

PLEASE FILL OUT AND MAIL WITHIN TEN DAYS THE "WHAT ABOUT THE CHILDREN SEMINAR" REGISTRATION FORM. IF YOU HAVE ATTENDED THE SEMINAR, PLEASE SEND A COPY OF YOUR CERTIFICATE ALONG WITH THE EVALUATION QUESTIONNAIRE.

FAMILY COURT SERVICES  
KING COUNTY SUPERIOR COURT  
Norm Maleng Regional Justice Center  
401 4<sup>TH</sup> AVENUE NORTH, ROOM 1-D  
KENT, WA 98032-4429  
PHONE: (206) 205-2521

PLEASE FILL IN YOUR  
SEMINAR DATE: \_\_\_\_\_

**EVALUATION**

**PLEASE MAIL COMPLETED FORM TO ABOVE ADDRESS WITHIN 10 DAYS**

\_\_\_\_\_  
MOTHER

\_\_\_\_\_  
SOCIAL WORKER

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
SUPERIOR COURT #: \_\_\_\_\_ FCS#: \_\_\_\_\_

**OTHER PARTIES**

**1. IDENTIFYING INFORMATION:**

Name: Last First Middle Birth name Other Names

Street Address City State Zip

Mailing Address (if different than Street Address) City State Zip

Home Phone Work Phone Can you be called at work?  Yes  No

Attorney Name Phone

Birthdate/Age Birthplace/Citizenship Race (optional)

Education Completed \_\_\_\_\_ Social Security #: \_\_\_\_\_

**DO YOU NEED AN INTERPRETER?**  Yes  No **FOR WHAT LANGUAGE?** \_\_\_\_\_

**2. CHILDREN AT ISSUE IN THIS PROCEEDING:**

Name Birthdate Age Living With

\_\_\_\_\_  
Name Birthdate Age Living With

\_\_\_\_\_  
Name Birthdate Age Living With

**3. LIST OTHER CHILDREN (from other relationships, stepchildren, etc.)**

Name Birthdate Age Relationship

\_\_\_\_\_  
Name Birthdate Age Relationship

**4. LIST OTHER ADULTS LIVING WITH YOU:**

Name Birthdate Age Relationship

\_\_\_\_\_  
Name Birthdate Age Relationship

**5. LIST YOUR MARRIAGES OR COHABITATION RELATIONSHIPS (including current)**

a. Children's Other Parent: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Separation: \_\_\_\_\_ Decree: \_\_\_\_\_ Other: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_

b. Name of Partner: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Separation: \_\_\_\_\_ Decree: \_\_\_\_\_ Other: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_

c. Name of Partner: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Separation: \_\_\_\_\_ Decree: \_\_\_\_\_ Other: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_

**6. CHECK WHICH OF THESE MOST IDENTIFY YOUR CONCERNS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Which party the child(ren) live with               | <input type="checkbox"/> Domestic Violence   |
| <input type="checkbox"/> Amount of child support                            | <input type="checkbox"/> Drug/Alcohol Issues |
| <input type="checkbox"/> Decision-Making regarding the child(ren)           | <input type="checkbox"/> Neglect Issues      |
| <input type="checkbox"/> Medical Coverage for the child(ren)                | <input type="checkbox"/> Relocation (Moving) |
| <input type="checkbox"/> Amount of time I have with the child(ren)          | <input type="checkbox"/> Mental Health       |
| <input type="checkbox"/> Amount of time other party has with the child(ren) |  |
| <input type="checkbox"/> Other (Describe): _____                            |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. HAS EITHER PARTY/PARENT EVER BEEN ARRESTED:**

Third Party  Mother  Father   
Charges and Disposition: \_\_\_\_\_ Date: \_\_\_\_\_  
Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

