



CASE NAME:	CASE NUMBER:
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- 8. UNDER THE INDIAN CHILD WELFARE ACT:**
1. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to be present at all hearings.
  2. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to intervene in the proceedings.
  3. If the parents or custodians have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
  4. If the child's tribe, any parent, or any Indian custodian requests it, the court will permit the hearing to be held up to 20 days after receipt of this notice.
  5. The date, time, and place of the hearing are on the first page of this form.
  6. If the tribe has a tribal court, the tribe, any parent, or any Indian custodian of the child may request a transfer of the case to the child's tribal court. They also have the right to refuse to have the case transferred to the tribal court.
  7. The proceedings could lead to the removal of the child from the custody of the parent or Indian custodian and possible adoption of the child.
  8. Juvenile Court proceedings are confidential. Information concerning the juvenile court proceedings should be kept confidential.

**INFORMATION ON CHILD WHO IS THE SUBJECT OF AN INVOLUNTARY CUSTODY PROCEEDING**  
*(Indicate if any of the information requested below is unknown or nonapplicable.)*

*Attach any information that might be of assistance in determining the child's Indian status, including names and addresses of extended family members who may have Indian heritage.*

<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>	<input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b>
NAME (including maiden, married, and former or aliases):	NAME (including maiden, married, and former or aliases):
ADDRESS (current and former)	ADDRESS (current and former)
BIRTHDATE AND PLACE:	BIRTHDATE AND PLACE:
TRIBE, BAND, AND LOCATION:	TRIBE, BAND, AND LOCATION:
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:
IF DECEASED, DATE AND PLACE OF DEATH:	IF DECEASED, DATE AND PLACE OF DEATH:
ADDITIONAL INFORMATION:	ADDITIONAL INFORMATION:

CASE NAME:	CASE NUMBER:
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**INFORMATION ON CHILD WHO IS THE SUBJECT OF AN INVOLUNTARY CUSTODY PROCEEDING**  
*(Indicate if any of the information requested below is unknown or nonapplicable.)*

<input type="checkbox"/> <b>Maternal</b> <input type="checkbox"/> <b>Grandmother</b>	<input type="checkbox"/> <b>Paternal</b> <input type="checkbox"/> <b>Grandfather</b>	<input type="checkbox"/> <b>Maternal</b> <input type="checkbox"/> <b>Grandmother</b>	<input type="checkbox"/> <b>Paternal</b> <input type="checkbox"/> <b>Grandfather</b>
NAME (including maiden, married, and former or aliases):		NAME (including maiden, married, and former or aliases):	
ADDRESS (current and former)		ADDRESS (current and former)	
BIRTHDATE AND PLACE:		BIRTHDATE AND PLACE:	
TRIBE, BAND, AND LOCATION:		TRIBE, BAND, AND LOCATION:	
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:		IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	
IF DECEASED, DATE AND PLACE OF DEATH:		IF DECEASED, DATE AND PLACE OF DEATH:	
ADDITIONAL INFORMATION:		ADDITIONAL INFORMATION:	

<input type="checkbox"/> <b>Maternal</b> <input type="checkbox"/> <b>Grandmother</b>	<input type="checkbox"/> <b>Paternal</b> <input type="checkbox"/> <b>Grandfather</b>	<input type="checkbox"/> <b>Maternal</b> <input type="checkbox"/> <b>Grandmother</b>	<input type="checkbox"/> <b>Paternal</b> <input type="checkbox"/> <b>Grandfather</b>
NAME (including maiden, married, and former or aliases):		NAME (including maiden, married, and former or aliases):	
ADDRESS (current and former)		ADDRESS (current and former)	
BIRTHDATE AND PLACE:		BIRTHDATE AND PLACE:	
TRIBE, BAND, AND LOCATION:		TRIBE, BAND, AND LOCATION:	
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:		IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	
IF DECEASED, DATE AND PLACE OF DEATH:		IF DECEASED, DATE AND PLACE OF DEATH:	
ADDITIONAL INFORMATION:		ADDITIONAL INFORMATION:	

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**INFORMATION ON CHILD WHO IS THE SUBJECT OF AN INVOLUNTARY CUSTODY PROCEEDING**  
*(Indicate if any of the information requested below is unknown or nonapplicable.)*

