

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 parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	You	Other Person	Other Person	Other Person
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*)?

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

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?

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:

➤ ***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:**

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

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