**Superior Court of Washington, County of**

**Juvenile Court**

|  |  |
| --- | --- |
| **Dependency of**:D.O.B. | **No**: **Dependency Petition (DPP)**[ ] Clerk’s Action Required Paragraph 1.5:[ ] DEPABN [ ] DEPAN [ ] DEPNPGC |

**I. Basis**

I represent to the court the following:

**1.1** **Petitioner**:

[ ] DCYF/Supervising Agency by (*name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] (*Name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**1.2 Child alleged to be dependent**:

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  | Child’s Sex: |
| Home Address |  |

**1.3 Parent(s) or Legal Guardian(s)**:

|  |  |  |
| --- | --- | --- |
|  | [ ] **Parent 1** [ ] presumed [ ] alleged | [ ] **Parent 2** [ ] presumed [ ] alleged |
| Name | 1 | 2 |
| Date of Birth |  |  |
| Sex |  |  |
| Marital status | [ ] single [ ] married [ ] other  | [ ] single [ ] married [ ] other |
| Driver’s License or Identicard (# and State) |  |  |
| Home Address |  |  |
| Contact Information |  |  |
|  | [ ] **Parent 3** [ ] presumed [ ] alleged | [ ] **Custodian/Legal Guardian** |
| Name | 3 | 4 |
| Date of Birth |  |  |
| Sex |  |  |
| Marital status | [ ] single [ ] married [ ] other |  |
| Driver’s License or Identicard (# and State) |  |  |
| Home Address |  |  |
| Contact Information |  |  |

**1.4 Child’s Indian Status**:

[ ] Based upon the following, the Petitioner does not have reason to know the child is or may be an Indian child, as defined in RCW 13.38.040 and 25 U.S.C. § 1903(4), and the Federal and Washington State Indian Child Welfare Acts do not apply to this proceeding:

 .

[ ] Based upon the following, the Petitioner knows or has reason to know the child is or may be an Indian child, as defined in RCW 13.38.040 and 25 U.S.C. § 1903(4), and the Federal and Washington State Indian Child Welfare Acts do apply to this proceeding:

 .

[ ] The Petitioner has made the following preliminary efforts to provide notice of this proceeding to all tribes to which the Petitioner knows or has reason to know the child may be **(1)** a member or **(2)** eligible for membership, if the biological parent is also a member:

 .

**1.5 Dependency:** The child should be declared dependent, according to RCW 13.34.030(6),

as follows:

(DEPABN) [ ] (a) the child has been abandoned, as defined in RCW 13.34.030;

(DEPAN) [ ] (b) the child is abused or neglected, as defined in chapter 26.44 RCW,

by a person legally responsible to care for the child; or

(DEPNPGC) [ ] (c) the child has no parent, guardian, or custodian capable of

adequately caring for the child, such that the child is in circumstances which constitute a danger of substantial damage to the child’s psychological or physical development.

**1.6 Allegations:** The allegation of dependency is based on the following facts:

**1.7** [ ] **Educational Liaison (Youth in Grades 6 -12)**

The child meets the criteria for appointment of an educational liaison. DCYF/Supervising Agency recommends that the court appoint an educational liaison.

**II. Relief Requested**

The Petitioner requests that the court find the child dependent, enter an order of dependency, and grant the relief below:

[ ] enter a disposition order that includes placement, parent-child and sibling visitation, and services;

[ ] appoint an educational liaison;

[ ] order a parent to cooperate with the establishment of paternity;

[ ] order a parent to sign releases for information.

[ ] other:

Dated:

 Petitioner

 Type or Print Name/Title WSBA No.

**III. Certification**

I declare, under penalty of perjury under the laws of the State of Washington, that the foregoing representations are true and correct.

Signed at(*city*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,** Washington on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name

**IV. Reasonable Justification**

The Petitioner is not DCYF and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County has paid probation officers. The below signed probation officer, to the extent possible, has determined that the petition is reasonably justifiable.

Signed at (*city*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name