

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> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
CHILD'S NAME:	
<b>PARENTAL NOTIFICATION OF INDIAN STATUS</b>	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.**