

**Superior Court of Washington, County of \_\_\_\_\_**

In re parentage:

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

\_\_\_\_\_

\_\_\_\_\_

And Respondents:

*(parent / presumed parent / possible genetic parent)*

\_\_\_\_\_

\_\_\_\_\_

No. \_\_\_\_\_

Declaration about a Child's Best Interest  
(DCLR)

**Declaration about a Child's Best Interest**

*(Fill out a separate Declaration for each child in this case.)*

**I declare:**

My name is \_\_\_\_\_.

This case involves:

- a challenge to the current legal parents (presumed, acknowledged, or court ordered), OR
- competing claims of parentage between two or more persons.

➤ **Best Interest of the Child**

1. **Child** – This declaration is about *(child's name)*: \_\_\_\_\_ *(age)* \_\_\_\_\_.

2. **Type of claim** – *Write the name of each person who has a claim about parentage and check that person's relationship to the child.*

|  | You                      | Other Person             | Other Person             | Other Person             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Name (full name)   |                          |                          |                          |                          |
| <i>Check one box for each party. These options are based upon the person's claim about parentage from their petition or response form.</i> |                          |                          |                          |                          |
| gave birth to the child  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| is a possible genetic  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | You                      | Other Person             | Other Person             | Other Person             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| parent  |                          |                          |                          |                          |
| is a parent by court order (in a parentage, adoption or divorce case) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| is a presumed parent  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| is an acknowledged parent (signed an Acknowledgment of Parentage)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| is not a parent (signed a Denial of Parentage)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| consented to assisted reproduction with the intent to be a parent     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| agreed to be a parent under a surrogacy agreement                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. **Length of time in role** – How long has each person acted as (assumed the role of) the child's parent (*use dates, if known*)?

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4. **Nature of relationship** – Describe each person's relationship with the child.

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5. **Harm to child** – What would be the harm (if any) to the child if the relationship between the child and each person is not recognized?

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6. **Other factors** – Describe any other factors arising from the disruption of the relationship between the child and each possible parent or the likelihood of other harm to the child:

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➤ ***If parentage is challenged based on genetic testing, also complete 7 and 8:***

7. **Facts surrounding the discovery that the person may not be a genetic parent:**

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8. **How much time passed between finding out the person may not be a possible genetic parent and starting this case:**

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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 \_\_\_\_\_ Date: \_\_\_\_\_  
*city state*

▶ \_\_\_\_\_  
*Sign here Print name here*