

Superior Court of Washington, County of _____
Juvenile Court

In re:

D.O.B.: _____

No: _____

Notice of Intent to File Dependency
Petition – Extended Foster Care
(NTIEFC)

To: The Clerk of the Court

The Juvenile Court of (name of county) _____

DCYF _____

Please be advised that I intend to file a Dependency Petition – Extended Foster Care asking the court to:

- Decide if I am eligible for extended foster care services.
- Enter an order of dependency.

I requested extended foster care services from DCYF while under 21 years of age, and was notified in writing that my request was declined.

I understand that an attorney must be appointed to represent me at no cost.

I declare, under penalty of perjury under the laws of the State of Washington, that the statements above are true and correct.

Signed at _____ (city) _____ (state) on (date) _____

Signature of Youth

Print or type Name

Address

Telephone
