

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

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

**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](mailto:sandra.alarcon@co.benton.wa.us)**

**PERSONAL INFORMATION:**

**Current Name, Address, and Telephone**

Name	DOB	Last 4 of Social Security #
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

**Other Names Used**

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

**Most Recent Marriage and any Previous Marriage History**

Current Marriage (Spouse's Name)	Date of Marriage	Maiden Name
Spouse's Name	Date of Marriage	Date of Divorce
		City, State/Case No.
Spouse's Name	Date of Marriage	Date of Divorce
		City, State/Case No.

**Health History (Yourself)**

Name and Phone Number of your personal Doctor	Date of Last Visit
Reason/Findings of last visit to the doctor also 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)

**Job Information**

Name of Current Employer	From/to Dates	Job Title
Employer's Address & phone number:	Work Days & Times	Supervisor's Name
Name of Previous Employer (if less than 2 years) – City, State	From/to Dates	Job Title

**Educational History - High School Diploma / GED & Post-Secondary Education/Training**

Last Grade Completed	Date	Name of School, City, State	High School Diploma / GED Earned <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of School / Institution		Dates	Degree Earned
Name of School / Institution		Dates	Degree Earned

**References - Relative**

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

**CHILDREN INFORMATION:**

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

Name (First, Middle, Last)	DOB	School/DayCare Attending	Appointed this Case
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**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:		

**BIOGRAPHICAL SKETCH OF FAMILY OF ORIGIN:**

Please provide a brief description of your family (parents, siblings) and please include the names, and city where your parents and siblings live: (e.g. Father: John Doe (Pasco, WA), Mother: Jane Doe (Kennewick, WA)):

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Please provide a brief statement describing the relationship between you and family members (outlined above) and who do you consider to be your strongest support system within your family or friends:

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Please provide a brief description of your understanding as to why the FCI was appointed to your case (Scope of Investigation)?

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Please provide any other information or concerns you would like the FCI to know about your children (relevant to the appointment as outlined by the court):

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Please provide any other information you would like the FCI to know about the other parent (relevant to the appointment as outlined by the court):

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

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

\_\_\_\_\_  
*Signature/*  Petitioner  Respondent 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.)