<input type="checkbox"/> <b>Maternal</b> <input type="checkbox"/> <b>Great-grandmother</b>	<input type="checkbox"/> <b>Paternal</b> <input type="checkbox"/> <b>Great-grandfather</b>	<input type="checkbox"/> <b>Maternal</b> <input type="checkbox"/> <b>Great-grandmother</b>	<input type="checkbox"/> <b>Paternal</b> <input type="checkbox"/> <b>Great-grandfather</b>
NAME (including maiden, married, and former or aliases):		NAME (including maiden, married, and former or aliases):	
ADDRESS (current and former)		ADDRESS (current and former)	
BIRTHDATE AND PLACE:		BIRTHDATE AND PLACE:	
TRIBE, BAND, AND LOCATION:		TRIBE, BAND, AND LOCATION:	
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:		IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	
IF DECEASED, DATE AND PLACE OF DEATH:		IF DECEASED, DATE AND PLACE OF DEATH:	
ADDITIONAL INFORMATION:		ADDITIONAL INFORMATION:	

<input type="checkbox"/> <b>Maternal</b> <input type="checkbox"/> <b>Great-grandmother</b>	<input type="checkbox"/> <b>Paternal</b> <input type="checkbox"/> <b>Great-grandfather</b>	<input type="checkbox"/> <b>Maternal</b> <input type="checkbox"/> <b>Great-grandmother</b>	<input type="checkbox"/> <b>Paternal</b> <input type="checkbox"/> <b>Great-grandfather</b>
NAME (including maiden, married, and former or aliases):		NAME (including maiden, married, and former or aliases):	
ADDRESS (current and former)		ADDRESS (current and former)	
BIRTHDATE AND PLACE:		BIRTHDATE AND PLACE:	
TRIBE, BAND, AND LOCATION:		TRIBE, BAND, AND LOCATION:	
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:		IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	
IF DECEASED, DATE AND PLACE OF DEATH:		IF DECEASED, DATE AND PLACE OF DEATH:	
ADDITIONAL INFORMATION:		ADDITIONAL INFORMATION:	

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**INFORMATION ON CHILD WHO IS THE SUBJECT OF AN INVOLUNTARY CUSTODY PROCEEDING**  
*(Indicate if any of the information requested below is unknown or nonapplicable.)*

- 1.  Birth father is named on birth certificate  Unknown
- 2.  Birth father has acknowledged paternity  Unknown
- 3.  There has been a judicial declaration of paternity  Unknown
- 4.  Other alleged father *(name each)*:

**The following optional questions may be helpful in tracing the ancestry of any person alleging Indian descent.**

1. Have you or any members of your family ever:

- a. Attended an Indian school?  Yes  No  Unknown

Name/relationship	Type of school	Dates attended	Location of school

- b. Received medical treatment at an Indian health clinic or U.S. Public Health Service hospital?  Yes  No  Unknown

Name/relationship	Type of treatment	Dates treatment received	Location where treatment received

- c. Lived on federal trust land, a reservation, a rancheria, or Indian allotment?  Yes  No  Unknown

Name/relationship	Name and address	Dates

2. Tribal Affiliation and Location *(Check any that apply)*.

- A.  1906 Final Roll      Name of relative: \_\_\_\_\_

The 1906 Final Roll was prepared by the Dawes Commission. Individuals who allege to be of Cherokee, Choctaw, Chickasaw, Creek, or Seminole ancestry from Oklahoma must provide the name of a relative listed on this final roll.

- B.  Roll of 1924      Name of relative: \_\_\_\_\_

The Roll of 1924 relates to the Eastern Band of Cherokees who were from states other than Oklahoma (such as North Carolina, Georgia, Mississippi, or another southeastern state). Individuals who allege to be of Eastern Cherokee descent must provide the name of a relative listed on the Roll of 1924.

- C.  California Judgement Roll      Roll number, if available: \_\_\_\_\_

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**CERTIFICATE OF MAILING**

**(To be completed by social worker, probation officer, or clerk of juvenile court)**

I certify that a copy of the *Notice of Involuntary Child Custody Proceedings for an Indian Child*, with a copy of the petition, was mailed as follows: Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or bureau as indicated below. Each envelope was sealed and deposited with the United States Postal Service at (*place*): \_\_\_\_\_ on (*date*): \_\_\_\_\_ .

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

**This form and any return receipts must be filed with the court.**

List all persons, tribes, or agencies provided notice with the full mailing address (*attach extra sheets if necessary*):