

NOTICE OF FORM CHANGE NO. 04-036

DATE

02/09/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SOC 820 (1/04) Notice Of Child Custody Proceedings For An Indian Child (Juvenile Court)

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 1/04	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

The SOC 820 (1/04) replaces the SOC 318 (4/00) and SOC 319 (4/00), which are now obsolete.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

HEARING INFORMATION

9. DATE OF NEXT HEARING:	TIME:	DEPARTMENT:	TYPE OF HEARING:
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Located at: Superior Court address on page 1 of this form.
 Other:

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

I certify that I am not a party to this cause and that an endorsed-filed copy of the foregoing notice, with a copy of the petition, was mailed as follows: Each copy was enclosed in an envelope with postage for registered mail, return receipt requested fully prepaid. The envelopes were addressed to each person, tribe, or bureau as indicated on page 1. Each envelope was sealed and deposited with the United States Postal Service at (place): _____ On (date): _____

 (DATE) (TYPE OR PRINT NAME) (SIGNATURE)

UNDER THE INDIAN CHILD WELFARE ACT:

1. The natural (biological) parents, any Indian custodian, and the child's tribe have the right to be present at all hearings.
2. The natural (biological) parents, any Indian custodian, and the child's tribe have the right to intervene at any point in the proceedings.
3. The parents or Indian custodians have a right to be represented by a lawyer. If they cannot afford to hire one, a lawyer will be appointed for them.
4. If the child's tribe, any parent, or Indian custodian requests it, the court will permit the hearing to be held up to 30 days after receipt of this notice.
5. The date, time, and place of the hearing are on the first page of this form.
6. The parent(s), Indian custodian(s) or the child's tribe has the right to petition the court for a transfer of the proceedings to the child's tribal court. They also have the right to refuse to permit the case to be transferred.
7. The proceedings could lead to the child being removed 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 A CUSTODY PROCEEDING
(Please indicate if any of the information requested below is unknown or non-applicable.)

Birth Mother	Birth Father
NAME (including maiden, married, and former or aliases)	NAME (including former or aliases)
ADDRESS (current and former)	ADDRESS (current and former)
BIRTH DATE AND PLACE	BIRTH DATE 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, PLACE OF DEATH	IF DECEASED, PLACE OF DEATH

Maternal Grandmother	Maternal Grandfather
NAME (including maiden, married, and former or aliases)	NAME (including former or aliases)
ADDRESS (current and former)	ADDRESS (current and former)
BIRTH DATE AND PLACE	BIRTH DATE 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, PLACE OF DEATH	IF DECEASED, PLACE OF DEATH

Paternal Grandmother	Paternal Grandfather
NAME (including maiden, married, and former or aliases)	NAME (including former or aliases)
ADDRESS (current and former)	ADDRESS (current and former)
BIRTH DATE AND PLACE	BIRTH DATE 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, PLACE OF DEATH	IF DECEASED, PLACE OF DEATH

Maternal Great-Grandparents	Paternal Great-Grandparents
NAME (including maiden, married, and former or aliases)	NAME (including former or aliases)
ADDRESS (current and former)	ADDRESS (current and former)
BIRTH DATE AND PLACE	BIRTH DATE 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, PLACE OF DEATH	IF DECEASED, PLACE OF DEATH

1. Birth father is named on birth certificate.
2. Birth father has acknowledged paternity.
3. There has been a judicial declaration of paternity.
4. Multiple fathers (see attached sheet).

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

Have you or any members of your family ever:

(1) Attended an Indian school? Yes No

Name/Relationship	Type(s) of Schools	Date(s) Attended	Location of School(s)

(2) Received medical treatment at an Indian health clinic or public health service hospital? Yes No

Name/Relationship	Type(s) of Treatment	Date(s) Treatments Received	Location Where Treatment(s) Received

(3) Lived on federal trust land, a reservation, a rancheria, or Indian allotment? Yes No

Name/Relationship	Specify Name and Address of Location(s)	Date(s)

2. Tribal Affiliation and Location (Check appropriate box - A, B, or C)

A. 1906 Final Roll

If a client alleges to be of Cherokee, Choctaw, Chickasaw, Creek or Seminole ancestry from Oklahoma, the name of a relative must be provided who might have been enrolled in the final roll prepared in 1906 by the Dawes Commission (referred to as the "1906 Final Roll").

(RELATIVE'S NAME)

B. Roll of 1924

If a client alleges to be of Cherokee ancestry, but from another state such as North Carolina, Georgia, Mississippi, or another Southeastern area state; the client may be descended from the Eastern Band of Cherokees. To prove descendency from the tribe, one must be related to a person listed on the Roll of 1924 for the Eastern Band of Cherokees.

(RELATIVE'S NAME)

C. California Judgement Rolls

REMARKS: (Use this space to note any additional information which may be of assistance in establishing the child's Indian ancestry.)