

Superior Court of Washington, County of \_\_\_\_\_

In re parentage:

Petitioner/s (person/s who started this case):

\_\_\_\_\_  
\_\_\_\_\_

And Respondent/s (intended parent/s, or person acting as surrogate and their spouse, if any):

\_\_\_\_\_  
\_\_\_\_\_

No. \_\_\_\_\_

Pre-Birth Petition to Decide Parentage -

Gestational Surrogacy (PTDTPSA/PAS)

or

Assisted Reproduction (PTDTP/PAT)

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## Pre-Birth Petition to Decide Parentage - Gestational Surrogacy or Assisted Reproduction

*Use this form after a child has been conceived through Gestational Surrogacy or Assisted Reproduction where all parties agree to a pre-birth order. (Note: While surrogacy uses assisted reproductive technology, in this form, "assisted reproduction" means situations where the person giving birth is an intended parent and not a surrogate carrying the child for other people to parent).*

**Do not use this form for**

- Adoption.
- Genetic Surrogacy.
- A child conceived by sexual intercourse.

### 1. Type of Agreement

I/we ask the court for a pre-birth order to decide the parents of a child conceived under (check one below and check the related box in the form title, above):

- a gestational surrogacy agreement. (RCW 26.26A.700 - .755.)
- an assisted reproduction agreement (where the birth parent is an intended parent). (RCW 26.26A.600 - .615.)

2. **Parties to this case**

	Petitioner	Petitioner	Respondent	Respondent
Name (full name)				
Lives in (county, state)				
<i>Check one box for each party:</i>				
Birth parent and intended parent by assisted reproduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intended Parent by assisted reproduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person acting as a surrogate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse of person acting as surrogate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intended Parent according to a surrogacy agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **Authority to decide this case (Jurisdiction)**

Washington state has personal jurisdiction (authority to make decisions) over Respondent/s (*name/s*): \_\_\_\_\_ in this surrogacy or assisted reproduction case. Respondent/s join this petition and agree the court can decide their rights in this case.

Washington state will have exclusive, continuing jurisdiction over all matters involving the agreement until 90 days after the child's birth. (*For surrogacy only*)

4. **Correct County (Venue)**

This is the correct county for this case to be heard because this is where (*check all that apply*):

- the parties agreed to file the case.
- a Respondent lives or is located.
- an Intended Parent lives. (*For surrogacy only*)
- a medical evaluation or procedure, or a mental health consultation happened. (*For surrogacy only*)

## 5. Surrogacy Agreement

- Does not apply. This is an assisted reproduction case where the person giving birth is an intended parent.
- The person acting as a surrogate, the spouse of the person acting as surrogate (if any) and the intended parent/s signed a surrogacy agreement on (date): \_\_\_\_\_.

*Note: The Surrogacy Agreement is not required to be filed with the court; but must be available for the court to review. If you want to file the agreement with the court, file it separately. If the agreement includes confidential health information, use form FL All Family 012 Sealed Personal Health Care Records (Cover Sheet).*

- I/we affirm that the Surrogacy Agreement meets ALL of the following requirements (RCW 26.26A.705 - .715):

The surrogacy agreement meets the requirements of RCW 26.26A.705 - .710. The person acting as a surrogate:

- Is 21 years old or older.
- Previously has given birth to at least one child but not enter into more than two surrogacy agreements that result in the birth of children.
- Completed a medical evaluation related to the surrogacy arrangement by a licensed medical doctor.
- Completed a mental health consultation by a licensed mental health professional.
- Had independent legal representation of their choice, paid for by the intended parent/s, throughout the surrogacy arrangement about the terms of the surrogacy agreement and the potential legal consequences of the agreement. The lawyer is named in the agreement.

The intended parent/s:

- Is/are 21 years or older.
- Completed a medical evaluation related to the surrogacy arrangement by a licensed medical doctor.
- Completed a mental health consultation by a licensed mental health professional.
- Had independent legal representation of their choice throughout the surrogacy arrangement regarding the terms of the surrogacy agreement and the potential legal consequences of the agreement. The lawyer is named in the agreement.

All parties signed the agreement in front of a notary or witnesses **before** a medical procedure occurred (other than the medical evaluation or mental health consultation). Each intended parent and the person acting as a surrogate received a signed copy of the agreement.

The content of the surrogacy agreement meets the requirements of RCW 26.26A.715.



9. **Other (if any)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Petitioner/s fills out below:**

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (city and state): \_\_\_\_\_ Date: \_\_\_\_\_

▶ \_\_\_\_\_  
Petitioner signs here Print name

▶ \_\_\_\_\_  
Petitioner signs here Print name

**Petitioner’s lawyer (if any) fills out below:**

▶ \_\_\_\_\_  
Petitioner’s lawyer signs here Print name and WSBA No. Date

**Respondent joins this Petition:**

I, (name) \_\_\_\_\_, agree to join this *Petition*. I understand that if I fill out and sign below, the court may approve the requests listed in this *Petition* unless I revoke this joinder before the court signs final orders. (Check one):

- I do not need to be notified when the Final Pre-Birth Parentage Order - Gestational Surrogacy Agreement or Assisted Reproduction will be signed by the court.
- I ask the Petitioner to notify me when the Final Pre-Birth Parentage Order - Gestational Surrogacy Agreement or Assisted Reproduction will be signed by the court. (List an address where you agree to accept legal documents. This may be a lawyer’s address or any other address.)

\_\_\_\_\_ address city state zip

(If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information Form (FL All Family 001).)

▶ \_\_\_\_\_  
Respondent signs here Print name Date

**Other Respondent joins this Petition:**

I, (name) \_\_\_\_\_, agree to join this *Petition*. I understand that if I fill out and sign below, the court may approve the requests listed in this *Petition* unless I revoke this joinder before the court signs final orders. (Check one):

- I do not need to be notified when the Final Pre-Birth Parentage Order - Gestational Surrogacy Agreement or Assisted Reproduction will be signed by the court.

- I ask the Petitioner to notify me when the Final Pre-Birth Parentage Order - Gestational Surrogacy Agreement or Assisted Reproduction will be signed by the court. (List an address where you agree to accept legal documents. This may be a lawyer's address or any other address.)

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*address* *city* *state* *zip*

*(If this address changes before the case ends, you **must** notify all parties and the court clerk in writing. You may use the Notice of Address Change form (FL All Family 120). You must also update your Confidential Information Form (FL All Family 001).)*

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*Respondent signs here* *Print name* *Date*