	ICWA-010(A)
CHILD'S NAME:	CASE NUMBER:
-	
1. Name of child:	
Indian child inquiry made not made and (check all that apply):	
a. The child is or may be a member of or eligible for membership in a tribe.	
Name of tribe(s):	
Name of band (<i>if applicable</i>):	
 The child's parents, grandparents, or great-grandparents are or were members Name of tribe(s): 	
Name of band (if applicable):	
c. The residence or domicile of the child, child's parents, or Indian custodian is in	a predominantly Indian community.
d. The child or the child's family has received services or benefits from a tribe or s tribes or the federal government, such as the Indian Health Service or Tribal Te (TANF).	
e. 🔲 The child may have Indian ancestry.	
f The child has no known Indian ancestry.	
g Other reason to know the child may be an Indian child:	
Person(s) questioned: Person(s) que	estioned:
Name: Name:	
Address: Address:	
City, state, zip: City, state, zip	D:
Telephone: Telephone:	
Date questioned: Date question	ed:
	nmunication:
	o child:
Summary of information: Summary of ir	nformation:
h. Information about other persons questioned is attached.	
2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:	
The child is in foster care.	
It is probable the child will be entering foster care.	
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)

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