

# 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 THIS MEDIATION QUESTIONNAIRE. IF YOU HAVE REGISTERED FOR AN UPCOMING SEMINAR, PLEASE INCLUDE A COPY OF YOUR CONFIRMATION EMAIL.

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

PLEASE FILL IN YOUR  
SEMINAR DATE: \_\_\_\_\_

## MEDIATION 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. 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:                          |  |

\_\_\_\_\_

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"/> CASA      | <input type="checkbox"/> G.A.L.     | <input type="checkbox"/> Juvenile Court               |

8. HAS EITHER PARENT EVER BEEN ARRESTED:

Mother  Father

Charges and Disposition: \_\_\_\_\_ Date: \_\_\_\_\_

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

9. MILITARY SERVICE:

Branch: \_\_\_\_\_ Dates Active Duty: \_\_\_\_\_ Discharge Status: \_\_\_\_\_

**10. WHEN ARE THE CHILDREN WITH EACH PARTY?**

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How long has this pattern been going on?

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**GOALS OF MEDIATION:**

**A) LIST YOUR POINTS OF AGREEMENT CONCERNING YOUR PARENTING PLAN:**

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**B) LIST YOUR POINTS OF DISAGREEMENT CONCERNING YOUR PARENTING PLAN:**

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**C) LIST ANY CONCERNS WHICH NEED TO BE ADDRESSED IN YOUR PARENTING PLAN  
(Such as domestic violence, child abuse, substance abuse, mental illness, etc.)**

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**D) WHAT ISSUES CONCERNING YOUR PARENTING PLAN NEED IMMEDIATE ATTENTION:**

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- | <b>12. Please answer the following questions:</b>   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| A. Mediation generally occurs with all parties in the same room together. Do you have any concerns about mediation 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. Mediation is a process in which the parties work together with a neutral third person to negotiate details of their parenting plan. Do you believe you would be able to communicate with the other party on equal basis in mediation sessions? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Has the other party ever threatened to deny you access to your 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:

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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 6.) The other party's income does not impact your fee.

Fees are charged for services provided and are not contingent upon the parties reaching any level of agreement. 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:

Table with 3 columns: 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**

**MEDIATION SLIDING FEE SCALE**

<b>Individual Household Income:</b>	<b>Under \$15,000</b>	<b>\$15,000 - \$19,999</b>	<b>\$20,000 - \$24,999</b>	<b>\$25,000 - \$29,999</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 and over</b>
<b>Your Fee:</b>	\$0	\$50	\$150	\$187	\$225	\$300	\$375	\$450	\$500

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

<b>Poverty Guidelines (2020):</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>	\$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 the parties reaching any level of agreement.**