Once you are satisfied send it back in a prepaid envelope we provide. If you are nearby and prefer to come by the office that will work as well and we have public notaries to assist in the final signing.
3. Once our office receives the final signed documents, it will be filled and copies will be mail out for your records.

***Please note, once the form is submitted and payment received, there are no refunds.**

Thank you for choosing Washington State Affordable Law to complete your Durable Power of Attorney. Please be complete, accurate and careful with your spelling as you fill out the necessary information. We are committed to making this important document as easy and simple as possible. If you have issues with completing the process yourself and want full legal representation we can also assist you in that regard for a reasonable price.

Check if True

_____ The Parties have real property that needs divided.

_____ The parties have divided their assets and liabilities

_____ The Parties have NOT lived in Washington for the past 6 months

Dispute resolution by Mediation: _____ OR Court Action only: _____.
Check Check

Print Legibly

Marriage Information: _____
Date City State

Wife's Maiden name: _____

Date of Separation: _____
Estimate if unknown

Have the Parties moved into separate residences? (Yes/No)
Circle one

Have the parties lived in Washington during the last 6 months of marriage? (Yes/No)
Circle one

***Person filling out the form is the Petitioner**

Petitioner: _____
First Name Middle Name Last Name

Birth Date: _____
Month Day Year

Personal Information: _____
SSN Race

Driver License Number: _____
Number State

Address: _____
Street City Zip

Employer: _____
Name of Employer Address

Respondent: _____
First Name Middle Name Last Name

Birth Date: _____
Month Day Year

Personal Information: _____
SSN Race

Driver License Number: _____
Number State

Address: _____
Street City Zip

Employer: _____
Name of Employer Address

Division of Property and Assets

Awarded to Petitioner

Real Property: _____
Parcel Number Street Address

Legal Description

***Requires Quick Claim Deed**

Checking/Savings accounts: _____
Name on Account Last 4 of account #

Checking/Savings accounts: _____
Name on Account Last 4 of account #

Checking/Savings accounts: _____
Name on Account Last 4 of account #

Vehicles, Campers, Planes: _____
Make Model Year

Vehicles, Campers, Planes: _____
Make Model Year

Vehicles, Campers, Planes: _____
Make Model Year

Other Property: _____
Description

Other Property: _____
Description

Other Property: _____
Description

Other Property: _____
Description

Other Property: _____
Description

Other Property: _____
Description

Mortgage: _____
Description

Mortgage: _____
Description

Credit card debt: _____
Description

Credit card debt: _____
Description

Car debt: _____
Description

Car debt: _____
Description

Other debt: _____
Description

Other debt: _____
Description

***For extensive division of property, type the list out and attach.**

Awarded to Respondent

Real Property: _____
Parcel Number Street Address

Legal Description

***Requires Quick Claim Deed**

Checking/Savings accounts: _____
Name on Account Last 4 of account #

Checking/Savings accounts: _____
Name on Account Last 4 of account #

Checking/Savings accounts: _____
Name on Account Last 4 of account #

Vehicles, Campers, Planes: _____
Make Model Year

Vehicles, Campers, Planes: _____
Make Model Year

Vehicles, Campers, Planes: _____
Make Model Year

Other Property: _____
Description

Other Property: _____
Description

Other Property: _____
Description

Other Property: _____
Description

Other Property: _____
Description

Other Property: _____
Description

Mortgage: _____
Description

Mortgage: _____
Description

Credit card debt: _____
Description

Credit card debt: _____
Description

Car debt: _____
Description

Car debt: _____
Description

Other debt: _____
Description

Other debt: _____
Description

***For extensive division of property, type the list out and attach.**

Maintenance (If required)

The (Petitioner/Respondent) shall pay the other party \$_____ Per Month.
Circle One

Maintenance will be due the: _____, for _____.
Day of the month payment is due Number of Months

Retirement Account(s) (If Applicable)

The (Petitioner/Respondent): is awarded: _____% of the others: _____ account.

The (Petitioner/Respondent): is awarded: _____% of the others: _____ account.

Tax return (If Required)

If a Tax return is due to come back the (Petitioner/Respondent) will take the entire refund.

OR

It will be split _____% to the Petitioner and the other portion to the respondent.

Net Income

The Petitioners net income is (Take home pay) \$_____ .
___ Imputed Income ___ Actual Income

The Respondent net income is (Take home pay) \$_____ .
___ Imputed Income ___ Actual Income

The (Neither/Petitioner/Respondent/Both) are receive public assistance, state or medical.

If so what:_____

Children Information

Oldest Child:

First Middle Last Name

Birth Date: _____ SSN: _____
Month Day Year Last #4

The (Petitioner/Respondent) will pay the other \$_____ in child support.
Circle one

In child support, due the _____ of each month until the child turns 18
or _____.

The (Petitioner/Respondent/neither) will pay for medical insurance for this child.
Circle one

Uninsured medical expenses will be split Petitioner _____%

Has the child lived in Washington in the last 6 months. (Yes/No)
Circle one

The (Petitioner/Respondent) will claim the tax return (odd years/even years/every year)
Circle one Circle one

The (Petitioner/Respondent/Neither) will pay for college or trade school for ____ years.
Circle one

(If necessary) Day care expenses will be split Petitioner _____%

(If Necessary) Long distance transportation will be split Petitioner _____%

Do any other parties have claim to the child? (Yes/No)
Circle one

if so who? _____

2nd Oldest Child:

First	Middle	Last Name
<hr/>		
Birth Date: _____	SSN: _____	
Month	Day	Year
		Last #4

The (Petitioner/Respondent) will pay the other \$ _____ in child support.
Circle one

In child support, due the _____ of each month until the child turns 18

or _____.

