

|            |       |                       |
|------------|-------|-----------------------|
| <hr/>      | <hr/> | <b>No.</b>            |
| Petitioner | DOB   | <b>Declaration of</b> |
| v.         |       | <hr/> <b>(Name)</b>   |
| <hr/>      | <hr/> | <b>(DCLR)</b>         |
| Respondent | DOB   |                       |

[illegible]

(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*