

INFORMATION SHEET ON INDIAN CHILD INQUIRY ATTACHMENT AND NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD

This is an information sheet to help you fill out forms ICWA-010(A), *Indian Child Inquiry Attachment*, and ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.

ICWA-010(A), *Indian Child Inquiry Attachment*

You are responsible for helping to find out if the child is or may be an Indian child and filling out the information requested on ICWA-010(A), *Indian Child Inquiry Attachment*. These are important responsibilities because if the child is an Indian child, you and the court will need to take specific steps to prevent the breakup of the child's Indian family. Also, if the child is an Indian child, he or she has a right to receive resources and services that are culturally specific to the Indian child's family. The court will check to make sure that the child is receiving these services.

Tips on how to fill out ICWA-010(A), *Indian Child Inquiry Attachment*

1. Try to find contact information for the child's parents, child's Indian custodian if the child is living with an Indian person, the child's grandparents, and great-grandparents.
2. Contact the child's parents, child's Indian custodian if the child is living with an Indian person, the child's grandparents, and great-grandparents and ask them these questions:
 - a. Is the child a member of a tribe, and if they think he or she might be, then which tribe or tribes?
 - b. Are they members of a tribe, and if they think they might be, which tribes?
 - c. Does the child or his or her parents live in Indian country?
 - d. Does the child or any of his or her relatives receive services or benefits from a tribe, and if yes, which tribe?
 - e. Does the child or any of his or her relatives receive services or benefits available to Indians from the federal government?
3. If you are in touch with any of the child's relatives, ask them the same questions.

The court clerk's office cannot file your petition unless you have filled out and attached to the petition form ICWA-010(A), *Indian Child Inquiry Attachment*. This does not apply to a petition filed under Welf. & Inst. Code, sections 601 or 602.

ICWA-030, *Notice of Child Custody Proceeding for Indian Child*

After taking the steps to find out if the child is an Indian child, if you have reason to know that the child is an Indian child, then you (or the court investigator if you are related to the child and you are asking the court to appoint you as the child's guardian) must let the child's tribe or tribes know about the case. If you let the tribe or tribes know, they can investigate and let you and the court know if the child is in fact an Indian child and can then decide whether to get involved in the case or assume tribal jurisdiction.

Some tips to help you figure out if there is reason to know the child is an Indian child

1. If the child, an Indian tribe, an Indian organization, an attorney, a public or private agency, or a member of the child's extended family says or provides information to anyone involved in the case that the child is an Indian child;
2. If the child, the child's parents, or an Indian custodian live in a predominately Indian community; or
3. If the child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service.

These are just a few of the reasons to know or give you reason to know that a child is an Indian child. There also may be other information that would give you reason to know that the child is an Indian child.

Who do you need to notify?

If you have reason to know that the child is an Indian child, then you must give notice to the following:

1. Child's parents, including adoptive parents;
2. Child's Indian custodian (if the child is living with an Indian person who has legal custody of the child under tribal law or custom or under state law, or if the parent asked the Indian custodian to take care of the child);
3. Child's tribe or tribes; and
4. Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, California 95825 (if the parents, Indian custodian, or tribe cannot be determined or located).

Tip on how to find the address for the child's tribe or tribes:

The Secretary of the Interior periodically updates and publishes in the Federal Register (21 CFR 23.12) a list of tribe names and addresses. The Bureau of Indian Affairs also keeps a list. Another source is a list maintained by the California Department of Social Services on their Web site at:

www.childsworld.ca.gov/Res/pdf/alphatribe.doc. That list is very helpful, but not official, nor is there any authority to use the addresses in the state list over different agents for services listed in the Federal Register.

Be sure to complete ICWA-030, *Notice of Child Custody Proceeding for Indian Child*, and file the form with the court.

Copy to the Secretary of the Interior and the Area Director of the Bureau of Indian Affairs

If you know the identity and location of the parent, Indian custodian, and the tribe(s), then when you send notice to the parent, Indian custodian, and the tribe(s), you must also send a copy of the notice to The Secretary of the Interior at 1849 C Street, N.W., Washington, D.C. 20240 and a copy to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825.

