Court of Washington, County of					
		No.			
Petitioner	DOB	Declaration of			
V.		(DCLR)	(Name)		
Respondent	DOB				
This declaration is made by:					
Age:					
Relationship to the parties in	this action:				
I declare,					
-					
_					

(Attach additional single-sided par Statement.)	ges if necessary a	and number them.	Use form PO 010,
I certify under penalty of perjury und true and correct. [ ] I have attached			
Signed at (City)	(State)	on ( <i>Date</i> )	
Signature of Declarant	 Prin	t or Type Name	
e.g. ataro or book and	7 1111	. c. Typo Hamo	