

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:

- | | |
|--|---|
| <input type="checkbox"/> Mental Illness Family (MIF) - <u>Seattle Only</u> | <input type="checkbox"/> Relative Visitation (RVS) |
| <input type="checkbox"/> At-Risk Youth (ARY) | <input type="checkbox"/> Child in Need of Services (CNS) |
| <input type="checkbox"/> Dependency (DEP) | <input type="checkbox"/> Developmental Disability (DDP) |
| <input type="checkbox"/> Extended Foster Care – Dependency (EFC) | <input type="checkbox"/> Guardianship Foster Children (GFC) |
| <input type="checkbox"/> Reinstatement of Parental Rights (RPR) | <input type="checkbox"/> Termination of Parental Rights (TER) |
| <input type="checkbox"/> Truancy (TRU) | <input type="checkbox"/> 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