ADDENDUM A

(To Order Appointing GAL for a Minor Party)

| CAUSE NO.: | |
|---|---|
| CASE NAME: | |
| MOTHER shall pay \$, in OTHER:, in month | as follows: n monthly installments of \$ n monthly installments of \$ nly installments of \$ |
| Monthly payments shall begin on | |
| Payment in full shall be made no later than _ | ,· |
| Payments shall be made payable to: | |
| Thurston County Juvenile Department Mail to: 2000 Lakeridge Drive SW, County Deliver to: 2801 32nd Avenue SW, Ture It is important you indicate on your check the Accounts over 60 days past due will be refer Agency, or a subsequently named collection | Olympia, WA 98502 amwater, WA 98512 e Case Number and that it is for GAL fees. rred to TransWorld, Inc. Collection |
| or more of the balance of the account may be This would be paid by the owing party. | |
| DATED this day of | |
| | JUDGE/COURT COMMISSIONER |
| MOTHER | FATHER |
| OTHER | |