Copy to the Area Director of the Bureau of Indian Affairs

If you do not know the identity and location of the parent, Indian custodian, and the tribe(s), then you must send a copy of the notice to the Sacramento Area Director, Bureau of Indian Affairs, Federal Office Building, 2800 Cottage Way, Sacramento, CA 95825. In order to establish tribal identity, provide as much information as possible, including name of child, birthdate, and birth place; name of tribe(s); all known relatives with addresses and other identifying information; and a copy of the petition.

How do you notify everyone and prove to the court that you have?

If you do not have an attorney and are representing yourself, the court clerk will do this for you.

If you do have an attorney, it is important that your attorney or you follow these steps exactly:

1. Someone over 18—not you or anyone else who signed the petition—needs to go to the post office and send by registered or certified mail, with return receipt requested the following forms:
 - a. Petition;
 - b. ICWA-010(A), *Indian Child Inquiry Attachment*; and
 - c. ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
2. The person who did step (1) above, must fill out the information requested on page 7 of form, ICWA-030, *Notice of Child Custody Proceeding for Indian Child*.
3. Go to the clerk's office and file with the court your proof that you have given notice to everyone listed above and on page 10 of ICWA-030, *Notice of Child Custody Proceeding for Indian Child*. Your proof must consist of the following:
 - a. Copies of what you sent (the petition, ICWA-010(A), *Indian Child Inquiry Attachment*, and ICWA-030, *Notice of Child Custody Proceeding for Indian Child*);
 - b. All return receipts both given to you by the post office and returned from the mailing; and
 - c. All responses you receive from the child's parents, the child's Indian custodian, the child's tribe or tribes, and the Bureau of Indian Affairs.

Please note that you are subject to court sanctions if you knowingly and willfully falsify or conceal a material fact concerning whether the child is an Indian child or counsel a party to do so. (Welf. & Inst. Code, § 224.2(e).)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr/> TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
CHILD'S NAME:	
PARENTAL NOTIFICATION OF INDIAN STATUS	CASE NUMBER:

To the parent, Indian custodian, or guardian of the above-named child: You must provide all the requested information about the child's Indian status by completing this form. If you get new information that would change your answers, you must let your attorney, all the attorneys on the case, and the social worker or probation officer, or the court investigator know immediately and an updated form must be filed with the court.

1. Name: _____
2. Relationship to child: Parent Indian custodian Guardian Other _____
3. a. I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe(s) (*name each*): _____
 Name of band (*if applicable*): _____
- b. I may have Indian ancestry. _____
 Name of tribe(s): _____
 Name of band (*if applicable*): _____
- c. The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
 Name of tribe (*name each*): _____
 Name of band (*if applicable*): _____
- d. I have no Indian ancestry as far as I know.
- e. One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
 Name of tribe (*name each*): _____
 Name of band (*if applicable*): _____
 Name and relationship of ancestor(s): _____
4. A previous form ICWA-020 has has not been filed with the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE)

Note: This form is not intended to constitute a complete inquiry into Indian heritage. Further inquiry may be required by the Indian Child Welfare Act.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: TELEPHONE NO.:			
CASE NAME:			
NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD <i>(check all that apply):</i> <input type="checkbox"/> JUVENILE <input type="checkbox"/> Dependency <input type="checkbox"/> Delinquency <input type="checkbox"/> ADOPTION <input type="checkbox"/> CONSERVATORSHIP* <input type="checkbox"/> CUSTODY (Fam. Code, § 3041) <input type="checkbox"/> DECLARATION OF FREEDOM FROM CONTROL OF PARENT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TERMINATION OF PARENTAL RIGHTS <input type="checkbox"/> VOLUNTARY RELINQUISHMENT OF CHILD BY PARENT	CASE NUMBER: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 2px;">HEARING DATE:</td> <td style="padding: 2px;">DEPT.:</td> </tr> </table>	HEARING DATE:	DEPT.:
HEARING DATE:	DEPT.:		

NOTICE TO *(check all that apply):*

- Parents or Legal Guardians Tribes Indian Custodians Sacramento Area Director, BIA
 Secretary of the Interior

1. NOTICE is given that based on the petition, a copy of which is attached to this notice, a child custody proceeding under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.) has been initiated for the following child *(a separate notice must be filed for each child):*

