

Name of Requesting Party: _____
Driver's License/ID #: _____
Name of Involved Juvenile: _____
Juvenile's Date of Birth: _____
Date of Incident: _____
Police Report No.: _____

The undersigned makes the following Declaration under penalty of perjury as permitted by RCW 9A.72.085:

I am the Parent or Legal Guardian of _____ who is/was under the age of 18 when the records requested were generated.

I declare under the penalty of perjury under the laws of the State of Washington that the facts contained in this Declaration are true and correct.

Dated _____, 20__ Port Orchard, Washington.

Print Name: _____

Name of Requesting Party: _____
Driver's License/ID #: _____
Name of Involved Juvenile: _____
Juvenile's Date of Birth: _____
Date of Incident: _____
Police Report No.: _____

The undersigned makes the following Declaration under penalty of perjury as permitted by RCW 9A.72.085:

I am the Parent or Legal Guardian of _____ who is/was under the age of 18 when the records requested were generated.

I declare under the penalty of perjury under the laws of the State of Washington that the facts contained in this Declaration are true and correct.

Dated _____, 20__ Port Orchard, Washington.

Print Name: _____