**8. COUNSELING OR SOCIAL SERVICES:**

Agency/Provider/ Where at: Telephone numbers

- |  |   |
|--|---|
| <input type="checkbox"/> Private Counseling _____        | <input type="checkbox"/> Parenting Classes _____        |
| <input type="checkbox"/> Pastoral Counseling _____       | <input type="checkbox"/> Private Evaluator _____        |
| <input type="checkbox"/> Child Protective Services _____ | <input type="checkbox"/> Private Mediator _____         |
| <input type="checkbox"/> Drug/Alcohol Assessment _____   | <input type="checkbox"/> Psychological Evaluation _____ |
| <input type="checkbox"/> Drug/Alcohol Treatment _____    | <input type="checkbox"/> Anger Management _____         |
| <input type="checkbox"/> Other: _____                    |   |

\_\_\_\_\_  
\_\_\_\_\_

Give dates, name of counselors, addresses and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Check previous services from King County Superior Court:**

- |                                    |                                     |   |  |
|------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Domestic Violence Assessment | <input type="checkbox"/> Risk Assessment/Other |
| <input type="checkbox"/> CASA      | <input type="checkbox"/> G.A.L.     | <input type="checkbox"/> Juvenile Court               |  |

\_\_\_\_\_  
\_\_\_\_\_

10. DOES EITHER PARTY/PARENT HAVE ANY CRIMINAL ACTION PENDING? IF SO, EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **MILITARY STATUS:**

Branch: \_\_\_\_\_ Dates Active Duty: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

12. **MEDICAL HISTORY:**

Identify if either party/parent has any physical disability, has received psychiatric care or treatment for drug or alcohol dependency:

Third Party:	Provider's Name	Address	When Treated	Nature of Problem
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents/Other Party(s):	Provider's Name	Address	When Treated	Nature of Problem
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **HEALTH OF CHILDREN:**

Do any of the children presently have health problems/ special needs?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List doctors for each child including name, address, and phone number:

\_\_\_\_\_  
\_\_\_\_\_

14. **LIST YOUR POINTS OF AGREEMENT CONCERNING THE PARENTING PLAN:**

\_\_\_\_\_  
\_\_\_\_\_

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**15. DESCRIBE HOW EACH PARTY/PARENT HAS PARTICIPATED IN THE CHILD(REN)'S LIVES IN TERMS OF EDUCATION, HEALTH CARE, RELIGION, RECREATION, ETC. DURING THE YEAR PRECEDING:**

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**16. WHO HAVE THE CHILD(REN) BEEN LIVING WITH? Give dates and timelines:**

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**HOW OFTEN DO THE CHILD(REN) SEE THE OTHER PARTY(IES)?** \_\_\_\_\_

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**WHEN DID THE CHILD(REN) LAST SEE THE OTHER PARTY?** \_\_\_\_\_

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**17. WHAT DO YOU PROPOSE AS THE RESIDENTIAL SCHEDULE FOR THE CHILD(REN) WITH EACH PARTY?  
(Be specific)**

School Year - \_\_\_\_\_

Weekdays: \_\_\_\_\_

Weekends: \_\_\_\_\_

Summer: \_\_\_\_\_

Holidays: \_\_\_\_\_

Vacations: \_\_\_\_\_

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**18. STATE YOUR PLAN FOR HOW DECISIONS FOR THE CHILD(REN) WILL BE MADE:**

Education: \_\_\_\_\_

Health Care: \_\_\_\_\_

Religion: \_\_\_\_\_

Other: \_\_\_\_\_

19. LIST AND DESCRIBE ANY CONCERNS WHICH NEED TO BE ADDRESSED IN YOUR PARENTING PLAN  
(Such as domestic violence, child abuse, drug or alcohol abuse, mental illness or other of the party/parents):

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WHAT CAN THE PARTY WITH THE PROBLEM DO TO CORRECT THE PROBLEM?

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SHOULD THAT PARTY'S TIME WITH THE CHILD(REN) BE LIMITED?

IF SO, HOW?

