

FAMILY COURT SERVICES  
 FCS@KINGCOUNTY.GOV  
 (206) 477-1500 (SEATTLE/KCCH)  
 (206) 477-2740 (KENT/MRJC)

**EVALUATION QUESTIONNAIRE**

IF YOU HAVE ATTENDED THE PARENT SEMINAR, PLEASE SEND A COPY OF YOUR CERTIFICATE ALONG WITH THIS QUESTIONNAIRE. IF YOU ARE REGISTERED FOR AN UPCOMING SEMINAR DATE, PLEASE SEND A COPY OF YOUR CONFIRMATION EMAIL. DATE ATTENDED: \_\_\_\_\_

**PLEASE EMAIL COMPLETED FORM TO ABOVE ADDRESS WITHIN 14 CALENDAR DAYS**  
 (NEED MORE SPACE? LONGER ANSWERS MAY BE GIVEN IN A SEPARATE ATTACHMENT)

\_\_\_\_\_  
 NAME OF PETITIONER & Relationship to child(ren) YOUR E-MAIL ADDRESS

\_\_\_\_\_  
 NAME OF RESPONDENT & Relationship to child(ren) SUPERIOR COURT # FCS#:

\_\_\_\_\_  
 OTHER PARTIE(S) Relationship to Petitioner/Respondent/Child(ren)?

**1. YOUR 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
Primary Phone #:		(home/cell/work?)		Second Phone #: (home/cell/work?)	
Birth Date/Age:		Race (optional):		Education Completed:	
Attorney Name:			Attorney Phone:		

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

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

Name	Birth Date	Age	Living With
_____ Name	_____ Birth Date	_____ Age	_____ Living With
_____ Name	_____ Birth Date	_____ Age	_____ Living With

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

Name	Birth Date	Age	Relationship
_____ Name	_____ Birth Date	_____ Age	_____ Relationship

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

Name	Birth Date	Age	Relationship
_____ Name	_____ Birth Date	_____ 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 parent 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 the other parent has with the child(ren) |  |
| <input type="checkbox"/> Other (Describe):                                       |  |

7. COUNSELING OR SOCIAL SERVICES (RECEIVED BY EITHER PARTY/PARENT OR THE CHILDREN):

- |  |  |
|--|--|
| <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"/> Domestic Violence Treatment |
- Other (provide details): \_\_\_\_\_

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

8. 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               |  |

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

9. **HAS EITHER PARENT EVER BEEN ARRESTED:**

Petitioner  Respondent

Charges / Dates / Dispositions:

Probation Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

11. **YOUR 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:

Self:	Provider's Name	Address/Phone/Fax	When Treated	Nature of Problem
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Other Party(s):	Provider's Name	Address/Phone/Fax	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, phone, and fax 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. A) WHO HAVE THE CHILD(REN) BEEN LIVING WITH? Give dates and timelines:

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

C) 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.**

**Your assigned Evaluator has full access to your legal file, there is no need to duplicate any documents already on file.**

<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. PERSONAL 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. Do not list medical providers or other people where your relationship is entirely professional. A **COMPLETE POSTAL OR EMAIL ADDRESS** is necessary to enable us to send our questionnaire.

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

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

Address: \_\_\_\_\_

Have known for:

\_\_\_\_\_

\_\_\_\_\_ years \_\_\_\_\_ months

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

See how often: \_\_\_\_\_

Please PRINT very clearly

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

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

Address: \_\_\_\_\_

Have known for:

\_\_\_\_\_

\_\_\_\_\_ years \_\_\_\_\_ months

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

See how often: \_\_\_\_\_

Please PRINT very clearly

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

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

Address: \_\_\_\_\_

Have known for:

\_\_\_\_\_

\_\_\_\_\_ years \_\_\_\_\_ months

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

See how often: \_\_\_\_\_

Please PRINT very clearly

**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 Code 4A.632.030, fees for the services provided by Family Court Services are to be charged to those people utilizing these services. Fees are calculated and parties are charged separately based on your individual net annual income (see page 10.) The other party's income does not impact your fee.

The fee is for services provided and is not contingent upon any agreement with the final report, nor can it be voided if the parties independently reach agreement after meeting with the FCS Evaluator. Unpaid bills will be referred to a debt collection agency.

My monthly net income is \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Court Case #: \_\_\_\_\_

ATTACH A COPY OF ONE OF THE FOLLOWING (CURRENT WITHIN PAST 12 MONTHS):

- 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 (Filed with Clerk)

IF NO INCOME VERIFICATION IS ATTACHED, YOU WILL BE IMPUTED AN INCOME WHICH 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. [ ] I pay (or) [ ] I receive \$ \_\_\_\_\_ (monthly 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. [ ] Paying [ ] Receiving

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 in \_\_\_\_\_ [City], \_\_\_\_\_ [State], on \_\_\_\_\_ [Date].

Signature \_\_\_\_\_

**KING COUNTY SUPERIOR COURT  
FAMILY COURT SERVICES**

**EVALUATION SLIDING FEE SCALE**

<b>Individual Household Income:</b>	<b>Under \$30,000</b>	<b>\$30,000 - \$39,999</b>	<b>\$40,000 - \$49,999</b>	<b>\$50,000 - \$59,999</b>	<b>\$60,000 - \$69,999</b>	<b>\$70,000 - \$79,999</b>	<b>\$80,000 - \$89,999</b>	<b>\$90,000 - \$99,999</b>	<b>\$100,000 and over</b>
<b>Your Fee:</b>	\$0	\$100	\$200	\$500	\$750	\$1,000	\$1,400	\$1,750	\$2000

**There is no fee for households earning less than the Federal Poverty Guidelines. See the table below.**

<b>Poverty Guidelines (2023):</b>								
<b>Family/Household Size:</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>
<b>Income Threshold:</b>	\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560
* Add \$5,140 to the threshold for each family/household member over 8.								

**Billing arrangements will be made with the King County Accounts Receivable department for monthly payments beginning after FCS services have been provided.\*\***

**You may request a fee review and possible adjustment by contacting our office after you have received your billing amount.**

**\*\*The above fee is for services provided and is not contingent upon any agreement with the final report, nor can it be voided if the parties independently reach agreement after meeting with the FCS Evaluator.**