<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
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2. HEARING INFORMATION

a. Date:	Time:	<input type="checkbox"/>	Dept.:	<input type="checkbox"/>	Room:
<input type="checkbox"/> Type of hearing:					

b. Address and telephone number of court same as noted above is *(specify):*

3. The child is or may be eligible for membership in the following Indian tribes *(list each):*

***Use this form in a conservatorship only if the proposed conservatee is a formerly married minor.**

CASE NAME:	CASE NUMBER:
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4. **Under the Indian Child Welfare Act (ICWA) and California law:**
- a. The child's parents, Indian custodian, and the child's tribe have the right to be present at all hearings.
 - b. The child's Indian custodian and the child's tribe have the right to intervene in the proceedings when ICWA applies.
 - c. The child's parent, Indian custodian, or tribe may petition the court to transfer the case to the tribal court of the Indian child's tribe. The child's parent or tribe also have the right to refuse to have the case transferred to the tribal court.
 - d. With the limited exceptions of the detention hearing in juvenile cases and the jurisdiction and disposition hearings in delinquency cases as identified in rule 5.482, the court will give up to 20 days from the time of the scheduled hearing if the child's parent, Indian custodian, or tribe request such time to prepare for the hearing.
 - e. 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.
 - f. If the child's parents or Indian custodian have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
 - g. The information contained in this notice and all attachments is confidential. Any tribal representative or agent or any other person or entity receiving this information must maintain the confidentiality of this information and not reveal it to anyone who does not need the information in order to exercise the tribe's rights under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.).
 - h. An Indian custodian is any person who has legal custody of the child under tribal law or custom or state law, or to whom temporary physical custody, care, and control of the child has been transferred by a parent.

5. **INFORMATION ON THE CHILD NAMED IN 1**
- a. The child's birth certificate is attached unavailable
 - b. A copy of the tribal registration card of the child the parent is attached.
 - c. Biological relative information is listed below. *(Indicate if any of the information requested below is unknown or does not apply. Do not use the abbreviation "N/A".) (Required by Fam. Code, § 180; Prob. Code, § 1460.2; and Welf. & Inst. Code, § 224.2.)*

Biological Mother	Biological Father
Name <i>(include maiden, married, and former names or aliases)</i> :	Name <i>(include former names or aliases)</i> :
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
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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5. c. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Mother (Child's Maternal Grandmother)	Father's Biological Mother (Child's Paternal Grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Father (Child's Maternal Grandfather)	Father's Biological Father (Child's Paternal Grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. d. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Grandmother (Child's Maternal Great-grandmother)	Mother's Biological Grandmother (Child's Maternal Great-grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Grandfather (Child's Maternal Great-grandfather)	Mother's Biological Grandfather (Child's Maternal Great-grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. e. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Father's Biological Grandmother (Child's Paternal Great-grandmother)	Father's Biological Grandmother (Child's Paternal Great-grandmother)
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Father's Biological Grandfather (Child's Paternal Great-grandfather)	Father's Biological Grandfather (Child's Paternal Great-grandfather)
Name <i>(include former names or aliases):</i>	Name <i>(include former names or aliases):</i>
Current address:	Current address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. f. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Indian Custodian Information	Indian Custodian Information
Name <i>(include maiden, married, and former names or aliases):</i>	Name <i>(include maiden, married, and former names or aliases):</i>
Current address:	Current former address:
Former address:	Former address:
Birth date and place:	Birth date and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:

6. ADDITIONAL INFORMATION ON CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown.)

- a. Biological birth father is named on birth certificate. Unknown
- b. Biological birth father has acknowledged parentage. Unknown
- c. There has been a judicial declaration of parentage. Unknown
- d. Other alleged father *(name each):*

Unknown

The following optional questions may be helpful in tracing the ancestry of the child in 1.

7. Has the child in 1 or any members of his or her family ever *(if "yes," provide the information requested below):*

- a. Attended an Indian school? Yes No Unknown

Name/relationship to child	Type of school	Dates attended	Name and location of school

CASE NAME:	CASE NUMBER:
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b. Received medical treatment at an Indian health clinic or U.S. Public Health Service hospital?

Yes No Unknown

Name/relationship to child	Type of treatment	Dates of treatment	Location where treatment given

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

Name/relationship to child	Name/description of property and address	Dates of residence

d. Other relative information (e.g., aunts, uncles, siblings, first and second cousins, stepparents, etc.)

