



## Notice to Foreign Consulate of Child Protection Proceedings

This Notice is provided pursuant to Article 37(b) of the Vienna Convention on Consular Relations and relates to a foreign national child who is the subject of a Washington State child dependency proceeding.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

To: Embassy / Consulate of \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
COUNTRY CITY STATE

Fax: \_\_\_\_\_

(See [www.travel.state.gov/CNA](http://www.travel.state.gov/CNA) for telephone/fax numbers).

The Washington State Department of Children, Youth, and Families is responsible for providing child welfare services to children who are alleged to be at risk of harm because they have been abused, neglected or abandoned or because their parents are unable to adequately care for them. The Department has requested court intervention for the protection of the following child who is believed to be a national of your country.

Child's name : \_\_\_\_\_ Date and Place of Birth: \_\_\_\_\_

Passport number (if known): \_\_\_\_\_

Mother's name: \_\_\_\_\_ Date and Place of Birth: \_\_\_\_\_

Fathers's name: \_\_\_\_\_ Date and Place of Birth: \_\_\_\_\_

Other Family Contact (s) Name \_\_\_\_\_ Date and Place of Birth: \_\_\_\_\_

The pending legal case has been filed under Cause No. \_\_\_\_\_, in the Superior Court for  
\_\_\_\_\_ County, \_\_\_\_\_  
ADDRESS

The next hearing is scheduled for \_\_\_\_\_ at \_\_\_\_\_.  
DATE TIME

The Department welcomes any assistance your office can provide to this child and/or family, including identifying family members or other resources that might benefit this child.

**If the child's parent(s) are unwilling or unable to provide the child with a safe environment, the Department may seek further court orders restricting or terminating parental or custodial rights to this child.**

To obtain more information about the case, or to arrange for consular access, contact:

\_\_\_\_\_  
DCYF CASE WORKER NAME TELEPHONE NUMBER FAX NUMBER

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR NAME TELEPHONE NUMBER FAX NUMBER

EMAIL: \_\_\_\_\_