

SECTION A DIVERSION FEE

FOR OFFICE USE ONLY

AIRS Customer #5120- _____

Assesses Fee _____

Prepaid _____

Balance Billed _____

PLEASE FILL OUT AND MAIL TO: **King County Superior Court
Juvenile Diversion Services
1401 E. Jefferson Suite 506
Seattle, WA 98122**

PARENT OR GUARDIAN MUST COMPLETE SECTION A (Please Print)

From: _____
Parent/Guardian Last Name Parent/guardian First Name (relationship to youth)

Address (Apt # if applicable)

City, State, Zip Code

Area Code and Phone Number (Preferably daytime)

Is this a new address? _____
Yes No

Re:

Diversion #

Child's Name

Offense(s)

Child's Birthdate

AMOUNT OF FEE

**** Per King County Law, the fee for diversion is \$263.00.**

**** If you are able to pay, complete Section A only. The form MUST be filled out completely or it will be returned.**

DO YOU QUALIFY FOR NO FEE? Fill out Section A completely.

- For foster parents - Enclose a copy of the child's DSHS card and caseworker information.

- For recipients of SSI Disability - Enclose a copy of the Disability letter.

- For families receiving medical coupons, all family members MUST be listed on the current coupon - a copy MUST be enclosed with the Diversion Fee Form.

DO YOU QUALIFY FOR A REDUCED FEE? Fill out Section A and Section B (on back) completely.

- Include a copy of the most recent pay stub/unemployment check and/or last year's W-2 tax information. Return form to the above address. The Screener will assess the information. Do not send payment to the above address, you will be billed for the amount owed.

- If parents(s) are not included on the DSHS medical coupon, fill out Section A and Section B (on back) completely. You MUST include a recent copy of a pay stub and /or last year's W-2 tax form.

METHOD OF PAYMENT (Choose One)

Enclosed is a check or money order for \$263.00 payable to **King County Superior Court**

Please bill me. (The billed amount may be paid in four installments)

Copy of medical card/coupon or DSHS/ Social Security letter enclosed.

or

Please reject the case from Diversion. I wish to go to trial.

X _____
Signature of Parent/Guardian

X _____
Date

INTERPRETER LANGUAGE (IF REQUIRED): _____

SECTION B
FINANCIAL STATEMENT

Please complete, sign and return to: King County Superior Court
Juvenile Diversion Services
1401 E. Jefferson Suite 506
Seattle, WA 98115
Or by fax at (206) 296-1493

Social Security # _____ Total Number in household: _____
(Count yourself, spouse and legal dependents)
Marital Status (Please circle one): Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

If you are requesting a reduction in fee, please answer the following blanks. You must enclose a copy of your most recent check stub and/or W-2 tax form and return to Superior Court.

EMPLOYMENT HISTORY

Adult Employer: _____ How long worked? _____
Spouse/Partner Employer: _____ How long worked? _____
Child's Employer: _____ How long worked? _____
Monthly Net Wages (Adult): \$ _____ Monthly Net Wages (Spouse/Partner): \$ _____
Monthly Wages Child: \$ _____ If homemaker, please indicate \$ _____
If self-employed, please specify quarterly income: \$ _____ How long? _____
Other Income (Source and Monthly Amount): _____ \$ _____

MONTHLY EXPENSES

Rent/Mortgage _____
Utilities (heat, light, water, sewer, garbage, etc): _____
Telephone _____
Auto or other Loan Payments _____
Food _____
Medical Insurance (if you pay, not your employer) _____
Medical/Dental bills (either monthly payments on past due bills
or monthly expenditures not reimbursed by medical insurance) _____
Auto Insurance _____
Child Support _____
Day Care (for legal dependents only) _____
Consolidated Debt Payments/Credit Card Payments (monthly) _____
Payment on Existing Court Orders _____

FAMILY ASSETS

Equity in Real Estate (value of property minus balance of loan) _____
Bank/Credit Union Savings Balance _____
Bank/Credit Union Checking Balance _____
IRA Balance _____
Money Market Balance _____
Mutual Funds (current value) _____
Stocks/Bonds (current value) _____
401 K or Deferred Income Balance _____
Vehicle: Make _____ Model _____ Year _____ Balance _____

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS INFORMATION IS TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature of Parent/Guardian _____ Date _____