|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **King County Superior Court**  **Family Treatment Court**  1211 East Alder  Seattle, WA 98122  206.477.2311  **Please submit to Cathy Lehmann, Intake Coordinator**  **Via fax or email-see below**  **Phone: 206-477-2565**  **FAX: 206-432-3694**  **Email: Cathy.Lehmann@kingcounty.gov** | | | | | | | | | | | | | Referral Date: | | |  | | | |
|  | | | | | | | | | | | | | **Referred By:** | | |  | | | |
|  | | | | | | | | | | | | | Parents for Parents Program  Parent  DCYF Social Worker | | | | | | Attorney  PCAP  Other |
|  | | | | | | | | | | | | | **Name:** | | | | | | |
|  | | | | | | | | | | | | | **Agency/Office:** | | | | | | |
|  | | | | | | | | | | | | | **Phone:** | | | | | | |
| participant Referral | | | | | | | | | | | | | | | | | | | |
| Name: (Last, First, M.I.) | | | |  | | | | | M  F  Non Binary  Transgender  Other | | | | | | DOB: | | |  | |
| Address: |  | | | | | | | | | | | | | | **PHONE**: | | |  | |
| Email: |  | | | | | | | | | | | | | | **Alternate contact:** | | |  | |
| Ethnicity: (*check all that apply*) | | | | | African American  Asian/Pacific Islander  Caucasian  Native American  Hispanic  Other | | | | | | | | | | | | | | |
| Disability: | None  Unknown  Mobility  Learning  Hearing Vision  Developmental  Speech  Mental/Psychological  Other | | | | | | | | | | | | | | | | | | |
| **Child’s Name** | | | **DOB** | | | **Gender** | **Race/Ethnicity**  *(check all that apply)* | | | | **Initial**  **Petition Date** | **Initial**  **Allegations** | | | | | **Cause #** | | |
|  | | |  | | |  | African American  Asian/Pacific Islander  Caucasian  Hispanic  Native American  Other | | | |  | a  b  c  d | | | | |  | | |
|  | | |  | | |  | African American  Asian/Pacific Islander  Caucasian  Hispanic  Native American  Other | | | |  | a  b  c  d | | | | |  | | |
|  | | |  | | |  | African American  Asian/Pacific Islander  Caucasian  Hispanic  Native American  Other | | | |  | a  b  c  d | | | | |  | | |
|  | | |  | | |  | African American  Asian/Pacific Islander  Caucasian  Hispanic  Native American  Other | | | |  | a  b  c  d | | | | |  | | |
| **Contacts** | | **Name** | | | | | | | **Phone** | | | | | **Email** | | | | | |
| *Attorney* | |  | | | | | | |  | | | | |  | | | | | |
| *Social Worker* | |  | | | | | | |  | | | | |  | | | | | |
| *CASA* | |  | | | | | | |  | | | | |  | | | | | |
| *Other* | |  | | | | | | |  | | | | |  | | | | | |
| *Other* | |  | | | | | | |  | | | | |  | | | | | |
| Entered DB  GAIN entry date | | | | | | | |  | | Notes | | | | | | | | | |
| Comments: | | | | | | | | | |  | | | | | | | | | |