

A. Sample Forms: Notice of Indian Child Custody Proceeding

1. [Notice of Involuntary Child Custody Proceeding Involving an Indian Child](#)
2. [Request for Confirmation of Child's Status as Indian](#)

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**L JUDICIAL TIP:** *The Department of Social Services' Notice can be used in private proceedings if a cover sheet is attached explaining that the official form is being used for convenience only.*

**L JUDICIAL TIP:** *The Code of Federal Regulations specifies additional information that should be included in the notice, if available:*

- !** *The names and addresses (current and former) of the child's maternal and paternal grandparents, and great grandparents, including maiden, married and former names or aliases; birthdates; places of birth and death; tribal enrollment numbers, and/or other identifying information. (25 C.F.R. §23.11 (d) (3)).*
- !** *A statement of the potential legal consequences of the proceedings on the future custodian and parental rights of the Indian parents or Indian custodians. (25 C.F.R. §23.11 (e) (6)).*
- !** *A statement that all parties notified should keep confidential the information contained in the notice concerning the particular proceedings. The tribe should not release the information any more than is necessary to exercise their rights under the Indian Child Welfare Act. (25 C.F.R. §23.11 (e) (7)).*

# NOTICE OF INVOLUNTARY CHILD CUSTODY PROCEEDING INVOLVING AN INDIAN CHILD

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

## NOTICE TO:

- The child's parent(s)
- The child's tribe
- The child's custodian(s)
- The Bureau of Indian Affairs

*The Indian Welfare Act<sup>1</sup> requires that you be notified of the upcoming custody hearing concerning the child named below. Information on the hearing is also contained in this form. We have attached a copy of the dependency petition which was filed for the child with the county juvenile court.<sup>2</sup>*

**Your rights to participate in the proceedings are explained on the last page of this form.**

### THIS NOTICE CONCERNS:

INDIAN CHILD'S NAME	BIRTHDATE	CHILD'S BIRTHPLACE (CITY, STATE AND/OR RESERVATION)
TRIBE OR BAND OF WHICH CHILD IS A REPORTED MEMBER OR IS ELIGIBLE FOR MEMBERSHIP		
MOTHER'S NAME (INCLUDE MAIDEN NAME AND ALL NAMES KNOWN BY)		NAME TYPE
MOTHER'S TRIBAL AFFILIATION (BAND, TRIBE &/OR RESERVATION NAME)		
MOTHER'S BIRTHPLACE (CITY, STATE &/OR RESERVATION)	MOTHER'S BIRTHDATE	
FATHER'S NAME (INCLUDE ALL NAMES KNOWN BY)		NAME TYPE
FATHER'S TRIBAL AFFILIATION (BAND, TRIBE &/OR RESERVATION NAME)		
FATHER'S BIRTHPLACE (CITY, STATE &/OR RESERVATION)	FATHER'S BIRTHDATE	

### THIS IS TO ADVISE YOU THAT THE CHILD NAMED ABOVE HAS BEEN TEMPORARILY PLACED IN THE CUSTODY OF THE COUNTY WELFARE DEPARTMENT OR INDIAN CUSTODIAN(S) NAMED BELOW:

NAME OF COUNTY WELFARE DEPARTMENT WITH CUSTODY

COUNTY OF

NAME OF CHILD'S INDIAN CUSTODIAN(S)

NAME OF CUSTODIAN'S TRIBE

CHILD'S NAME	CHILD I.D. #
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**DEPENDENCY HEARING INFORMATION:**

DATE OF HEARING	TIME OF HEARING	DATE DEPENDENCY PETITION FILED
JUVENILE COURT HOLDING HEARING		HEARING JUDGE NAME
COURT ADDRESS		
COURT ROOM NUMBER	SUPERIOR COURT DEPARTMENT NUMBER	COURT TELEPHONE NUMBER

<sup>1</sup> 25 United States Code 1901 et. seq., specifically subsections 1911 and 1912.

<sup>2</sup> This petition was filed under Section 300 of the California Welfare and Institutions Code.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS HEARING OR YOUR RIGHTS, CONTACT:**

CASEWORKER NAME	TELEPHONE NUMBER
CASEWORKER'S SIGNATURE	DATE
COUNTY WELFARE DEPARTMENT ADDRESS	

Under the Indian Child Welfare Act your rights in this matter are as follows:

1. The natural (biological) parents, the Indian custodians and the child's tribe have the right to intervene in the proceedings
2. If the parent(s) or Indian custodian(s) are unable to afford a lawyer, a lawyer will be appointed to represent them.
3. The parent(s), the Indian custodian(s), and the child's tribe have the right, upon request, to have up to 20 additional days to prepare for the hearing.
4. The location, mailing address and telephone number of the court shall be made known to all parties. (*See the first page of this form.*)
5. The parent(s), the Indian custodian(s) or the child's tribe have 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.
6. A statement of the potential legal consequences of the hearing on the future rights of the parent(s) or Indian custodian(s) shall be provided to all those involved.