Name/relationship to child	Current and former address	Birth date and place	Tribe, band, and location

8. Tribal affiliation and location of child in 1 (check all that apply):

a. 1906 Final Roll Name of relative listed on roll:

Relationship to child in 1:

b. Roll of 1924 Name of relative listed on roll:

Relationship to child in 1:

c. California Judgment Roll. Roll number, if known:

CASE NAME:	CASE NUMBER:
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9. Additional party information (list the name, mailing address, and telephone number of all parties notified) :

<u>Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
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DECLARATION

(To be completed, dated, and signed in all cases by each petitioner named in companion petition.)

I am the petitioner or we are all of the petitioners in this proceeding. In response to items 5–9 of this form, I/we have given all information I/we have about the relatives and, if applicable, the Indian custodian, of the child named in item 1 of this form.

I/We declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE)

Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE)

Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE)

CASE NAME:	CASE NUMBER:
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CERTIFICATE OF MAILING—JUVENILE COURT PROCEEDINGS

(To be completed by social worker or probation officer.)

I certify that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition identified on page 1 of this form, 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 agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.2.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:
on *(date)*:

Date: _____ Title: _____ Department: _____

(TYPE OR PRINT NAME) ▶ (SIGNATURE)

DECLARATION OF MAILING—ADOPTION, FAMILY LAW, AND PROBATE PROCEEDINGS

(To be completed by the attorney for Petitioner if Petitioner is represented.)

I am an attorney at law, admitted to practice in the courts of the State of California, and attorney for Petitioner in this matter. I declare that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition identified on page 1 of this form, 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 agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.2.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:
on *(date)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: _____

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF ATTORNEY)

CERTIFICATE OF MAILING—PROBATE PROCEEDINGS

(To be completed by the clerk of the court if Petitioner is unrepresented.)

I certify that a copy of the *Notice of Child Custody Proceeding for 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 agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.2.) 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 all return receipts must be filed with the court.

CASE NAME:	CASE NUMBER:
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**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS,
TRIBES, OR AGENCIES TO WHOM NOTICE WAS MAILED**

<p>1. <input type="checkbox"/> Parent (<i>Name</i>):</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>2. <input type="checkbox"/> Parent (<i>Name</i>):</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>3. <input type="checkbox"/> Guardian (<i>Name</i>):</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>4. <input type="checkbox"/> Guardian (<i>Name</i>):</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>5. <input type="checkbox"/> Indian Custodian (<i>Name</i>):</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>6. <input type="checkbox"/> Indian Custodian (<i>Name</i>):</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
<p>7. <input type="checkbox"/> Sacramento Area Director Bureau of Indian Affairs</p> <p style="padding-left: 20px;">Street address: 2800 Cottage Way</p> <p style="padding-left: 20px;">City and zip code: Sacramento, CA 95825</p> <p style="padding-left: 20px;">Telephone number:</p>	<p>8. <input type="checkbox"/> Secretary of the Interior U.S. Department of the Interior</p> <p style="padding-left: 20px;">Street address: 1849 C Street, N.W.</p> <p style="padding-left: 20px;">City, state and zip code: Washington D.C. 20240</p> <p style="padding-left: 20px;">Telephone number:</p>
<p>9. <input type="checkbox"/> Tribe (<i>Name</i>):</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="padding-left: 20px;">Addressee (<i>Name</i>):</p> <p style="padding-left: 40px;">Title:</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p>	<p>10. <input type="checkbox"/> Tribe (<i>Name</i>):</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="padding-left: 20px;">Addressee (<i>Name</i>):</p> <p style="padding-left: 40px;">Title:</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p>
<p>11. <input type="checkbox"/> Tribe (<i>Name</i>):</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="padding-left: 20px;">Addressee (<i>Name</i>):</p> <p style="padding-left: 40px;">Title:</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p>	<p>12. <input type="checkbox"/> Tribe (<i>Name</i>):</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="padding-left: 20px;">Addressee (<i>Name</i>):</p> <p style="padding-left: 40px;">Title:</p> <p style="padding-left: 20px;">Street address:</p> <p style="padding-left: 20px;">Mailing address:</p> <p style="padding-left: 20px;">City, state and zip code:</p> <p style="padding-left: 20px;">Telephone number:</p>

Note: Notice to the tribe must be sent to the tribe chairman or designated authorized agent for service.

