**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON**

**FOR \_\_\_\_\_\_\_\_\_\_\_ COUNTY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| IN RE THE WELFARE OF \_\_\_\_\_\_ | Superior Court No. \_\_\_\_\_\_\_\_\_\_\_\_MOTION AND DECLARATIONFOR ORDER AUTHORIZING THEAPPELLANT TO SEEK REVIEWAT PUBLIC EXPENSE ANDAPPOINTING AN ATTORNEY |

**A. MOTION**

COMES NOW the appellant and moves the Court for an order allowing him/her to seek review at public expense and appointing an attorney. This motion is based on RAP 2.2(a)(1) and is supported by the following declaration.

DATED this day of , 2023

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**B. DECLARATION**

An order of dependency regarding my child(ren) was entered in \_\_\_\_\_ County Superior Court, Juvenile Division on \_\_\_\_\_\_\_\_\_\_\_. I desire to appeal the dependency order and all it entails. I believe that the appeal has merit and is not frivolous and make the following assignments of error:

I am indigent. The following declaration provides information as to my current financial status:

1.) That I am the appellant in the above-captioned cause;

2.) That I do/do not own any real estate (if so, appraised value is approximately $ and rental income is $ .);

3.) That I do/do not own any stocks, bonds, or notes (if so, value is approximately $ .);

4.) That I am/am not the beneficiary of a trust account or accounts (if so, income therefrom is approximately $ );

5.) That I own the following motor vehicles or other substantial items of personal property:

ITEM VALUE/AMOUNT OWED ON ITEM

 $

 $

 $

6.) That I do/do not have income from interest or dividends (if so, amount is approximately $ );

7.) That I have approximately $in checking account(s), $ in savings account(s), and $ in cash.);

8.) That I am/am not married (if so, my spouse's name and address is:

NAME ADDRESS

9.) That the following persons are dependent on me for their support:

NAME RELATIONSHIP AGE

10.) That I have the following substantial debts or expenses:

 MONTHLY

NAME AMOUNT OWED PAYMENT

 $ $

 $ $

 $ $

11.) That I am personally receiving public assistance from the following sources (or was until I was incarcerated):

AGENCY OR PROGRAM AMOUNT OF ASSISTANCE

 $

 $

12.) That I am/am not employed (if so, take-home pay is approximately $ per month.);

13.) That I have no substantial income other than what is set forth above;

14.) Other circumstances affecting my financial position include:

15.) That the foregoing is a true and correct statement of my financial position to the best of my knowledge and belief.

For the foregoing reasons, I request the Court to authorize me to seek review at public expense, including, but not limited to, all filing fees, attorney's fees, preparation of briefs, and preparation of verbatim report of proceedings as set forth in the accompanying order of indigency, and the preparation of necessary clerk's papers.

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

SIGNED in , Washington this day of , 2023