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20. DESCRIBE YOUR OWN STRENGTHS AND WEAKNESSES IN PARENTING: \_\_\_\_\_

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21. DESCRIBE THE OTHER PARTY'S STRENGTHS AND WEAKNESSES: \_\_\_\_\_

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22. DESCRIBE HOW EACH PARTY HANDLES CHILD DISCIPLINE: \_\_\_\_\_

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23. DESCRIBE THE CHILD(REN) IN THIS CASE: \_\_\_\_\_

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**24. DESCRIBE ANY SPECIAL PROBLEMS OR NEEDS THE CHILD(REN) MAY HAVE AND HOW EACH PARTY RELATES TO THOSE NEEDS:** \_\_\_\_\_

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**25. HOW DO YOU WANT THE OTHER PARTY INCLUDED IN THE CHILD(REN)'S LIFE?**

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**26. WHAT ARE YOUR GOALS FOR YOURSELF AND THE CHILD(REN) OVER THE NEXT 5-10 YEARS?**

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**27. OTHER INFORMATION: Please enclose any other documents or information you consider relevant to the evaluation.**

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- | <b>28. Please answer the following questions:</b>  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| A. Sometimes evaluators meet together with both parties. Do you have any concerns about being in the same room together with the other party?        | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are you fearful of the other party for any reason?  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has the other party ever threatened to hurt you in any way?   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Has the other party ever hit you or used any other type of physical force towards you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have you ever called the police, requested a protection from abuse order, or sought help for yourself as a result of abuse by the other party?    | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are you currently afraid that the other party will physically harm you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Do you believe you can communicate with the other party on an equal basis if part of the evaluation included meeting together with the evaluator? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Has the other party ever threatened to deny you access to the children?   | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Do you have any concerns about the children's emotional or physical safety with you or the other party?   | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Has the DSHS or CPS ever been involved with your family other than for TANF (Temporary Assistance for Needy Families)?                            | <input type="checkbox"/> | <input type="checkbox"/> |

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**29. REFERENCES:**

NAME THREE REFERENCES ONLY IN THIS MATTER: In selecting references, please try to use non-relatives who best know you, your situation and your parenting skills. COMPLETE ADDRESS, INCLUDING ZIP CODES are necessary to enable us to send our questionnaire.

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 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Have known for:  
 \_\_\_\_\_ years \_\_\_\_\_ months

Phone: \_\_\_\_\_ See how often: \_\_\_\_\_  
           Home                                  Work

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 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Have known for:  
 \_\_\_\_\_ years \_\_\_\_\_ months

Phone: \_\_\_\_\_ See how often: \_\_\_\_\_  
           Home                                  Work

-----  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Have known for:  
 \_\_\_\_\_ years \_\_\_\_\_ months

Phone: \_\_\_\_\_ See how often: \_\_\_\_\_  
           Home                                  Work

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**30. RELEASE OF THIS INFORMATION:**

If you have additional information, reports or evaluations which may be helpful to the Family Court Services Evaluator, you may make them available.

By law, "The evaluator/investigator shall make available to the counsel and to any party not represented by counsel . . . "  
 (1) The evaluator/investigator's file; (2) Texts of diagnostic reports; (3) Names and addresses of persons consulted and (4) Investigator's and any person whom (s)he has consulted may be called for cross examination.

FAMILY COURT SERVICES
CLIENT FINANCIAL RESPONSIBILITY STATEMENT

By order of King County Superior Court and King County Ordinance 10643 fees for the services provided by Family Court Services are to be charged to those people utilizing these services. You will be charged a portion of the fee based on a sliding scale that reflects your income. Each case is handled as a family unit and each parent will be expected to pay a share of the cost. (Refer to the sliding fee scale on the reverse side of this page.)

My monthly net income is \_\_\_\_\_.

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

ATTACH A COPY OF ONE OF THE FOLLOWING FORMS OF INCOME VERIFICATION:

- 1. YOUR LAST TWO PAY STUBS
2. DSHS AWARD LETTER
3. UNEMPLOYMENT BENEFITS NOTICE
4. LAST YEAR'S W-2 FORM (Do not send tax return).
5. CHILD SUPPORT ORDER
6. FINANCIAL DECLARATION

IF NO VERIFICATION IS ATTACHED, YOU WILL BE IMPUTED AN INCOME THAT MAY RESULT IN A HIGHER FEE.

