In the	Court for	C	ounty, State of
In re: The Marriage of: )			
)			
and ) Case No:			
)			
)			
DECLARATION UND	ER THE UNIFOR	M CHILD	CUSTODY JURISDICTION ACT
We, the undersigned,	a	nd	, are both parties to this
proceeding to determine the	e custody of a mino	r child, and	under oath state:
1. There is/are	minor child(ren) s	ubject to thi	s proceeding. For each child, the
name, sex, Social Security	number, date and p	lace of birth	, and time and place of residence and
name and relationship of pe	erson child lived wi	th for the pa	ast 5 years, is as follows: (Attach
additional sheet if necessar	y.)		
Child's Name:		Sex:	Date of Birth:
Place of Birth:		Social Sec	urity Number:
Present Residence:			
Person Child Lives With:			Relationship:
Dates of Residence: From:			To: Present
Previous Residence:			
Person Child Lived With:			Relationship:
Dates of Residence: From:			To:

Child's Name:	Sex:	Date of Birth:	
Place of Birth:	Social Security Number:		
Present Residence:			
Person Child Lives With:	R	Relationship:	
Dates of Residence: From:	Т	To: Present	
Previous Residence:			
Person Child Lived With:	-	Relationship:	
Dates of Residence: From:	Т	o:	

2. Neither party has participated as a party, witness or any other capacity in any other court

decision, order, or custody proceeding in this state or any other state, concerning the custody of

3. Neither party has and information concerning any other court decision, order, or custody proceeding in this state or any other state concerning the custody of a child subject to this

a child subject to this proceeding.

proceeding.

4. Neither party knows of any other person who is not already a party to this proceeding who has physical custody of, or who claims to have custody or visitation rights with, any child subject to this proceeding.

Dated this day of _		(year).	
Wife's Signature			
Address:			
Phone:			
State of			
County of	)		
On be	fore me,		, personally
appeared		_, personally know	n to me (or proved to me
on			
the basis of satisfactory evic	dence) to be the perso	n(s) whose name(s	) is/are subscribed to the
within instrument and acknowledge authorized capacity(ies), an	· ·	•	
or the entity upon behalf of	which the person(s) a	cted, executed the	instrument.
WITNESSmy hand and offi	cial seal.		
Signature	Affia	int Known	Produced
ID Signature of Notary		Type of ID	
		- Jpc of 12	(Seal)

Husband's Signature				
Address:				
Phone:				
State of	)			
County of	)			
On	before me,			, personally
appeared	·	, per	sonally know	vn to me (or proved to me
on the basis of satisfactor	ory evidence) to be th	ne person(s	) whose nam	ne(s) is/are subscribed to the
within instrument and ac	cknowledged to me the	hat he/she/	they execute	ed the same in his/her/their
authorized capacity(ies).	, and that by his/her/t	their signa	ture(s) on the	e instrument the person(s),
or the entity upon behalf	of which the person	(s) acted, e	executed the	instrument.
WITNESSmy hand and	official seal.			
Signature of Notony		Affiant	_ Known	Produced ID
Signature of Notary		Ty	pe of ID	
				(Seal)
IF A NONLAWYER H THE BLANKS BELOV		L OUT TH	IIS FORM T	THEY MUST FILL IN
I (name of nonlawyer) _	·		, 1	nonlawyer located at (street)
	(	(city)		(state)
•	•			who is the [ <b>✓one</b> only]
petitioner <b>or</b> respond	dent, fill out this forn	n.		