Superior Court of Washington, County of Island

_____ _____ Petitioner DOB v. _____ _____ Respondent DOB	**No.** **Declaration of** **_____(Name)** **(DCLR)**

This declaration is made by:

Name:_____

Age:_____

Relationship to the parties in this action:_____

I declare,

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(Attach additional single-sided pages if necessary and number them. Use form PO 010, Statement.)

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. [ ] I have attached (*number of pages*)_____pages.

Signed at (*City*) _____ (*State*) _____ on (*Date*) _____

_____ _____

Signature of Declarant *Print or Type Name*