**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