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 1.		SPONDENT	& Relationship to a	child(ren)	SUPERI	OR COURT #		FCS#:
	Name:	Last	First	Middle		Birth Name		Other Names
	Street A	Address:		City		Sta	ate	Zip
	Mailing	g Address (if diffe	erent than Street Addı	ess): City		Sta	ate	Zip
	Primary	y Phone #:	(home/cell/work	?)	Second Phone #:		(home/cell/work?)
	Birth D	ate/Age:	Race (opt	ional):		Education (Completed:	
	Attorne	ey Name:			Attorney	Phone:		
	DO YC	DU NEED AN IN	TERPRETER?	Yes 🗌 No	FOR W	HAT LANGUAGE	?	
2.	CHILI Name	DREN AT ISSUI	E IN THIS PROCEE F	EDING: Birth Date	Age	Living With	h	
	Name		Η	Birth Date	Age	Living With	h	
	Name		I	Birth Date	Age	Living With	h	
3.	LIST OTHER CHILDREN (from other relationships, stepchildren, etc.)							
	Name		I	Birth Date	Age	Relationshi	р	
	Name		Η	Birth Date	Age	Relationshi	р	
4.	LIST C Name	OTHER ADULT	S LIVING WITH Y	OU: Birth Date	A	Relationshi		
					Age		•	
	Name		Η	Birth Date	Age	Relationshi	р	
5.	LIST Y	OUR MARRIA	GES OR COHABIT	TATION RELA	TIONSE	IIPS (including curi	rent)	
	a.	Date of Marria	ner Parent: age: paration:	Separation:		Decree:	Other:	
	b.	Name of Partr Date of Marria	ner: age: paration:	Separation:		Decree:	Other:	
	c.	Name of Partr Date of Marria	ner: age: paration:	Separation:		Decree:	Other:	

a.	Current Occupa	tion	Place of	Employment	Salary/Year
b.	Child Support	Paid/Received <u>\$</u>		_ Amount Current: 🗌 Yes 🗌 No	
c.	Other Income	Amount: <u>\$</u>	_ Source		
LIST Emplo		FOR LAST 5 YEARS:		From: To:	Salary/Year
CHE	<u>CK WHICH OF 1</u>	THESE MOST IDENTIFY	YOUR	CONCERNS:	
	edical Coverage for nount of time I hav	port arding the child(ren)	ld(ren)	 Domestic Violence Drug/Alcohol Issues Neglect Issues Relocation (Moving) Mental Health 	

COUNSELING OR SOCIAL SERVICES (RECEIVED BY EITHER PARTY/PARENT OR THE CHILDREN): 8.

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Private Counseling

7.

- Pastoral Counseling
- Child Protective Services
- Drug/Alcohol Assessment
- Drug/Alcohol Treatment

Other (provide details):

☐ Mediation

CASA

Parenting Classes
Private Evaluator
Private Mediator

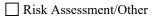
Psychological Evaluation Domestic Violence Treatment

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

9. Check previous services from King County Superior Court:

Evaluation G.A.L.

Domestic Violence Assessment Juvenile Court



Sharepoint>Family Court Services>Front Desk>DV Questionnaire.docx Rev. 02/23/2023

10. <u>HAS EITHER PARENT EVER BEEN ARRESTED</u>:

Petitioner		Respondent	
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Charges / Dates / Dispositions:

Probation Officer:	Phone:	

11. DOES EITHER PARENT HAVE ANY CRIMINAL ACTION PENDING? IF SO, PLEASE EXPLAIN:

12. <u>MEDICAL HISTORY</u>:

Identify if either party/parent has any physical disability, has received psychiatric care or treatment for drug or alcohol dependency:

Self: P	Provider's Name	Address/Phone/Fax	When Treated	Nature of Problem
Other Part	ty(s): Provider's Name	Address/Phone/Fax	When Treated	Nature of Problem

13. <u>HEALTH OF CHILDREN</u>:

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:

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:

Sharepoint>Family Court Services>Front Desk>DV Questionnaire.docx Rev. 02/23/2023

20. <u>PERSONAL REFERENCES</u>:

NAME <u>THREE</u> 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 <u>OR</u> EMAIL ADDRESS is necessary to enable us to send our questionnaire.

Name:	Relationship:
Address:	Have known for:
	yearsmonths
Phone Number:	
Email: Please PRINT very clearly	See how often:
Name:	Relationship:
Address:	Have known for:
	yearsmonths
Phone Number:	
Email: Please PRINT very clearly	See how often:
Name:	Relationship:
Address:	Have known for:
	yearsmonths
Phone Number:	
Email: Please PRINT very clearly	See how often:

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.