

**SUPERIOR COURT OF WASHINGTON  
COUNTY OF SKAGIT - JUVENILE COURT**

In the Interest of:

\_\_\_\_\_

(Child/Juvenile Name)

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NO:

**CHILD IN NEED OF SERVICES (CHINS) PETITION**

**I. BASIS**

I represent to the court the following:

1.1 Identification of the parent/s or legal custodian/s and guardian/s:

Name	<sup>1</sup>	<sup>2</sup>
Date of Birth		
Driver's License or Identicard (# and State)		
Home Address		

The parents' marital status is: \_\_\_\_\_

1.2 Child alleged to be in need of services:

Name	
Date of Birth	
Sex	
Home Address	

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Juv. Ref. No.: \_\_\_\_\_



- 1.7 A serious conflict exists between the parent and child.
- a. The petitioner has made a reasonable effort to resolve the conflict.
  - b. Reasonable efforts have been made to prevent or eliminate the need for removal of the child from the child's home and to make it possible for the child to return home.
  - c. A suitable out-of-home placement resource is available.

**II. RELIEF REQUESTED**

I request that the court order out-of-home placement of the child.

**III. CERTIFICATION**

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated at \_\_\_\_\_, Washington on \_\_\_\_\_.  
(Place) (Date)

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Telephone