

**SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF
JUVENILE DIVISION**

VOLUNTARY FOSTER CARE
PLACEMENT OF:

NO.

**Declaration of Notification – Voluntary
Foster Care Placement Validation
Hearing**

An Indian Child

I, _____ hereby declare:

I am over the age of eighteen years; on the _____ day of _____, 20 _____,

at _____ a.m. /p.m. I notified the above named child's:

- mother
- father
- Indian custodian father
- tribe
- Other (specify) _____

of the foster care placement validation hearing regarding the child. Notification was accomplished by:

- personal service of written notice (copy attached)
- mailed written notice (copy attached)
- telephone
- telegraph
- telex
- Other (specify) _____

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

Signed at _____, Washington, this _____ day of _____ 20 _____

DECLARANT

ADDRESS

STREET

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

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