

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (<i>name</i>):	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
REQUEST FOR TRIBAL PARTICIPATION	CASE NUMBER: RELATED CASES (<i>if any</i>):

TO ALL PARTIES:

- 1. The (*name of tribe*): _____ is a federally recognized tribe (25 U.S.C. § 1903(8)) is a tribe not recognized to have tribal status under federal law. (Welfare and Institutions Code section 306.6.)
- 2. The above named child or children are (*select one*):
 - a. Members of the tribe;
 - b. Eligible for membership in the tribe and the biological children of a member; or
 - c. Otherwise affiliated with the tribe and considered members of the tribal community.
- 3. The tribe is (*select one*):
 - a. requesting to participate in the proceedings involving an Indian child but to which the Indian Child Welfare Act (ICWA) (25 U.S.C section 1901 et seq.) does not apply. (Welfare and Institutions Code sections 346 and 676.)
 - b. requesting to participate in the proceedings involving a child who would otherwise be an Indian child but for the status of the child's tribe. (Welfare and Institutions Code section 306.6.)
 - c. requesting to participate in the proceedings involving a child who is affiliated with the tribe but who does not meet the definition of an Indian child. (Welfare and Institutions Code sections 346 and 676.)
- 4. The tribe requests that notice of all proceedings be sent to:

Name: _____

Title: _____

Address: _____

City: State: Zip Code:

Telephone: Fax: Email: _____
- 5. Check here and attach *Attachment to Judicial Council Form* (form MC-025) to provide more information to support the request for tribal participation.

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE)

