KING COUNTY SUPERIOR COURT

**CASE ASSIGNMENT AREA DESIGNATION and CASE INFORMATION COVER SHEET**

# **Juvenile and Mental Health**

**CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Provided by the Clerk)

**CASE** **CAPTION: In Re \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Print name of person or child)

**Seattle** area, defined as

All of King County except for the areas included in the Kent Case Assignment Area

**Kent** area, defined as

All of the areas of King County using the following postal zip codes: 98001; 98002; 98003; 98010; 98022; 98023; 98025; 98031; 98032; 98038; 98042; 98047; 98048; 98051; 98054; 98055; 98056; 98057; 98058; 98059; 98092; 98146; 98148; 98158; 98166; 98168; 98178; 98188; 98198.

**Please mark one of the boxes below**:

Mental Illness Family (MIF) - Seattle Only  Relative Visitation (RVS)

At-Risk Youth (ARY)  Child in Need of Services (CNS)

Dependency (DEP)  Developmental Disability (DDP)

Extended Foster Care – Dependency (EFC)  Guardianship Foster Children (GFC)

Reinstatement of Parental Rights (RPR)  Termination of Parental Rights (TER)

Truancy (TRU)  Vulnerable Adult Guardianship (VYG)

I certify that this case meets the case assignment criteria, described in King County LJuCR 3.2(c).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person / Attorney starting the case Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WSBA Number