

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
516 THIRD AVENUE, ROOM W280
SETTLE, WA 98104
PHONE: (206) 296-9400

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:

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:

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

HOW OFTEN DO THE CHILD(REN) SEE THE OTHER PARTY(IES)? _____

WHEN DID THE CHILD(REN) LAST SEE THE OTHER PARTY? _____

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: _____

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):

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

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

IF SO, HOW?

20. DESCRIBE YOUR OWN STRENGTHS AND WEAKNESSES IN PARENTING: _____

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

22. DESCRIBE HOW EACH PARTY HANDLES CHILD DISCIPLINE: _____

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

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

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

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

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

- | 28. Please answer the following questions: | YES | NO |
|--|--------------------------|--------------------------|
| 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.

 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

 Name: _____ Relationship: _____

Address: _____ Have known for:
 _____ years _____ months

Phone: _____ See how often: _____
 Home Work

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 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

TYPE OF SERVICE	Combined Income:							
	Under \$20,000	\$20,000 - \$24,999	\$25,000 - \$29,999	\$30,000 - \$34,999	\$35,000 - \$39,999	\$40,000 - \$44,999	\$45,000 and over	
1 –Party Evaluation Flat	\$375	\$563	\$750	\$938	\$1,125	\$1,313	\$1,500	
Evaluation Flat	\$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 \$150 for those with a household income under the poverty guidelines.								
Poverty Guidelines (2008): Add \$3,600 for each additional family member over 8								
Family of:	1	2	3	4	5	6	7	8
	\$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
King County Courthouse
516 Third Avenue, Room W-280
Seattle, WA 98104
Phone: (206) 296-9400

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).