

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

In re:

Petitioner/s (as listed on the Petition):

\_\_\_\_\_

And Respondent/s (as listed on the Petition):

\_\_\_\_\_

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

Sexual Assault Allegation  
(SAA)

[ ] Interpreter needed

## Sexual Assault Allegation

*Use this form in parentage cases only. This form may be filed with a Response.*

**Important!** There will be a fact-finding hearing on the Sexual Assault Allegation. The court may not set this hearing automatically. Contact the court for scheduling information and read your county's Local Court Rules, if any. A person receiving this allegation may file a Response to Sexual Assault Allegation (FL Parentage 384).

### Deadlines!

- **At least 14 days** before the hearing – the person making the sexual assault allegation must file and serve declaration/s or other evidence supporting the allegation.
- **At least 5 days** before the hearing – the person responding to the allegation may file and serve declaration/s or other evidence opposing the allegation.

### To both parties:

Read your county's Local Court Rules, if any. Court Rules and forms are online at [www.courts.wa.gov](http://www.courts.wa.gov).

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

Bring proposed orders to the hearing.

The court will cancel the fact-finding hearing if genetic testing shows that the person accused of sexual assault is not biologically related to the child.

**1.** My name is: \_\_\_\_\_ . I am filing this *Allegation* together with my *Response to Petition to Decide Parentage*.

**2. Allegation**

I was sexually assaulted by (*name*): \_\_\_\_\_ and became pregnant from the assault. I gave birth to the following child within 320 days after the sexual assault:

Child's name	Date/s of assault	Date of birth
1.		
2.		

*(If multiple children are listed, change "child" to "children" in this form as needed.)*

**3. Request for Hearing**

I ask the court to schedule and hold a fact-finding hearing on this allegation.

*(Contact the court for scheduling information.)*

I ask that the fact-finding hearing be closed to the public.

**4. Proof of sexual assault**

At least 14 days before the fact-finding hearing on this allegation of sexual assault, I will file and serve declaration/s or other evidence that the person named in section **2.** above *(check one)*:

was convicted of or pleaded guilty to a sexual assault against me under RCW 9A.44.040, 9A.44.050, 9A.44.060 (rape in the first, second or third degree), or a comparable crime of sexual assault including rape of a child of any degree, in this state or in any other jurisdiction, and the child was born within 320 days after the sexual assault.

committed sexual assault against me that was nonconsensual sexual penetration resulting in pregnancy, and the child was born within 320 days after the sexual assault.

**5. Genetic Testing**

*(Check one):*

I ask the court to order genetic testing before holding a fact-finding hearing on the Sexual Assault Allegation. I will file and serve a *Motion for Genetic Testing*, form FL Parentage 308.

I am **not** asking for genetic testing.

**6. Request to seal documents**

The court must decide at the fact-finding hearing whether the declaration/s and other evidence filed by both parties should be sealed by the clerk so that they may not be seen by anyone without a court order allowing it. *(Each party must still give a copy of their evidence to the other side.)*

I ask the court to order that the declaration/s and other evidence filed by both parties for the fact-finding hearing be sealed because (*give reasons*):

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## 7. Parentage

I ask the court to find that the child listed above was born as a result of sexual assault and that that the person who committed the sexual assault is **not** a legal parent of the child even if genetic testing shows that s/he is the biological parent. I ask the court to order that s/he has no right to residential time with the child, to decision making for the child, to inherit from the child, or to be notified about or object to adoption of the child.

**Important!** *The victim can request in writing that the court not order one or more of the restrictions or limitations listed above.*

## 8. Birth Record

No request to change birth records.

Child's Name: I ask the court to change the child's name in the birth record to:

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Parents Listed: I ask the court to change the parents listed on the child's birth record based on the parentage decision in this case.

## 9. Parenting plan or residential schedule

There is no *Parenting Plan, Residential Schedule*, or custody/visitation order involving Respondent and this child.

I ask the court to terminate the *Parenting Plan, Residential Schedule*, or custody/visitation order involving Respondent and this child from the case/s listed (*fill out below*):

Kind of case <i>(Family Law, Criminal, Protection Order, Juvenile, Dependency, Other)</i>	County and State	Case number and year

## 10. Child Support

*(Check one):*

I ask the court to order the person who committed the sexual assault to pay child support and/or birth-related costs.

- I do **not** want the court to order the person who committed the sexual assault to pay child support and/or birth-related costs.
- I ask the court to end the person who committed sexual assault's obligation to pay child support for the children. *(To suspend child support before this case is finished, a party must file a motion and show good cause.)*

**11. Finding of sexual assault in a civil or criminal case**

A court found in a separate criminal or civil case that the person named in section **2** committed a sexual assault against me. *(Give details below:)*

Date of verdict or order	Court and county	Case number	Document title

**12. Time limits and waiver**

The law sets time limits for making a sexual assault allegation. If the time limits for a child who has a **presumed, acknowledged, or adjudicated** parent have already passed, the law allows the court to waive the time limit if this sexual assault allegation is made before January 1, 2020.

- *Presumed parent is a legal parent based on marriage or domestic partnership (see presumed parent section of the Petition).*
- *Acknowledged parent is a legal parent because s/he signed an Acknowledgment of Paternity filed with the appropriate state agency.*
- *Adjudicated parent is a legal parent because a court ordered it.*

*(Check one):*

- There is **no** presumed, acknowledged, or adjudicated parent. Therefore, there is no time limit for filing this allegation.
- There is a **presumed** parent. I am filing this allegation *(check one)*:
  - on or before each child's 4<sup>th</sup> birthday.
  - after a child's 4<sup>th</sup> birthday, but before January 1, 2020, and I ask the court to waive the time limit. The presumed parent was found in a separate criminal or civil proceeding to have committed sexual assault against me.
- There is an **acknowledged** parent.
 

The *Acknowledgment of Parentage* was effective on the child's birth date or on the date the *Acknowledgment of Parentage* was filed whichever date is later. I am filing this allegation *(check one)*:

  - less than 4 years after the effective date of the *Acknowledgment of Parentage*.
  - more than 4 years after the effective date of the *Acknowledgment of Parentage*, but before January 1, 2020 and I ask the court to waive the time limit. The

acknowledged parent was found in a separate criminal or civil proceeding to have committed sexual assault against me.

[ ] There is an **adjudicated** parent. I am filing this allegation before January 1, 2020. I ask the court to waive the time limit. The adjudicated parent was found in a separate criminal or civil proceeding to have committed sexual assault against me.

**Person making this allegation fills out below:**

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*

**Lawyer (if any) fills out below:**



\_\_\_\_\_  
*Petitioner's lawyer signs here*

\_\_\_\_\_  
*Print name and WSBA No.*

\_\_\_\_\_  
*Date*