Additional tribes served listed on attached form ICWA-030(A)

CASE NAME:	CASE NUMBER:
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ATTACHMENT TO NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD

(This attachment may be used with form ICWA-030 to show additional tribes or bands served with the Notice)

**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS, TRIBES,
OR AGENCIES TO WHOM NOTICE WAS MAILED (Continued)**

<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	

<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	
<input type="checkbox"/> Tribe (Name):	
Addressee (Name):	
Title:	
Street address:	
Mailing address:	
City, state and zip code:	
Telephone number:	

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
NOTICE OF DESIGNATION OF TRIBAL REPRESENTATIVE AND NOTICE OF INTERVENTION IN A COURT PROCEEDING INVOLVING AN INDIAN CHILD	CASE NUMBER:
	RELATED CASES <i>(if any):</i>

TO ALL PARTIES:

1. I represent the *(name of tribe):* _____, which is a federally recognized Indian tribe listed in the Federal Register.
2. The above named child or children are:
 - Members of this tribe
 - Eligible for membership in this tribe and their Mother Father is a member of this tribe.
3. Under the Indian Child Welfare Act, the tribe designates *(specify name and title):* _____ as the tribe's representative and authorizes that person under the attached tribal resolution other official tribal document (e.g. letter, declaration, or other document from the office of the chairperson or president of the tribe or ICWA office) for the following purposes:
 - a. to receive notice of hearings;
 - b. to be present at hearings;
 - c. to address the court;
 - d. to examine all court documents relating to the case *(at the court's discretion, if tribe does not intervene);*
 - e. to submit written reports and recommendations to the court;
 - f. to request transfer of the case to the tribe's jurisdiction; and
 - g. to intervene at any point in a proceeding when it is determined the act applies.
4. The tribe is formally intervening as a party and is entitled to be treated in the same manner as counsel.

5. If the tribe is not formally intervening, but wants permission to exercise powers listed in Cal. Rules of Court, rule 5.534(i)(2), this section must be completed and presented to the court for signature prior to service and filing. <ol style="list-style-type: none"> a. <input type="checkbox"/> The tribe does not formally intervene at this time but requests that notice of all proceedings continue to be sent to the tribe. b. <input type="checkbox"/> Though not intervening, the tribe requests permission for a representative to exercise the following powers (Cal. Rules of Court, rule 5.534(i)(2)): <ol style="list-style-type: none"> (1) <input type="checkbox"/> Be present at the hearings; (2) <input type="checkbox"/> Address the court; (3) <input type="checkbox"/> Receive notice of hearing; (4) <input type="checkbox"/> Examine all court documents relating to the case; (5) <input type="checkbox"/> Submit written reports and recommendations to the courts; and (6) <input type="checkbox"/> Perform other duties and responsibilities as requested or approved by the court.
IT IS SO ORDERED: DATE: _____ <div style="text-align: right; margin-top: 20px;"> _____ JUDGE (OR JUDICIAL OFFICER) </div>

CHILD'S NAME: _____	CASE NUMBER:
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6. The tribe requests that notice of all proceedings be sent to the above named tribal representative at the contact information below:

Name:
 Title:
 Address:
 City, state, zip code:
 Telephone: _____ Fax: _____

7. The tribe requests does not request an additional notice be sent to the tribal council at the contact information below:

Name:
 Title:
 Address:
 City, state, zip code:
 Telephone: _____ Fax: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

CHILD'S NAME: _____	CASE NUMBER: _____
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PROOF OF SERVICE

ICWA-040, the *Notice of Designation of Tribal Representative and Notice of Intervention in a Court Proceeding Involving an Indian Child* must be served on the other parties or attorneys for the parties. Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the notice. The person who serves the notice must fill out and sign this proof of service. ICWA-040, the *Notice of Designation of Tribal Representative and Notice of Intervention in a Court Proceeding Involving an Indian Child* may not be filed with the court until all the parties or attorneys are served.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of form ICWA-040 and all attachments as follows (*check either a or b below for each person served*):
 - a. **Personal service.** I personally delivered a copy of form ICWA-040 and all attachments as follows:

