

**District Court of Washington  
County of Okanogan County**

In re:

and

Petitioner,  
  
Respondent.

**No.**

**Declaration re: Service  
Members Civil Relief Act  
(Active Duty Military)  
(AFSCR)**

(The **federal** Servicemembers Civil Relief Act covers:

- Army, Navy, Air Force, Marine Corps, and Coast Guard members on active duty;
- National Guard or Reserve members under a call to active service for more than 30 days in a row; and
- commissioned corps of the Public Health Service and NOAA.

The **state** Service Members' Civil Relief Act covers those service members listed above who are either stationed in or residents of Washington state and their dependents, except for the commissioned corps of the Public Health Service and NOAA.)

**I Declare** that:

(Name): \_\_\_\_\_ is **not** a service member or a dependent covered by the state or federal Service Members' Civil Relief Acts.

I **don't know** whether (name): \_\_\_\_\_ is a service member or a dependent covered by the state and/or federal Service Members' Civil Relief Act. I did the following things to find out:

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

(Name): \_\_\_\_\_ **is** a service member covered by the state or federal Service Members' Civil Relief Acts. (Check all that apply):

Branch of Service	Washington State Connection	Duty Status
<input type="checkbox"/> U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard)	<input type="checkbox"/> Stationed in or resident of Washington	<input type="checkbox"/> In military service (meaning active duty or a call to active service for more than 30 days in a row)
<input type="checkbox"/> National Guard or Reserves		<input type="checkbox"/> Is within 90 days after termination of or release from military service (50 USC 522(a)(1))
<input type="checkbox"/> commissioned corps of Public Health Service or National Oceanic and Atmospheric Administration	<input type="checkbox"/> None	<input type="checkbox"/> Is within 180 days after termination of or release from military service (RCW 38.42.060(1)(a))
		<input type="checkbox"/> <b>Not</b> on active duty or a call to active service for more than 30 days in a row

(Name): \_\_\_\_\_ **is a dependent** of (name): \_\_\_\_\_, who is a service member covered by the state Service Members' Civil Relief Act and who is under a call to active service for more than 30 days in a row. (Dependent means a spouse, child under 18, or other person who got at least 50% of his/her financial support from a covered service member.)

**I know this because** *(check all that apply):*

I have personal knowledge of his/her military or dependent status *(explain):*

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Other *(explain):* \_\_\_\_\_

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The attached report from the Defense Manpower Data Center (DMDC) shows his/her status. *(To get the report, visit <https://scra.dmdc.osd.mil/scra/#/home>. You will need his/her birth date or social security number to search this website.)*

I sent him/her a *Notice re Military Dependent* (form All Cases 01.0230) to inform him/her of dependents' rights. S/he did not respond within 20 days claiming to be a protected military dependent. Therefore, the other party should not be considered a protected military dependent.

The *Notice* was *(check one)*:  personally served on *(date)*: \_\_\_\_\_

mailed by first class mail on *(date)*: \_\_\_\_\_

S/he is a service member or a dependent **covered** by the state and/or federal Service Members' Civil Relief Act, and *in this case*:

has his/her own lawyer.

has a lawyer appointed by the court.

The court:

has suspended or delayed this case.

has **not** suspended or delayed this case.

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

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner or Lawyer/WSBA No.

\_\_\_\_\_  
Print Name