

PARENTING PLAN EVALUATION

INTRODUCTION

When family law matters that are filed with the court involve minor children, the parents must establish plans for when the children will be with each parent, for decision making and for future dispute resolution. Many parents use mediation or their attorneys to help them work out plans for the children. The settlement or parenting agreement is then submitted to the court for approval.

When parents are not able to agree on the parenting plan, a trial will be held and the judge will decide the issues. Prior to the trial, a judge or commissioner may require the family to participate in a parent plan evaluation. An evaluation provides information about the family to use in reaching a decision that will be in the best interests of the children. Many parents reach a parenting plan agreement following the evaluation. Only a few proceed to trial.

While it is best if the parents can reach an agreement about the parenting plan, this information is intended to help you understand the evaluation process. This information can also help you better participate in this important process.

WHAT IS A PARENTING PLAN EVALUATION?

A parenting plan evaluation:

- is an objective assessment of the needs of your children and each parent's ability to meet those needs.
- is concerned about the strengths and weaknesses of both parents.
- is directed toward helping your family make a positive adjustment to divorce.
- is attentive to past events, present resources, and future needs of the family.
- is focused on the "best interests" of the children.

A parenting plan evaluation:

- does not determine fault or blame for your divorce.
- does not take one parent's side against the other.
- is not a court order.
- will be sent to attorneys and pro se clients. It may be used as a settlement tool by the attorney. If you go to trial, it may be used in the trial or shown to the judge.
- does result in a recommendation being made available to the court by the evaluator on a parenting plan for your children
- may be used by the judge to assist in the determination of a parenting plan. The evaluator may be called to testify at the trial by either or both parties.

WHAT HAPPENS IN A PARENTING PLAN EVALUATION?

Education: First you must attend the court approved parent seminar. You will not be assigned an evaluator until you do.

Interviews: An evaluation will consist of a series of interviews. You should expect to talk to the evaluator alone (and if appropriate with the other parent). An individual, private appointment will give you the opportunity to present your issues and concerns about the children and the other parent.

The evaluator may also schedule a parent/child observation with you and the children. Your children will be interviewed individually also. This may take place in the evaluators' office or during a home visit. This meeting with you and your children will allow the evaluator to observe the relationships between family members.

A family evaluation requires that both parents be involved in the process.

Information Gathering: The evaluator will request your written consent to obtain school and health records, social service and police information and any other documents which contribute to a complete understanding of the family. The legal file will be reviewed.

Specialized Assessment: In certain circumstances, parents may be expected to obtain specialized psychiatric, psychological and/or drug/alcohol assessments to assist the evaluator in deciding upon a recommended parenting plan for your family.

WHO IS THE EVALUATOR?

At King County Superior Court, parenting plan evaluations are conducted by family evaluators and conciliators. The minimum qualifications for a Family Court Services evaluator, effective 1/1/95, includes a Master's Degree in a related field and a minimum of 3 years related experience in working with children and families. Family Court Service evaluators have been trained in the divorce process and its effects on families, as well as child development issues and the needs of the children.

The evaluator's work will be based on the following policy set forth in Title 26, RCW Chapter 26.09.002:

Parents have the responsibility to make decisions and perform other parental functions necessary for the care and growth of their minor children. In any proceeding between parents under this chapter, the best interests of the child shall be the standard by which the court determines and allocates the parties' parental responsibilities. The state recognizes the fundamental importance of the parent-child relationship to the welfare of the child, and that relationship between the child and each parent should be fostered unless inconsistent with the child's best interests. The best interests of the child are served by a parenting arrangement that best maintains a child's emotional growth, health and stability, and physical care. Further, the best interest of the child is ordinarily served when the existing pattern of interaction between a parent and child is altered only to the extent necessitated by the changed relationship of the parents or as required to protect the child from physical, mental, or emotional harm.

WHEN THE COURT ORDERS A PARENTING PLAN EVALUATION, HOW CAN I PREPARE?

1. Fill out and return your parenting plan questionnaires and attend the parent seminar in a timely manner.
2. Cooperate with the evaluator. He or she is there to help figure out what will be in the best interests of the children. If you do not cooperate, the evaluation may proceed with input only from the other party. In that situation, the evaluator will report your lack of cooperation to the court.
3. **Keep your appointments.**
4. Organize school, health, and other information that you think will be helpful.
5. Make notes of the questions you want to ask.
6. The evaluator can be a resource of information. Ask about reading material, parent education classes, counseling, and other help.

WHAT DOES A PARENTING PLAN EVALUATION COST?

Parties are charged a fee separately based on the Family Court Services sliding fee scale (see page 10 of the Evaluation Questionnaire for fee scale). Fees are calculated by your individual household's net annual income. 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.

Even if you have been ordered to Family Court Services for an evaluation, you still have the option to select a mutually agreed upon private evaluator if your income allows. Private evaluators usually charge by the hour, and may require that the full fee or a substantial deposit be paid before the evaluation begins.

You are also responsible for the cost of any specialized assessment(s) necessary in your case.

WHAT IF WE REACH AN AGREEMENT?

Inform the evaluator as soon as possible if you and the other parent reach an agreement. The evaluation can be stopped.