<input type="checkbox"/> (1) Name of child's attorney (<i>if applicable</i>) served: (a) Address: (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (2) Name of <input type="checkbox"/> parent (<i>if self-represented</i>) or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served: (a) Address: (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (3) Name of Court Appointed Special Advocate (<i>if applicable</i>) served: (a) Address: (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (4) Name of <input type="checkbox"/> social worker (<i>dependency only</i>) or <input type="checkbox"/> probation officer (<i>delinquency only</i>) served: (a) Address: (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (5) Name of <input type="checkbox"/> child's caregiver or <input type="checkbox"/> Indian custodian served: (a) Address: (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (6) Attorney for child welfare services agency (<i>dependency only</i>) served: (a) Address: (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (7) Name of <input type="checkbox"/> parent (<i>if self-represented</i>) or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served: (a) Address: (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (8) District Attorney (<i>delinquency only</i>) served: (a) Address: (b) Date of delivery: (c) Time of delivery:

CHILD'S NAME: 	CASE NUMBER:
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b. **Mail.** I deposited a copy of form ICWA-040 and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

(1) Name of child's attorney (if applicable) served:

(2) Name of parent (if self-represented) or parent's attorney (if applicable) served:

(a) Address:

(a) Address:

(b) Date of deposit:

(b) Date of deposit:

(c) Place of deposit:

(c) Place of deposit:

(3) Name of Appointed Special Advocate (if applicable) served:

(4) Name of social worker (dependency only) or probation officer (delinquency only) served:

(a) Address:

(a) Address:

(b) Date of deposit:

(b) Date of deposit:

(c) Place of deposit:

(c) Place of deposit:

(5) Name of child's caregiver or Indian custodian served:

(6) Attorney for child welfare services agency (dependency only) served:

(a) Address:

(a) Address:

(b) Date of deposit:

(b) Date of deposit:

(c) Place of deposit:

(c) Place of deposit:

(7) Name of parent (if self-represented) or parent's attorney (if applicable) served:

(8) District Attorney (delinquency only) served:

(a) Address:

(a) Address:

(b) Date of deposit:

(b) Date of deposit:

(c) Place of deposit:

(c) Place of deposit:

c. **Attachment.** If there are additional persons to serve, attach a separate piece of paper to form ICWA-040, write the child's name and case number on the top, and list additional persons' names, mailing addresses or location of personal service, dates of delivery or deposit, times of delivery or deposit, and whether service was made personally or by mail.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON WHO SERVED NOTICE)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
NOTICE OF PETITION AND PETITION TO TRANSFER CASE INVOLVING AN INDIAN CHILD TO TRIBAL JURISDICTION	CASE NUMBER: RELATED CASES <i>(if any):</i>

TO ALL PARTIES:

1. A hearing on this petition will be held as follows:

a. Date:	Time:	Dept.:	Room:
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b. Address of court: same as noted above other *(specify):*

2. Child's name: _____ Date of birth: _____

3. On behalf of the parent Indian custodian child's tribe, I ask the court to transfer jurisdiction over the above named child's case to the jurisdiction of the tribe listed below:

Name of federally recognized tribe:
 Name of tribal court or tribal administrative body:
 Street address:
 Mailing address of court:
 City, state, and zip code:
 Telephone: _____ Fax: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

CHILD'S NAME: 	CASE NUMBER:
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PROOF OF SERVICE

*Notice of Petition and Petition to Transfer Case Involving an Indian Child to Tribal Jurisdiction ICWA-050 must be served on all other parties or attorneys for the parties. After getting a hearing date from the court clerk and completing the form, anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the request. The person who serves the notice must fill out and sign the proof of service. This form may not be filed with the court until all the parties or their attorneys are served. A request to transfer cannot be heard for juvenile dependency cases until after the JV-100 or JV-110, *Juvenile Dependency Petition* has been filed, for juvenile delinquency cases not until after the jurisdiction hearing, and for probate cases not until after the jurisdictional hearing.*

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of form ICWA-050 and all attachments as follows (*check either a or b below for each person served*):
 - a. **Personal service.** I personally delivered a copy of form ICWA-050 and all attachments as follows:

