## Superior Court of the State of Washington

## For the County of King

## **FAMILY COURT SERVICES**

FCS@KingCounty.gov (206) 477-1500

| Date:                                  |   |
|--|---|
| •                                      | Family Court Services No.: Superior Court Cause No.: EBS Account No.:   |
| RE:                                    | Social Worker/Total hrs.:   |
| Dear Clien                             | Current Amount Due:   |
| This letter                            | is in response to your request for a fee adjustment.  |
|  | mplete the enclosed <u>Financial Statement</u> and return it to our office immediately; along sonal letter stating your reason for requesting a fee adjustment.   |
| You <b>must</b>                        | also include <u>current income verification</u> along with your <u>personal letter</u> and the  |
| Financial S                            | Statement. You may use one of the following forms of income verification:   |
| 1.<br>2.<br>3.<br>4.<br>5.<br>6.       | Your last two pay stubs DSHS Award Letter Unemployment Benefits Notice Last year's W-2 Form (Tax returns are not acceptable.) Child Support Order Financial Declaration WPF DRPSCU 01.1550 (Original must be filed in your legal file.) |
| We canno                               | t process your request until all documents are completed and returned.  |
| Sincerely,                             |   |
| Family Cou<br>FCS@kingcou<br>Enclosure | urt Services<br>unty.gov  |

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

| LEE ADJOSTMENT          |                              |                                |                              | U    |  |
|-------------------------|------------------------------|--------------------------------|------------------------------|------|--|
| Name:                   |                              | Hon                            | ne Phone:                    |      |  |
| Address:                |                              | Work Phone:                    |                              |      |  |
| City:                   | State: Zip:                  |                                | Message:                     |      |  |
| Employer:               |                              |                                |                              |      |  |
| Employer Address:       |                              |                                |                              |      |  |
| Full Time: Pa           | ırt Time: Numk               | nber of hours worked per week: |                              |      |  |
| Gross pay per month     | n: \$                        | Net pay per month: \$          |                              |      |  |
|                         |                              |                                |                              |      |  |
| If unemployed:          |                              | A. Date of last employment:    |                              |      |  |
|                         |                              |                                |                              |      |  |
| C. If termination, reas | son:                         |                                |                              | _    |  |
| The following peop      | le live with me: (adults and | d minors)                      |                              |      |  |
|                         | -                            |                                | Monthly Income:              |      |  |
| B. Name:                |                              |                                | Monthly Income:              |      |  |
| C. Name:                |                              |                                | Monthly Income:              |      |  |
|                         |                              | Age:                           | Monthly Income:              |      |  |
| E. Name:                |                              | Age:                           | Monthly Income:              |      |  |
|                         |                              |                                |                              |      |  |
| <b>PERSONAL LETTEI</b>  | R                            | Y                              | ou may attach a separate let | ter. |  |

Why are you requesting for an adjustment of your fee?

|                          | TERRENIT                   |          |       |                              | FCS No.:  |    |  |
|--------------------------|----------------------------|----------|-------|------------------------------|-----------|----|--|
| FINANCIAL STA            | IEWENI                     |          |       |                              |           |    |  |
| My monthly expenses are: |                            |          |       | I owe the following debt(s): |           |    |  |
| Rent/Mortgage:           |                            |          |       | Creditor:                    |           |    |  |
| Food:                    | Φ                          |          |       | Mo. Pymt.: \$                | Balance:  | \$ |  |
| Utilities:               | \$                         |          | _     | Creditor:                    |           |    |  |
| Car(s):                  | \$<br>\$<br>\$             |          | _     | Mo. Pymt.: \$                | Balance:  | \$ |  |
| Gas:                     | \$                         |          | -     | Creditor:                    |           |    |  |
| Medical/Dental:          | \$                         |          |       | Mo. Pymt.: \$                | Balance:  | \$ |  |
| Day Care:                | \$                         |          |       | Creditor:                    |           |    |  |
| Phone/Cell:              | \$<br>\$<br>\$<br>\$<br>\$ |          | -     | Mo. Pymt.: \$                | Balance:  | \$ |  |
| Tuition:                 | \$                         |          | _     | Creditor:                    |           |    |  |
| Insurance:               | \$                         |          | _     | Mo. Pymt.: \$                | Balance:  | \$ |  |
| Other (explain):         | \$                         |          | -     | Creditor:                    |           |    |  |
|                          | \$                         |          |       | Mo. Pymt.: <u>\$</u>         | Balance:  | \$ |  |
|                          |                            |          |       |                              |           |    |  |
| Total Montly Ex          | penses:                    | \$       |       | Total Montly De              | ebts: \$  |    |  |
| My assets and e          | equity val                 | ues are: |       |                              |           |    |  |
| Home:                    |                            | \$       |       |                              |           |    |  |
| Checking Accour          | nt(s):                     | \$       |       | •                            |           |    |  |
| Saving Account(s):       |                            | \$       |       | <u>-</u>                     |           |    |  |
| Automobile (indi         | -                          |          | ıch): | •                            |           |    |  |
| Make:                    |                            |          | -     |                              | Value: \$ |    |  |
| Make:                    |                            |          |       |                              | Value: \$ |    |  |
| Make                     |                            | Year:    |       | Value: \$                    |           |    |  |
|                          |                            | \$       |       |                              | <u> </u>  |    |  |
| Retirement:              |                            | \$       |       | <u>-</u>                     |           |    |  |
| 401K:                    |                            | \$       |       | •                            |           |    |  |
| 401N.                    |                            |          |       | \$                           |           |    |  |
| Other (itemize):         |                            |          |       | Ψ                            |           |    |  |