

Superior Court of Washington, County of

In re parentage:

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

And Respondents:

*(person acting as a surrogate and their spouse, if any,
or intended parents)*

No. _____

Motion to Validate Genetic Surrogacy
Agreement
(MTVAG)

Motion to Validate Genetic Surrogacy Agreement

Use this form to ask the court to validate your genetic surrogacy agreement when all parties agree, and before assisted reproduction occurs or after conception by assisted reproduction but before the child's birth.

To all parties:

Deadline! Your papers must be filed and served by the deadline in your county's Local Court Rules, or by the State Court Rules if there is no local rule. Court Rules and forms are online at www.courts.wa.gov.

If you want the court to consider your side, you **must**:

- File your original documents with the Superior Court Clerk; AND
- Give the Judge/Commissioner a copy of your papers (if required by your county's Local Court Rules); AND
- Have a copy of your papers served on all other parties or their lawyers; AND
- Go to the hearing.

Read your county's Local Court Rules, if any.

Bring proposed orders to the hearing.

To the person filing this motion:

You must schedule a hearing on this motion. You should consult local court rules about how to get an agreed order signed by the court. You may use the *Notice of Hearing* (form FL All Family 185) unless your county's Local Court Rules require a different form. Contact the court for scheduling information.

1. **Agreed motion to validate agreement**

All parties ask the court to validate their genetic surrogacy agreement and signed this motion.

2. **Timing for making this request**

The court can validate the surrogacy agreement because:

- assisted reproduction has not occurred, or
- the child was conceived after assisted reproduction, but the child has not been born.
All parties agree the agreement should be validated.

3. **Surrogacy Agreement**

The person acting as a surrogate, and the spouse of the person acting as a 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 under form FL All Family 012 Sealed Personal Health Care Records (Cover Sheet).

We affirm that the Surrogacy Agreement meets all of the following requirements (RCW 26.26A.705 and .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 regarding 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, including any spouse of the person acting as a surrogate, signed the agreement in front of a notary or witness **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.

We affirm that the content of the Surrogacy Agreement meets the requirements of RCW 26.26A.715.

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/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: _____

▶ _____
Respondent signs here *Print name*

▶ _____
Respondent signs here *Print name*

Respondent's lawyer (if any) fills out below:

▶ _____
Respondent's lawyer signs here *Print name and WSBA No.* *Date*