

Island County District Court, State of Washington

Petitioner	DOB	No.
V.		Declaration of
Respondent	DOB	(Name) (DCLR)

This declaration is made by:

Name: _____

Age: _____

Relationship to the parties in this action: _____

I declare,

(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