KITSAP COUNTY DISTRICT COURT STATE OF WASHINGTON

Date Of Birth –v. Date Of Birth –	Petitioner,	No DECLARATION OF (Name) AMENDED
Date Of Birth –	Respondent.	
This declaration is made by:		
Age:		
Relationship to the parties in	this action:	
I declare –		

(Attach additional single-sided pages if neces	sary and number them. Use form PO – Statement.
I certify under penalty of perjury under the law true and correct.	vs of the state of Washington that the foregoing is
[] I have attached (number of pages)	pages.
Signed at (City)(State) on (<i>Date</i>)
Signature of Declarant	Print or Type Name
e.g. ataro or booking.	o. Type Name