Please Note: If you have a signed court order stating Dispute Resolution should be split by a certain percentage, please include a copy of it with this form.

EMPLOYMENT/INCOME INFORMATION:

1. Current Occupation: \_\_\_\_\_
Place of Employment: \_\_\_\_\_

2. Child Support:
A. \_\_\_\_\_ Paid \_\_\_\_\_ Received Amount \$ \_\_\_\_\_
B. Current: [ ] Yes [ ] No
C. Court-Ordered: [ ] Yes [ ] No

(If yes, attach a copy of court-ordered child support obligations and income statement)

3. Other Income: Amount: \_\_\_\_\_ Source: \_\_\_\_\_
4. Maintenance: A. [ ] Yes [ ] No
B. Amount \$ \_\_\_\_\_

LIST EMPLOYMENT FOR LAST 5 YEARS:

Table with 3 columns: From - To, Employer, Yearly Salary. Includes blank lines for data entry.

I acknowledge that I have read the above statements. I am aware that I am responsible for my portion of the fee.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_, [City] \_\_\_\_\_ [State], on \_\_\_\_\_ [Date].
Signature \_\_\_\_\_

**KING COUNTY SUPERIOR COURT  
FAMILY COURT SERVICES**

**EVALUATION SLIDING FEE SCALE**

	<b>Combined Income:</b>							
<b>TYPE OF SERVICE</b>	<b>Under \$20,000</b>	<b>\$20,000 - \$24,999</b>	<b>\$25,000 - \$29,999</b>	<b>\$30,000 - \$34,999</b>	<b>\$35,000 - \$39,999</b>	<b>\$40,000 - \$44,999</b>	<b>\$45,000 and over</b>	
<b>1 –Party Evaluation Flat</b>	\$375	\$563	\$750	\$938	\$1,125	\$1,313	\$1,500	
<b>Evaluation Flat</b>	\$750	\$1,125	\$1,500	\$1,875	\$2,250	\$2,625	\$3,000	
Under no circumstances will the total amount due exceed the maximum fee.								
There is a minimum fee of <b>\$150</b> for those with a household income under the poverty guidelines.								
<b>Poverty Guidelines (2008): Add \$3,600 for each additional family member over 8</b>								
<b>Family of:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
	\$10,400	\$14,000	\$17,600	\$21,200	\$24,800	\$28,400	\$32,000	\$35,600

**You may request a payment arrangement or fee adjustment by contacting our office once you have received your invoice.**

KING COUNTY SUPERIOR COURT  
Family Court Services  
Norm Maleng Regional Justice Center  
401 4<sup>th</sup> Avenue North, Room 1-D  
Kent, WA 98032-4429  
Phone: (206) 205-2521

CASE NAME: \_\_\_\_\_  
SUPERIOR COURT #: \_\_\_\_\_  
FCS #: \_\_\_\_\_  
SOCIAL WORKER: \_\_\_\_\_  
DATE: \_\_\_\_\_

**AUTHORIZATION TO OBTAIN  
SCHOOL/PRESCHOOL/DAYCARE INFORMATION**

TO: \_\_\_\_\_  
School/Provider Name  
  
\_\_\_\_\_  
Address  
  
\_\_\_\_\_  
City State Zip

RE: \_\_\_\_\_  
Child's Name DOB  
  
\_\_\_\_\_  
Child's Name DOB  
  
\_\_\_\_\_  
Child's Name DOB

This is to certify that I willingly give my permission for the release of any and all information pertaining to my child(ren) and family to the King County Superior Court, Family Court Services.

I have been fully advised that this release is only for the use of Family Court Services and my signature on this release gives you full authorization to share all details of my situation with the court.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

A copy of this release of information agreement will be sent to each school/pre-school/daycare in which your child(ren) are enrolled. This authorization for release of information is valid for one (1) year from date of signature, unless revoked sooner in writing. Notice is given that Family Court Services case file information is available to attorneys of record and pro se clients (26.09.220).