

AT RISK YOUTH Parent Declaration

NAME OF JUVENILE:

CASE NUMBER:

DECLARATION OF: _____
PARENT(S) NAME

I/We, _____ (parent/guardian name(s))
In the Town/City of _____, County of Island, State of Washington, am/are of sound mind and
competent to make this affidavit. I/We have personal knowledge of the facts stated in this
affidavit, and I/we do solemnly swear, or affirm, that the following facts are true:

1)

2)

3)

4)

5)

I certify under penalty of perjury, under laws of the State of Washington that the foregoing is true and
correct.

Signature

date

Signature

date