ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER:	*FOR COURT USE ONLY*
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY: STATE: ZIP CODE:		
TELEPHONE NO.: FAX NO.:		
EMAIL ADDRESS:		
ATTORNEY FOR (*name*):		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
  STREET ADDRESS:
  MAILING ADDRESS:
CITY AND ZIP CODE:
  BRANCH 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:

Indian Status

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):* _____
      Location of tribe(s): _____

   b. ☐ The child is or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
      Name of tribe(s) *(name each):* _____
      Location of tribe(s): _____

   c. ☐ One or more of my parents, grandparents, or other lineal ancestors is or was a member of a federally recognized tribe.
      Name of tribe(s) *(name each):* _____
      Location of tribe(s): _____
      Name and relationship of ancestor(s): _____

   d. ☐ I am a resident of or am domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.

   e. ☐ The child is a resident of or is domiciled on a reservation, rancheria, Alaska Native village, or other tribal trust land.

   f. ☐ The child is or has been a ward of a tribal court.

   g. ☐ Either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.
      Name of tribe(s) *(name each):* _____
      Membership or citizenship number *(if any):* _____

   h. ☐ None of the above apply.

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.

PARENTAL NOTIFICATION OF INDIAN STATUS