Superior Court of Washington, County of				
In re parentage:				
Petitioner/s (person/s who started this case):	No			
And Respondent/s (intended parent/s, or person acting as surrogate and their spouse, if any):	Pre-Birth Petition to Decide Parentage - Gestational Surrogacy (PTDTPSA/PAS) or Assisted Reproduction (PTDTP/PAT)			

Pre-Birth Petition to Decide Parentage - Gestational Surrogacy or Assisted Reproduction

Use this form after a child has been conceived through Gestational Surrogacy or Assisted Reproduction where all parties agree to a pre-birth order. (Note: While surrogacy uses assisted reproductive technology, in this form, "assisted reproduction" means situations where the person giving birth is an intended parent and not a surrogate carrying the child for other people to parent).

Do not use this form for

- Adoption.
- Genetic Surrogacy.
- A child conceived by sexual intercourse.

1. Type of Agreement

I/we ask the court for a pre-birth order to decide the parents of a child conceived under (check one below and check the related box in the form title, above):

- a gestational surrogacy agreement. (RCW 26.26A.700 .755.)
- an assisted reproduction agreement (where the birth parent is an intended parent). (RCW 26.26A.600 .615.)

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2. Parties to this case

	Petitioner	Petitioner	Respondent	Respondent			
Name (full name)							
Lives in (county, state)							
Check one box for each party:							
Birth parent and intended parent by assisted reproduction							
Intended Parent by assisted reproduction							
Person acting as a surrogate							
Spouse of person acting as surrogate							
Intended Parent according to a surrogacy agreement							

3. Authority to decide this case (Jurisdiction)

Washington state has personal jurisdiction (authority to make decisions) over Respondent/s (*name/s*): ______ in this surrogacy or assisted reproduction case. Respondent/s join this petition and agree the court can decide their rights in this case.

Washington state will have exclusive, continuing jurisdiction over all matters involving the agreement until 90 days after the child's birth. (For surrogacy only)

4. Correct County (Venue)

This is the correct county for this case to be heard because this is where (check all that apply):

- the parties agreed to file the case.
- a Respondent lives or is located.
- an Intended Parent lives. (For surrogacy only)
- a medical evaluation or procedure, or a mental health consultation happened. (*For surrogacy only*)

5. Surrogacy Agreement

Does not apply. This is an assisted reproduction case where the person giving birth is an intended parent.

The person acting as a surrogate, the spouse of the person acting as surrogate (if any) and the intended parent/s signed a surrogacy agreement on *(date)*:_____.

Note: The Surrogacy Agreement is not required to be filed with the court; but must be available for the court to review. If you want to file the agreement with the court, file it separately. If the agreement includes confidential health information, use form FL All Family 012 Sealed Personal Health Care Records (Cover Sheet).

I/we affirm that the Surrogacy Agreement meets ALL of the following requirements (RCW 26.26A.705 - .715):

The surrogacy agreement meets the requirements of RCW 26.26A.705 - .710. The person acting as a surrogate:

- Is 21 years old or older.
- Previously has given birth to at least one child but not enter into more than two surrogacy agreements that result in the birth of children.
- Completed a medical evaluation related to the surrogacy arrangement by a licensed medical doctor.
- Completed a mental health consultation by a licensed mental health professional.
- Had independent legal representation of their choice, paid for by the intended parent/s, throughout the surrogacy arrangement about the terms of the surrogacy agreement and the potential legal consequences of the agreement. The lawyer is named in the agreement.

The intended parent/s:

- Is/are 21 years or older.
- Completed a medical evaluation related to the surrogacy arrangement by a licensed medical doctor.
- Completed a mental health consultation by a licensed mental health professional.
- Had independent legal representation of their choice throughout the surrogacy arrangement regarding the terms of the surrogacy agreement and the potential legal consequences of the agreement. The lawyer is named in the agreement.

All parties signed the agreement in front of a notary or witnesses **before** a medical procedure occurred (other than the medical evaluation or mental health consultation). Each intended parent and the person acting as a surrogate received a signed copy of the agreement.

The content of the surrogacy agreement meets the requirements of RCW 26.26A.715.

	The surrogacy agreement complies with all the provisions of RCW 26.26A.705, .710, or .715, except in these ways:
	I/we ask the court to decide our rights and duties consistent with our intent when we signed the agreement. (RCW 26.26A.755(2).)
6.	Assisted Reproduction Agreement
	Does not apply. This is a surrogacy case.
	(Intended Parents' Names): consented to assisted reproduction with the intent that they would all be parents. The consent was not withdrawn. Proof of consent is (check one):
	in a written agreement or record, including through a fertility clinic.
	not in writing. However, the intended parents had an express agreement before conception that they would all be parents of the child.
7.	Request Order about Parentage
	I/we request the court enter an order affirming that the intended parents, including the birth parent in assisted reproduction, are the legal parents of the child conceived through surrogacy or assisted reproduction with all the rights and duties of natural or adoptive parents.
	Intended Parent <i>(name):</i>
	Intended Parent (name):
	Declare that the woman acting as a gestational surrogate and the surrogate's spouse, if any, are not the parents of the child.
8.	Birth Record
	I/we ask the court to direct the state registrar of vital statistics to list each intended parent as

I/we ask the court to direct the state registrar of vital statistics to list each intended parent as a legal parent of the child on the birth certificate and any other birth records.

Other (specify):

RCW 26.26A.700755;			
RCW 26.26A.600615			
(01/2019)			
FL Parentage 351			

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9. Other (*if any*)

Petitione	r/s fills out below:				
	under penalty of perjury un on this form are true.	der the laws	of the state of Wash	ington that the	e facts I have
Signed a	t (city and state):		Date:		
Petitioner	signs here		Print name		
Petitioner	signs here		Print name		
Petitione	r's lawyer (if any) fills out	below:			
Petitioner	's lawyer signs here	Print nai	me and WSBA No.	Da	ate
Respond	lent joins this Petition:				
and this □	name) I sign below, the court may joinder before the court sig I do not need to be notified Surrogacy Agreement or As I ask the Petitioner to notify Surrogacy Agreement or As address where you agree t or any other address.)	approve the ins final orde when the Fi ssisted Rep me when the ssisted Rep	requests listed in thi ers. <i>(Check one):</i> nal Pre-Birth Parenta oduction will be sign ne Final Pre-Birth Pa oduction will be sign	is Petition unle age Order - Ge led by the cou rentage Order led by the cou	ess I revoke estational rt. - Gestational rt. (List an
	address		city	state	zip
•	(If this address changes be clerk in writing. You may u You must also update your	ise the Notic	e of Address Chang	e form (FL All	Family 120).
Res	pondent signs here	F	Print name		Date
Other Re	spondent joins this Petition	on:			
and	name)	approve the			
	I do not need to be notified Surrogacy Agreement or A				
	,,	Petition to Decio			

□ I ask the Petitioner to notify me when the Final Pre-Birth Parentage Order - Gestational Surrogacy Agreement or Assisted Reproduction will be signed by the court. (List an address where you agree to accept legal documents. This may be a lawyer's address or any other address.)

addresscitystatezip(If this address changes before the case ends, you **must** notify all parties and the courtclerk in writing. You may use the Notice of Address Change form (FL All Family 120).You must also update your Confidential Information Form (FL All Family 001).)

Respondent signs here

Print name

Date

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