The (Petitioner/Respondent/neither) will pay for medical insurance for this child.
Circle one

Uninsured medical expenses will be split Petitioner _____%

Has the child lived in Washington in the last 6 months. (Yes/No)
Circle one

The (Petitioner/Respondent) will claim the tax return (odd years/even years/every year)
Circle one

The (Petitioner/Respondent/Neither) will pay for college or trade school for ____ years.
Circle one

(If necessary) Day care expenses will be split Petitioner _____%

(If Necessary) Long distance transportation will be split Petitioner _____%

Do any other parties have claim to the child? (Yes/No)
Circle one

if so who? _____

3rd Oldest Child:

First Middle Last Name

Birth Date: _____ SSN: _____
Month Day Year Last #4

The (Petitioner/Respondent) will pay the other \$ _____ in child support.
Circle one

In child support, due the _____ of each month until the child turns 18
or _____.

The (Petitioner/Respondent/neither) will pay for medical insurance for this child.
Circle one

Uninsured medical expenses will be split Petitioner _____ %

Has the child lived in Washington in the last 6 months. (Yes/No)
Circle one

The (Petitioner/Respondent) will claim the tax return (odd years/even years/every year)
Circle one Circle one

The (Petitioner/Respondent/Neither) will pay for college or trade school for ____ years.
Circle one

(If necessary) Day care expenses will be split Petitioner _____ %

(If Necessary) Long distance transportation will be split Petitioner _____ %

Do any other parties have claim to the child? (Yes/No)
Circle one

if so who? _____

***For additional Children attach typed sheet**

Parenting Plan

Is the Wife pregnant? (Yes/No)
Circle one

The child(ren) will live with (Petitioner/Respondent) except for the following times:
Circle one

Children under School-Age

Weekends (Every Week/Every Other Week/ Once a Month)

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).
Date Time Circle one

Weekdays (Every Week/Every Other Week/ Once a Month)

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).
Date Time Circle one

School Schedule

Weekends (Every Week/Every Other Week/ Once a Month)

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).
Date Time Circle one

Weekdays (Every Week/Every Other Week/ Once a Month)

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).
Date Time Circle one

Summer Schedule

_____ The summer schedule to be the same as school schedule
with the school time going to the (Petitioner/Respondent).

OR

Weekends (Every Week/Every Other Week/ Once a Month)

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).

Mother's Day (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____(AM/PM).
Time Circle one

Ending at _____(AM/PM).
Time Circle one

Memorial Day (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____(AM/PM).
Time Circle one

Ending at _____(AM/PM).
Time Circle one

Father's Day (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____(AM/PM).
Time Circle one

Ending at _____(AM/PM).
Time Circle one

4th of July (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____(AM/PM).
Time Circle one

Ending at _____(AM/PM).
Time Circle one

Labor Day (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____(AM/PM).
Time Circle one

Ending at _____(AM/PM).
Time Circle one

Thanksgiving Day (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____(AM/PM).
Time Circle one

Ending at _____(AM/PM).
Time Circle one

Winter Break (Odd Years/ Even Years/ Every Year/ Never)

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).
Date Time Circle one

Christmas Eve (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____ (AM/PM).
Time Circle one

Ending at _____ (AM/PM).
Time Circle one

Christmas Day (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____ (AM/PM).
Time Circle one

Ending at _____ (AM/PM).
Time Circle one

New Eve (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____ (AM/PM).
Time Circle one

Ending at _____ (AM/PM).
Time Circle one

New Years Day (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____ (AM/PM).
Time Circle one

Ending at _____ (AM/PM).
Time Circle one

Children's Birthday (Odd Years/ Even Years/ Every Year/ Never)

Starting at _____ (AM/PM).
Time Circle one

Ending at _____ (AM/PM).

Time Circle one

_____ (Odd Years/ Even Years/ Every Year/ Never)

Other Holidays

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).
Date Time Circle one

_____ (Odd Years/ Even Years/ Every Year/ Never)

Other Holidays

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).
Date Time Circle one

_____ (Odd Years/ Even Years/ Every Year/ Never)

Other Holidays

Starting on _____ at _____ (AM/PM).
Date Time Circle one

Ending on _____ at _____ (AM/PM).
Date Time Circle one

Children Expenses (If required)

Choose one of two option for child support:

***Calculate State Support Payment at:**

<https://fortress.wa.gov/dshs/dcs/SSGen/Home/QuickEstimator>

_____ State Recommended payment which is:\$_____ Per month.

OR

_____ Other payment based on agreement of the parties:\$_____ per month.

Support payments will be: _____ Paid directly to spouse by mail.

_____ DCS Collected and enforced.

The payments will be due the _____ of each month.

To proceed with this process please drop off or mail this completed form with payment to our office at: **902 N. Monroe, Spokane Washington**