******Please be sure to remain on schedule with all the paperwork issued to you from Family Court Services and with your scheduled seminar date. If you fail to comply in a timely manner, the Court will be notified the party(s) has not complied with the Evaluation process and the matter can proceed with only one parties input or the case will be dismissed.***

**KING COUNTY SUPERIOR COURT
FAMILY COURT SERVICES
(206) 477-1500 (Seattle)
(206) 477-2740 (Kent)
FCS@KingCounty.gov**

King County Superior Court Family Court Services



PLEASE FILL OUT FORM AND **EMAIL** TO BELOW ADDRESS WITHIN TEN CALENDAR DAYS OF THE DATE LISTED ON THE ENCLOSED LETTER. IF YOU HAVE ATTENDED THE SEMINAR, PLEASE SEND A COPY OF YOUR CERTIFICATE ALONG WITH THE EVALUATION QUESTIONNAIRE.

FAMILY COURT SERVICES
FCS@KINGCOUNTY.GOV
206-477-1500 (Seattle)
206-477-2740 (Kent)

PLEASE FILL IN YOUR
SEMINAR DATE: _____

EVALUATION QUESTIONNAIRE

PLEASE EMAIL COMPLETED FORM TO ABOVE ADDRESS WITHIN 10 DAYS

NAME OF PETITIONER Mother / Father

YOUR E-MAIL ADDRESS

NAME OF RESPONDENT Mother / Father

SUPERIOR COURT # FCS#

OTHER PARTIES Relationship to Petitioner/Respondent/Child

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 other parent has with the child(ren) | |
| <input type="checkbox"/> Other (Describe): | |

7. HAS EITHER PARTY/PARENT EVER BEEN ARRESTED:

Third Party Mother Father
 Charges and Disposition: _____ Date: _____
 Probation Officer: _____ Phone: _____

8. COUNSELING OR SOCIAL SERVICES:

- Agency/Provider/ Where at: Telephone and Fax Numbers
- | | |
|--|--|
| <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 _____ |
| <input type="checkbox"/> Other: | |

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

9. Check previous services from King County Superior Court:

- Mediation Evaluation Domestic Violence Assessment Risk Assessment/Other
- CASA G.A.L. Juvenile Court

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

11. 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

Parents/Other Party(s):	Provider's Name	Address/Phone/Fax	When Treated	Nature of Problem

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:

- | 28. Please answer the following questions: | YES | NO |
|--|--------------------------|--------------------------|
| 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. 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. **COMPLETE POSTAL OR EMAIL ADDRESS** is necessary to enable us to send our questionnaire. **EMAIL IS PREFERRED AT THIS TIME.**

 Name: _____ Relationship: _____

Address: _____ Have known for:
 _____ years _____ months

Email: _____ See how often: _____
 Please PRINT very clearly

 Name: _____ Relationship: _____

Address: _____ Have known for:
 _____ years _____ months

Email: _____ See how often: _____
 Please PRINT very clearly

 Name: _____ Relationship: _____

Address: _____ Have known for:
 _____ years _____ months

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: _____ Social Security #: _____

ATTACH A COPY OF 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 (Do not send tax return)
5. CHILD SUPPORT ORDER
6. FINANCIAL DECLARATION (Filed with Clerk)

IF NO 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. _____ Paid _____ Received 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. [] Yes [] No

B. Amount \$ _____

LIST EMPLOYMENT FOR LAST 5 YEARS:

From - To Employer Yearly Salary

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

Individual Household Income:	Under \$15,000	\$15,000 - \$19,999	\$20,000 - \$24,999	\$25,000 - \$29,999	\$30,000 - \$39,999	\$40,000 - \$49,999	\$50,000 - \$59,999	\$60,000 - \$69,999	\$70,000 and over
Your Fee:	\$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.

Poverty Guidelines (2020):								
Family/Household Size:	1	2	3	4	5	6	7	8*
Income Threshold:	\$12,760	\$17,240	\$21,720	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
* Add \$4,480 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.**

FAMILY COURT SERVICES
KING COUNTY SUPERIOR COURT

(206) 477-1500 (SEATTLE CASES)
(206) 477-2740 (KENT CASES)

FCS@KINGCOUNTY.GOV

CASE NAME: _____
SUPERIOR COURT #: _____
FCS #: _____
EVALUATOR: _____
DATE: _____

**AUTHORIZATION TO OBTAIN
SCHOOL/PRESCHOOL/DAYCARE INFORMATION**

TO: _____
School/Provider Name

Address

City State Zip

RE: _____
Child's Name DOB

Child's Name DOB

Child's Name DOB

This is to certify that I willingly give my permission for the release of any and all information pertaining to my child(ren) and family to the King County Superior Court, Family Court Services.

I have been fully advised that this release is only for the use of Family Court Services and my signature on this release gives you full authorization to share all details of my situation with the court.

Dated this _____ day of _____, 2_____.

Signature

Printed Name

Address

City State Zip

A copy of this release of information agreement will be sent to each school/pre-school/daycare in which your child(ren) are enrolled. This authorization for release of information is valid for one (1) year from date of signature, unless revoked sooner in writing. Notice is given that Family Court Services case file information is available to attorneys of record and pro se clients (RCW 26.09.220).