

**Superior Court of Washington, County of _____
Juvenile Court**

STATE OF WASHINGTON v.

No: _____

**Motion and Declaration for Declination
Hearing
(MTAF)**

Respondent(s)

D.O.B.: _____

I. Motion

The undersigned requests the court to schedule a hearing to determine whether the court should decline to exercise Juvenile Court jurisdiction over the Respondent and instead transfer the case to the Superior Court for Respondent's handling as an adult.

Dated: _____

Signature

Type or Print Name/Title/Agency/Bar Number

II. Declaration

I, _____, declare as follows:

- 2.1** I am _____. I make this declaration of personal knowledge and could and would competently testify to its contents.
- 2.2** The Respondent's date of birth is: _____.
- 2.3** [] The Respondent is 14 years or younger at the time of the alleged offense and Respondent is charged with murder in the first degree (RCW 9A.32.030), and/or murder in the second degree (RCW 9A.32.050). A discretionary decline hearing is requested.

- [] The Respondent is at least 15 years old at the time of the alleged offense and Respondent is charged with a serious violent offense as defined in RCW 9.94A.030. A discretionary decline hearing is requested.
- [] The Respondent is any age, is charged with custodial assault, RCW 9A.36.100, and at the time Respondent is charged, is already serving a minimum juvenile sentence to age 21. A discretionary decline hearing is requested.
- [] The Respondent is serving a minimum juvenile sentence to age 21 and an information is filed charging Respondent with escape. A mandatory decline hearing must be held unless waived by the court, the parties, and their counsel.

2.4 Pursuant to RCW 13.40.110, the matter should be set for a hearing on the question of declining jurisdiction to determine whether to transfer the pending charge(s) for adult criminal prosecution.

I declare, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

Signed at: (*city*) _____ on (*date*) _____

Signature

Type or Print Name/Title/Agency/WSBA No.