Superior Court of Washington, County of	
In re:	
Petitioner/s (person/s who started this case):	No
	Declaration of
	(name):
And Respondent/s (other party/parties):	(DCLR)
Declaration of (name):	
<b>1.</b> I am (age): years old and I am the	(check one): ☐ Petitioner ☐ Respondent
☐ Other (relationship to the people in this	case):
<b>2.</b> I declare:	

(Number any pages you attach to	this Declaration. Page limits may apply.)
	ws of the state of Washington that the facts I have re true.   I have attached (number): pages.
Signed at (city and state):	Date:
•	
Sign here	Print name
Financial, medical, and confidential reports, as decan only be seen by the court, the other party, a	available for anyone to see unless they are sealed. escribed in General Rule 22, <b>must</b> be sealed so they and the lawyers in your case. Seal those documents heet (form FL All Family 011, 012, or 013). You may