

King County Superior Court

Family Court Services



PLEASE FILL OUT FORM AND MAIL 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
KING COUNTY SUPERIOR COURT
516 THIRD AVENUE ROOM W-280
SEATTLE, WA 98104
PHONE: (206) 477-1500
FCS@KINGCOUNTY.GOV

PLEASE FILL IN YOUR
SEMINAR DATE: _____

MEDIATION QUESTIONNAIRE

PLEASE MAIL COMPLETED FORM TO ABOVE ADDRESS WITHIN 10 DAYS

NAME OF PETITIONER _____ Mother / Father (Circle One) _____ YOUR E-MAIL ADDRESS _____

NAME OF RESPONDENT _____ Mother / Father (Circle One) _____ 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?** _____

How long has this pattern been going on? _____

GOALS OF MEDIATION:

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

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

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

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

12. Please answer the following questions:	YES	NO
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: _____

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 | 4. LAST YEAR'S W-2 FORM (Do not send tax return). |
| 2. DSHS AWARD LETTER | 5. CHILD SUPPORT ORDER |
| 3. UNEMPLOYMENT BENEFITS NOTICE | 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**

MEDIATION 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	\$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.

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 the parties reaching any level of agreement.**