ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CASE NAME:

CHILD'S NAME:

CASE NUMBER:

PARENTAL NOTIFICATION OF INDIAN STATUS

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.

Form Adopted for Mandatory Use
Judicial Council of California
ICWA-020 [New January 1, 2008]

Welfare & Institutions Code, § 224.3;
Family Code, § 177(a);
Probate Code, § 1459.5(b);
Cal. Rules of Court, rule 5.481
www.courtinfo.ca.gov

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