

Superior Court of Washington, County of _____

In re:

Petitioner/s (*person/s who started this case*):

And Respondent/s (*other party/parties*):

No. _____

Declaration about Public Assistance
(DAPA)

Declaration about Public Assistance

1. Your name: _____
2. Have you or anyone else ever received cash assistance from TANF, Tribal TANF or AFDC for any child in this case? (*Check one*): Yes No I don't know
(*You do **not** have to report Food Stamps or Day Care Assistance.*)
3. Have you or anyone else ever received benefits from Medicaid or medical coupons for any child in this case? (*Check one*): Yes No I don't know
(*You do **not** have to report Basic Health or S-CHIP.*)
4. Is any child in this case in foster care or out-of-home placement?
(*Check one*): Yes No I don't know

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): _____ Date: _____

▶

Sign here

Print name

Important! If you answered "Yes" to any question, you **must** serve the local County Prosecuting Attorney's Office, Family Support Section, copies of all papers you file in this case. You must do this:

- At least five days before you ask the court to sign a *temporary* order, and
- At least twenty days before you ask the court to sign a *final* order.