

STATEOF WASHINGTON DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Office Mailing Address City State Zip Code

	Office	Mailing Address C	ity State Zip Cod	e
Date				
Dear:				
•	requesting to partici to participate in the E		•	C) program on based on the following
You were	e not in a dependency	on your 18 th birtho	lay.	
You reached the age of 21 or older before January 27, 2020.				
It is after September 30, 2021, and you have reached the age of 21 or older				
Other				

If you believe we have denied your request in error, you <u>must</u> file with your local Superior Court a Notice of Intent to File a Petition for Dependency within 30 days and ask to establish a non-minor dependency action. You may also request that an attorney be appointed to represent you in regard to the dependency petition.

Sincerely,

Department of Children, Youth, and Families

cc: Case File