

King County Superior Court Family Court Services



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

DOMESTIC VIOLENCE ASSESSMENT QUESTIONNAIRE

PLEASE EMAIL COMPLETED FORM TO ABOVE ADDRESS WITHIN 7 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#:

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. EMPLOYMENT/INCOME INFORMATION:

- a. Current Occupation _____ Place of Employment _____ Salary/Year _____
- b. Child Support Paid/Received \$ _____ Amount Current: Yes No
- c. Other Income Amount: \$ _____ Source: _____

LIST EMPLOYMENT FOR LAST 5 YEARS:

Employer	From: -- To:	Salary/Year

7. 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): | |

8. 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:

9. 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 | |

10. HAS EITHER PARENT EVER BEEN ARRESTED:

Petitioner Respondent

Charges / Dates / Dispositions:

Probation Officer: _____ Phone: _____

11. DOES EITHER PARENT HAVE ANY CRIMINAL ACTION PENDING? IF SO, PLEASE EXPLAIN:**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. DESCRIBE HOW EACH PARENT HAS PARTICIPATED IN THE CHILD(REN)'S LIVES IN TERMS OF EDUCATION, HEALTH CARE, RELIGION, RECREATION, ETC. DURING THE PRECEDING PARENTAL SEPARATION:

15. SINCE THE SEPARATION, WHO HAVE THE CHILD(REN) BEEN LIVING WITH? (Give Dates):

HOW OFTEN DO THE CHILD(REN) SEE THEIR OTHER PARENT?

WHEN DID THE CHILD(REN) LAST SEE THEIR OTHER PARENT?

16. DESCRIBE THE INCIDENTS AND HISTORY WHICH LED TO FILING FOR A DOMESTIC VIOLENCE PROTECTION ORDER: DATES, INJURIES, WEAPONS INVOLVED, ETC:

17. **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)**

WHAT CAN BE DONE TO CORRECT THE PROBLEM?

SHOULD EITHER PARENT'S TIME WITH CHILD(REN) BE LIMITED?

IF SO, HOW?

18. **DESCRIBE HOW EACH PARENT HANDLES CHILD DISCIPLINE:**

19. **OTHER INFORMATION:**

20. 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

21. SUPPLEMENTAL DOCUMENTS

Please enclose any other documents or information you consider relevant to the assessment.

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