

# At Risk Youth

**NAME OF JUVENILE:**

**CASE NUMBER:**

**AFFIDAVIT OF:**

**PARENT(S) NAME**

I,

**PARENT(S) NAME**

In the City of Oak Harbor, County of Island, State of Washington, 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