

**Superior Court of Washington  
County of**

In re:

and

Petitioner(s),

Respondent(s).

**No.**

**Declaration Regarding Public  
Assistance  
(Optional Use)  
(DCLR)**

I, \_\_\_\_\_, declare as follows:

- I am currently receiving public assistance for children in my household. I understand that “public assistance” means either medical assistance (Medicaid or medical coupons, but not Basic Health or SCHIP) and/or TANF (Temporary Assistance to Needy Families), but does not mean food stamps or daycare assistance.
- I have in the past received public assistance on behalf of children I have in common with the other party named in the petition.
- I have never received public assistance on behalf of any child(ren) I have in common with the other party named in the petition.
- One or more of the children involved in this case are in foster care or out-of-home placement.
- None of the children involved in this case are in foster care or out-of-home placement.
- Because I have received public assistance, I served the prosecuting attorney or attorney general with a copy of the Notice of Entry of Final Order at least 20 days prior to entry of the order, as required by RCW 26.23.130.
- Because I have received public assistance, I served the prosecuting attorney or attorney general with a copy of the Notice of Entry of Temporary Order at least 5 days prior to entry of the order, as required by RCW 26.23.130.

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

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Signature