

Superior Court of the State of Washington
For the County of King
FAMILY COURT SERVICES
(206) 477-1500 SEA
(206) 477-2740 KNT
FCS@KingCounty.gov

Date: _____

Family Court Services No.: _____

Superior Court Cause No.: _____

EBS Account No.: _____

RE: _____

Social Worker/Total hrs.: _____

Current Amount Due: _____

Dear Client:

This letter is in response to your request for a fee adjustment.

Please complete the enclosed Financial Statement and return it to our office immediately; along with a personal letter stating your reason for requesting a fee adjustment.

You **must** also include current income verification along with your personal letter and the Financial Statement. You may use 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 (Tax returns are not acceptable.)
5. Child Support Order
6. Financial Declaration WPF DRPCU 01.1550 (Original must be filed in your legal file.)

We cannot process your request until all documents are completed and returned.

Sincerely,

Family Court Services

FCS@kingcounty.gov

Enclosure

All information must be completed in order to process. Your request will not be considered if the information is not complete.

G:\1FCS COORDINATOR\~COVID\FillableNC and Closure Forms

FEE ADJUSTMENT

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Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: _____ Zip: _____ Mobile/Message: _____

Employer: _____
Employer Address: _____
Full Time: Part Time: Number of hours worked per week: _____
Gross pay per month: \$ _____ Net pay per month: \$ _____

If unemployed: A. Date of last employment: _____
B. Reason: _____
C. If termination, reason: _____

The following people live with me: (adults and minors)

A. Name: _____ Relationship: _____ Age: _____ Monthly Income: _____
B. Name: _____ Relationship: _____ Age: _____ Monthly Income: _____
C. Name: _____ Relationship: _____ Age: _____ Monthly Income: _____
D. Name: _____ Relationship: _____ Age: _____ Monthly Income: _____
E. Name: _____ Relationship: _____ Age: _____ Monthly Income: _____

PERSONAL LETTER

You may attach a separate letter.

Why are you requesting for an adjustment of your fee?

FINANCIAL STATEMENT

My monthly expenses are:

Rent/Mortgage: \$ _____
 Food: \$ _____
 Utilities: \$ _____
 Car(s): \$ _____
 Gas: \$ _____
 Medical/Dental: \$ _____
 Day Care: \$ _____
 Phone/Cell: \$ _____
 Tuition: \$ _____
 Insurance: \$ _____
 Other (explain): \$ _____
 \$ _____

I owe the following debt(s):

Creditor: _____
 Mo. Pymt.: \$ _____ Balance: \$ _____
 Creditor: _____
 Mo. Pymt.: \$ _____ Balance: \$ _____
 Creditor: _____
 Mo. Pymt.: \$ _____ Balance: \$ _____
 Creditor: _____
 Mo. Pymt.: \$ _____ Balance: \$ _____
 Creditor: _____
 Mo. Pymt.: \$ _____ Balance: \$ _____

Total Montly Expenses: \$ _____

Total Montly Debts: \$ _____

My assets and equity values are:

Home: \$ _____
 Checking Account(s): \$ _____
 Saving Account(s): \$ _____

Automobile (indicate make and year for each):

Make: _____	Year: _____	Value: \$ _____
Make: _____	Year: _____	Value: \$ _____
Make: _____	Year: _____	Value: \$ _____

Cash on hand: \$ _____
 Retirement: \$ _____
 401K: \$ _____
 Other (itemize): _____ \$ _____
 _____ \$ _____

Total Assets and Equity Values: \$ _____