

Superior Court of Washington, County of _____
Juvenile Court

Dependency of: _____

No: _____

**Joinder and Request for
Appointment of Counsel
(JN, RQ)**

D.O.B.: _____

Clerk's Action Required: 1 and 2

1. Joinder

I have read the *Dependency Petition – Extended Foster Care* and join in it. I understand that by joining in the petition, an order finding me dependent and placing me under the placement and care authority of the Department of Children Youth and Families will be entered and that I will remain dependent until I no longer meet the eligibility requirements of the extended foster care program, I reach the age of 21, or I ask the court to dismiss the dependency.

2. Request for Counsel

[] I request that counsel be appointed to represent me in this dependency proceeding.

Dated: _____

Signature of Joining Party

Print or Type Name