<input type="checkbox"/> (1) Name of child's attorney (<i>if applicable</i>) served: <ol style="list-style-type: none"> (a) Address: (b) Date of delivery: (c) Time of delivery: 	<input type="checkbox"/> (2) Name of <input type="checkbox"/> parent (<i>if self-represented</i>) or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served: <ol style="list-style-type: none"> (a) Address: (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (3) Name of Appointed Special Advocate (<i>if applicable</i>) served: <ol style="list-style-type: none"> (a) Address: (b) Date of delivery: (c) Time of delivery: 	<input type="checkbox"/> (4) Name of <input type="checkbox"/> social worker (<i>dependency only</i>) or <input type="checkbox"/> probation officer (<i>delinquency only</i>) served: <ol style="list-style-type: none"> (a) Address: (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (5) Name of <input type="checkbox"/> child's caregiver or <input type="checkbox"/> Indian custodian served: <ol style="list-style-type: none"> (a) Address: (b) Date of delivery: (c) Time of delivery: 	<input type="checkbox"/> (6) Attorney for child welfare services agency (<i>dependency only</i>) served: <ol style="list-style-type: none"> (a) Address: (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (7) Name of <input type="checkbox"/> parent (<i>if self-represented</i>) or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served: <ol style="list-style-type: none"> (a) Address: (b) Date of delivery: (c) Time of delivery: 	<input type="checkbox"/> (8) District Attorney (<i>delinquency only</i>) served: <ol style="list-style-type: none"> (a) Address: (b) Date of delivery: (c) Time of delivery:

CHILD'S NAME: _____	CASE NUMBER: _____
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b. **Mail.** I deposited a copy of form ICWA-050 and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

(1) Name of child's attorney (if applicable) served: (2) Name of parent (if self-represented) or parent's attorney (if applicable) served:

(a) Address: (a) Address:

(b) Date of deposit: (b) Date of deposit:

(c) Place of deposit: (c) Place of deposit:

(3) Name of Appointed Special Advocate (if applicable) served: (4) Name of social worker (dependency only) or probation officer (delinquency only) served:

(a) Address: (a) Address:

(b) Date of deposit: (b) Date of deposit:
(c) Place of deposit: (c) Place of deposit:

(5) Name of child's caregiver or Indian custodian served: (6) Attorney for child welfare services agency (dependency only) served:

(a) Address: (a) Address:

(b) Date of deposit: (b) Date of deposit:
(c) Place of deposit: (c) Place of deposit:

(7) Name of parent (if self-represented) or parent's attorney (if applicable) served: (8) District Attorney (delinquency only) served:

(a) Address: (a) Address:

(b) Date of deposit: (b) Date of deposit:
(c) Place of deposit: (c) Place of deposit:

c. **Attachment.** If there are additional persons to serve, attach a separate piece of paper to form ICWA-050, write the child's name and case number on the top, and list additional persons' names, addresses, dates of delivery or deposit, times of delivery or deposit, and whether service was made personally or by mail.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON WHO SERVED NOTICE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
ORDER ON PETITION TO TRANSFER CASE INVOLVING AN INDIAN CHILD TO TRIBAL JURISDICTION	CASE NUMBER: RELATED CASES (<i>if any</i>):

1. Child's name: _____ Date of birth: _____
2. a. Date of hearing: _____ Time: _____ Dept.: _____ Room: _____
- b. Persons present:
- | | | |
|--|--|--|
| <input type="checkbox"/> Child | <input type="checkbox"/> Parent (<i>name</i>): _____ | <input type="checkbox"/> Parent's attorney |
| <input type="checkbox"/> Child's attorney | <input type="checkbox"/> Parent (<i>name</i>): _____ | <input type="checkbox"/> Parent's attorney |
| <input type="checkbox"/> Probation officer/social worker | <input type="checkbox"/> Guardian | <input type="checkbox"/> CASA |
| <input type="checkbox"/> Deputy county counsel | <input type="checkbox"/> Deputy district attorney | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Tribal representative: _____ | Name | |
3. The court has read and considered the
- ICWA-050, *Notice of Petition and Petition to Transfer Case Involving an Indian Child to Tribal Jurisdiction*
- Other relevant evidence (*specify*): _____
4. The child's tribe has informed this court that it has a tribal court or other administrative body vested with authority over child custody proceedings.
5. **THE COURT FINDS AND ORDERS** under Family Code, § 177(a); Probate Code, § 1459.5(b); Welfare and Institutions Code, § 305.5; 25 U.S.C. § 1911(a) (Exclusive Jurisdiction)
- a. The child's case is ordered transferred to the jurisdiction of the tribe listed below:
- Name of tribe: _____
- Address: _____
- b. Physical custody of the child is transferred to a designated representative of the tribal court listed below:
- Name: _____
- Title: _____
- Address: _____
- City, state, zip code: _____
- Telephone number: _____
- c. The petition to transfer is denied because one of the following circumstances exist:
- (1) One or both of the child's parents opposes the transfer.
- Name of opposing parent: _____
- (2) The child's tribe has informed this court that it does not have a tribal court or other administrative body as defined in 25 U.S.C. § 1903.
- (3) The tribal court or other administrative body of the child's tribe declines the transfer.

