KING COUNTY SUPERIOR COURT

**CASE ASSIGNMENT AREA DESIGNATION and CASE INFORMATION COVER SHEET**

# **Juvenile and Mental Health**

 **CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Provided by the Clerk)

 **CASE** **CAPTION: In Re \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Print name of person or child)

[ ]  **Seattle** area, defined as

All of King County except for the areas included in the Kent Case Assignment Area

[ ]  **Kent** area, defined as

All of the areas of King County using the following postal zip codes: 98001; 98002; 98003; 98010; 98022; 98023; 98025; 98031; 98032; 98038; 98042; 98047; 98048; 98051; 98054; 98055; 98056; 98057; 98058; 98059; 98092; 98146; 98148; 98158; 98166; 98168; 98178; 98188; 98198.

**Please mark one of the boxes below**:

[ ]  Mental Illness Family (MIF) - Seattle Only

[ ]  At-Risk Youth (ARY) [ ]  Child in Need of Services (CNS)

[ ]  Dependency (DEP) [ ]  Developmental Disability (DDP)

[ ]  Extended Foster Care – Dependency (EFC) [ ]  Guardianship Foster Children (GFC)

[ ]  Reinstatement of Parental Rights (RPR) [ ]  Termination of Parental Rights (TER)

[ ]  Truancy (TRU) [ ]  Vulnerable Youth Guardianship (VYG)

I certify that this case meets the case assignment criteria, described in King County LJuCR 3.2(c).

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

Signature of person / Attorney starting the case Date

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

WSBA Number