**REQUEST FOR CONFIRMATION OF CHILD'S STATUS AS INDIAN**

- Attach copy of birth certificate.
- Attach copy of court petition when applicable
- Complete entire form:
  - If item is not known, mark "UNK".
  - If item is not applicable, mark "N/A".
  - If Indian Ancestry is traced through only one birth parent, section of form regarding the history of the other birth parent should be marked "N/A"

SEND REQUEST TO:

DATE OF REQUEST
CASE NUMBER
ANONYMITY REQUESTED BY CHILD'S PARENTS <input type="checkbox"/> YES <input type="checkbox"/> NO

CHILD'S NAME	SEX	BIRTHDATE (MM/DD/YY)	BIRTHPLACE (CITY & STATE)
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**CHILD'S FAMILY HISTORY**

BIRTH MOTHER (INCLUDE MAIDEN NAME AND/OR ALL NAMES KNOWN BY)	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)
TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND, AND RESERVATION) <u>2/</u>	ENROLLED IN TRIBE? (YES, NO, UNK)	ENROLLMENT NO. OR HOME AGENCY

MATERNAL GRANDMOTHER (INCLUDE MAIDEN NAME AND/OR ALL NAMES KNOWN BY)	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)
TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND, AND RESERVATION) <u>2/</u>	ENROLLED IN TRIBE? (YES, NO, UNK)	ENROLLMENT NO. OR HOME AGENCY

MATERNAL GRANDFATHER (INCLUDE ALL NAMES KNOWN BY)	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)
TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND, AND RESERVATION) <u>2/</u>	ENROLLED IN TRIBE? (YES, NO, UNK)	ENROLLMENT NO. OR HOME AGENCY

BIRTH FATHER (INCLUDE ALL NAMES KNOWN BY)	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)
TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND, AND RESERVATION) <u>2/</u>	ENROLLED IN TRIBE? (YES, NO, UNK)	ENROLLMENT NO. OR HOME AGENCY

PATERNAL GRANDMOTHER (INCLUDE MAIDEN NAME AND/OR ALL NAMES KNOWN BY)	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)
TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND, AND RESERVATION) <u>2/</u>	ENROLLED IN TRIBE? (YES, NO, UNK)	ENROLLMENT NO. OR HOME AGENCY

**REQUEST FOR CONFIRMATION OF CHILD'S STATUS AS INDIAN**

CHILD'S NAME	CASE NUMBER
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<b>PATERNAL GRANDFATHER</b> (INCLUDE ALL NAMES KNOWN BY)	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)
TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND, AND RESERVATION) <u>2/</u>	ENROLLED IN TRIBE? (YES, NO, UNK)	ENROLLMENT NO. OR HOME AGENCY

<b>MATERNAL GREAT GRANDPARENTS</b>	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)
TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND, AND RESERVATION) <u>2/</u>	ENROLLED IN TRIBE? (YES, NO, UNK)	ENROLLMENT NO. OR HOME AGENCY

<b>PATERNAL GREAT GRANDPARENTS</b>	BIRTHDATE	BIRTHPLACE (CITY, STATE, AND/OR RESERVATION)
TRIBAL AFFILIATION AND LOCATION (TRIBE, BAND, AND RESERVATION) <u>2/</u>	ENROLLED IN TRIBE? (YES, NO, UNK)	ENROLLMENT NO. OR HOME AGENCY

IS BIRTH FATHER NAMED ON BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, HAS BIRTH FATHER ACKNOWLEDGED PATERNITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, WAS BIRTH FATHER'S PATERNITY ESTABLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
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REMARKS: 4/

SEND CONFIRMATION TO:		
AGENCY NAME	WORKER NAME	TELEPHONE NUMBER

AGENCY ADDRESS	<u>1/</u> , <u>2/</u> , <u>3/</u> , <u>4/</u> : SEE FOLLOWING PAGES FOR EXPLANATION
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**REQUEST FOR CONFIRMATION OF CHILD'S STATUS AS INDIAN**

CHILD'S NAME	CASE NUMBER
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TO AID IN THE PROCESSING OF THIS FORM, ANSWER **EVERY** QUESTION.

**1. Anonymity Requested**

To ensure that a parent's relationship with his/her tribe is not jeopardized, every precaution will be taken, if the parent(s) requests it, to preserve anonymity when making inquiries as to the child's Indian status.

**2. Tribal Affiliation and Location** (Check appropriate box (A or B) and answer questions which follow. If not applicable, proceed to C.)

- A.  1906 Final Roll -OR- B.  Roll of 1924

If a client alleges to be of Cherokee, Choctaw, Chickasaw, Creek or Seminole ancestry from Oklahoma (the 5 civilized tribes), 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"). To assist in determining descendency, answer the following questions:

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 that tribe, one must be related to a person listed on the Roll of 1924 for the Eastern Band of Cherokees. To establish descendency, answer the following questions:

1. Do you know the name of any Indian relative that was alive in 1906 or 1924 and might have been listed on either the "1906 Final Roll or the Roll of 1924?

Yes  No  Unknown If yes, name and relationship \_\_\_\_\_  
 1906 Final Roll  Roll of 1924

2. Do you know where this relative was born, or at least the state of his/her birth?

Yes  No  Not Applicable If yes, place of birth \_\_\_\_\_

3. Can you furnish documents such as certificate of birth, death, marriage, or baptism that will prove your relationship to this person?

Yes  No  Not Applicable If yes, attach documents:

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

1. Is your family a part of an Indian Band?  Yes  No

If yes which band \_\_\_\_\_

2. Have you or any members of your family ever received services from the bureau of Indian Affairs?  Yes  No

If yes, complete items below:

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

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

(a) attended an Indian school?  Yes  No

If yes, complete items below:

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

**REQUEST FOR CONFIRMATION OF CHILD'S STATUS AS INDIAN**

CHILD'S NAME	CASE NUMBER
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(b) Received medical treatment at an Indian health clinic or public health service hospital?  Yes  No  
If yes, complete items below :

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

(c) Lived in federal trust land, a reservation, or a rancheria?  Yes  No  
If yes, complete items below:

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

**3. Has Birth Father's Paternity Been Established?**

If the birth father is the only parent of Indian descent and is **not** the legal father and/or is **not** named on the birth certificate, a written paternity statement must be submitted with the referral to compute the child's Indian blood degree.

**4. Remarks**

Use this space to note any additional information which may be of assistance in establishing the child's Indian ancestry.  
(e.g. extended family members)