CHILD'S NAME: _____	CASE NUMBER: _____
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- d. The petition to transfer is denied because good cause exists not to transfer the case.
- (1) Name of opposing party: _____ has submitted information or evidence in writing to the court and all parties.
 - (2) Petitioner has had the opportunity to provide information or evidence in rebuttal.
 - (3) The party opposing the transfer has established that good cause not to transfer the proceeding exists as follows:
 - (a) The evidence necessary to decide the case cannot be presented in the tribal court without undue hardship to the parties or the witnesses, and the tribal court is unable to mitigate the hardship by making arrangements to receive and consider the evidence or testimony by use of remote communication, by hearing the evidence or testimony at a location convenient to the parties or witnesses, or by use of other means permitted in the tribal court's rules of evidence or discovery.
 - (b) The proceeding was at an advanced stage when the petition to transfer was received and the petitioner did not file the petition within a reasonable time after receiving notice of the proceeding. The notice complied with:
 - Family Code section 180 or
 - Probate Code section 1460.2 or
 - Welfare and Institutions Code section 224.2*(Note: The fact that a party waited until after reunification efforts failed and reunification services were terminated is not good cause to deny transfer.)*
 - (c) The Indian child is over 12 years of age and objects to the transfer.
 - (d) The parents of the child over five years of age are not available and the child has had little or no contact with the child's tribe or members of the child's tribe.
 - (e) Other (specify): _____
 - (4) The court provided a tentative decision in writing with reasons to deny the transfer in advance of the hearing at which the order to deny was made.

6. Proof that tribe has accepted transfer is attached and jurisdiction is terminated.
7. Hearing is set for (Date): _____ (Time): _____ (Dept.): _____ to confirm that tribe has accepted transfer and to terminate jurisdiction.

Date: _____

JUDICIAL OFFICER

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
JUVENILE DEPENDENCY PETITION (VERSION ONE) (Welf. & Inst. Code, § 300 et seq.) <input type="checkbox"/> § 300—Original <input type="checkbox"/> § 342—Subsequent <input type="checkbox"/> § 387—Supplemental	CASE NUMBER: RELATED CASES (<i>if any</i>):

1. Petitioner on information and belief alleges the following:

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code (<i>check applicable boxes; see attachment 1a for concise statements of facts</i>): <input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> (e) <input type="checkbox"/> (f) <input type="checkbox"/> (g) <input type="checkbox"/> (h) <input type="checkbox"/> (i) <input type="checkbox"/> (j)			
b. Child's name:	c. Age:	d. Date of birth:	e. Sex:
f. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father (<i>check all that apply</i>): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	g. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father (<i>check all that apply</i>): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged		
h. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father (<i>check all that apply</i>): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	i. Other (<i>state name, address, and relationship to child</i>): <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.		
j. Prior to intervention, child resided with <input type="checkbox"/> parent (<i>name</i>): <input type="checkbox"/> parent (<i>name</i>): <input type="checkbox"/> guardian (<i>name</i>): <input type="checkbox"/> Indian custodian (<i>name</i>): <input type="checkbox"/> other (<i>state name, address, and relationship to child</i>):	k. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention (<i>address</i>): <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other		

2. I have asked about Indian ancestry for this child and have completed and attached the required *Indian Child Inquiry Attachment*, form ICWA-010(A). (*If this is a subsequent filing and there is no new information, the ICWA-010(A) is not required.*)

(See important notice on page 2.)

CHILD'S NAME: _____	CASE NUMBER: _____
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3. Petitioner requests that the court find these allegations to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

_____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF PETITIONER)
-------------------------------	---

Address and telephone number (if different person signing than listed in caption above):

Number of pages attached: _____ Other children are listed on *Additional Children Attachment* (form JV-101(A))

— NOTICE —

TO PARENT

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

**TO PARENTS OR OTHERS LEGALLY RESPONSIBLE
FOR THE SUPPORT OF THE CHILD**

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.