

## Intention of Parents for Care of Minor Child

I/We, \_\_\_\_\_ [parent 1] and  
\_\_\_\_\_ [parent 2] are the legal  
parent(s) or guardian(s) of \_\_\_\_\_ [name of child],  
born on \_\_\_\_\_ [MM/DD/YYYY].

It is our intention that if one parent is not available to care for the child, the other parent will have custody of our child. If neither parent is available or the child only has one parent and no parent is available, it is the intention(s) of the parent(s) that:

\_\_\_\_\_ the child remain in the residential care of \_\_\_\_\_, who is  
named in the Durable Power of Attorney for Parental Powers. The contact information for this  
person is:

\_\_\_\_\_  
\_\_\_\_\_ (address, phone  
number, email address)

and/or

\_\_\_\_\_ the child be reunited with me wherever I am (including my home country).

Contact info for the for me or of someone that can contact me:

\_\_\_\_\_  
\_\_\_\_\_ (address, phone  
number, email address)

This form does not need to be notarized to be valid.

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STATE OF WASHINGTON, COUNTY OF \_\_\_\_\_

On this day personally appeared before me the individuals whose signatures are below, known to me to be the individuals described herein and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes herein mentioned.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public for the State of Washington residing at \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

AGREED:

\_\_\_\_\_  
(Parent or Caregiver) Date: \_\_\_\_\_

\_\_\_\_\_  
(Parent or Caregiver) Date: \_\_\_\_\_