

**SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR BENTON AND FRANKLIN COUNTIES**

)	
Petitioner,)	Case No. _____
vs.)	FAMILY COURT INVESTIGATOR
)	INTAKE FORM
)	Completed by:
Respondent.)	<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent

APPOINTMENT INFORMATION

The Court has appointed **Sandra Alarcon as Family Court Investigator:**
 Benton County Superior Court
 7122 W. Okanogan Pl. Bldg. A, Kennewick, WA 99336
 Ph: 509-736-3071 x 3328 Email: sandra.alarcon@co.benton.wa.us

Date of appointment: ____/____/____

PERSONAL INFORMATION

Current Name, Address, and Telephone

Name	DOB	Social Security Number
Current Address	Dates at this address	
City, State, Zip	Cell Phone No.	Telephone No.
E-MAIL ADDRESS:	Contact by Email <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please see notice at end of Intake.		
Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		Language: _____

Address History

Previous Address, City State, Zip	Dates at This Address
Previous Address, City State, Zip	Dates at This Address
Previous Address, City State, Zip	Dates at This Address

Other Names Used

Name (First, M.I., Last)	Reason
Name (First, M.I., Last)	Reason

Most Recent Marriage

FAMILY COURT INVESTIGATOR INTAKE FORM – Page 1 of 6
 CASE NUMBER: ____ - ____ - ____
 Revised 3.2.18

[] PETITIONER
 [] RESPONDENT

Place of Marriage (City, State)	Date of Marriage	Maiden Name
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Previous Marriage History

Spouse's Name	Date of Marriage	City, State	Date of Divorce	City, State
Spouse's Name	Date of Marriage	City, State	Date of Divorce	City, State
Spouse's Name	Date of Marriage	City, State	Date of Divorce	City, State

Health History (Yourself)

Name and Phone Number of your personal Doctor	Date of Last Visit
Reason/Findings of last visit to the doctor:	
Please list / describe any chronic or ongoing health conditions:	

Counseling History

Name and Phone Number of Counselor / Agency:	Dates	Reason for Counseling (job related , marriage, drugs/alcohol)
Name and Phone Number of Counselor / Agency:	Dates	Reason for Counseling (job related , marriage, drugs/alcohol)
Name and Phone Number of Counselor / Agency:	Dates	Reason for Counseling (job related , marriage, drugs/alcohol)

Job Information

Name of Current Employer	From/to Dates	Gross Monthly Salary
Employer's Address	Job Title	
Employer's Telephone Number	Supervisor's Name	

Name of Previous Employer	From/to Dates	Gross Monthly Salary
Employer's Address	Job Title	
Employer's Telephone Number	Supervisor's Name	

Educational History - High School Diploma / GED

Last Grade Completed	Date	Name of School, City, State	High School Diploma / GED Earned YES NO
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Educational History - Post-Secondary Education/Training

Name of School / Institution	Dates	Degree Earned
Name of School / Institution	Dates	Degree Earned
Name of School / Institution	Dates	Degree Earned

References - Relatives

Name	Telephone Number
Address, City, State, Zip Code	Relationship

Name	Telephone Number
Address, City, State, Zip Code	Relationship

References - Non-Relative

Name	Telephone Number
Address, City, State, Zip Code	Relationship

Name	Telephone Number
Address, City, State, Zip Code	Relationship

Name	Telephone Number
Address, City, State, Zip Code	Relationship

CHILDREN INFORMATION

Children (in order of birth) Please include ALL children, including adopted and foster.

Name (first, middle, last)	DOB	School / Day Care currently attending

Health History (Children)

Child's name	Name and Phone Number of primary Doctor	Date of Last Visits
Reason/Findings of last visit to the doctor:		
Please list / describe any chronic or ongoing health conditions:		

Child's name	Name and Phone Number of primary Doctor	Date of Last Visits
Reason/Findings of last visit to the doctor:		
Please list / describe any chronic or ongoing health conditions:		

Child's name	Name and Phone Number of primary Doctor	Date of Last Visits
Reason/Findings of last visit to the doctor:		
Please list / describe any chronic or ongoing health conditions:		

Child's name	Name and Phone Number of primary Doctor	Date of Last Visits
Reason/Findings of last visit to the doctor:		
Please list / describe any chronic or ongoing health conditions:		

Child's name	Name and Phone Number of primary Doctor	Date of Last Visits
Reason/Findings of last visit to the doctor:		
Please list / describe any chronic or ongoing health conditions:		

BIOGRAPHICAL SKETCH OF FAMILY OF ORIGIN

Please provide a brief sketch of your family, including the names and addresses of your parents, brothers, and sisters:

Please provide any other information you would like the FCI to know about your children:

Please provide any other information you would like the FCI volunteer to know about the other parent:

What are your views on parenting (discipline, responsibility, authority)?:

What family activities do you engage in with your children?:

Please list any arrests or convictions, including the charge, outcome, date, city and state:

I hereby swear or attest that the information provided above is true and accurate to the best of my knowledge.

Signature

Date

Printed Name

(Email Notice: By checking above, I understand the risks and procedures involved with using e-mail. I agree to the terms listed in Rule CR 5(b)(7) and hereby voluntarily request, consent to, and authorize the use of e-mail (at the e-mail address/s listed above) as one form of communication with Benton County Family Court Investigator. I agree to immediately notify Benton County Family Court Investigator if the e-mail address should change. I agree that service shall be deemed complete upon the sending of e-mail at last e-mail address provided by the undersigned. I understand the authorization applies to all cases and case types now pending and filed hereafter. I agree to notify Benton County Family Court Investigator, in writing, if I no longer voluntarily request, consent to, and authorize the use of e-mail as one form of communication.)