



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CHILD'S ICWA FORM

Child's Name: _____ DOB (date of birth): _____ Petition #: _____

Child's ICWA Inquiry Worksheet (Indian Child Welfare Act)

Instructions: Name = full names and any maiden, married, former names, or aliases. Please complete all sections with as much information as you know. **Please fill out one form per child if they have different parents.** Return form to the assigned social worker, court officer, or your juvenile court attorney.

Your Info	Your Name: _____		Today's Date: / /	
	Your relationship to the child: <input type="checkbox"/> Indian Custodian <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
	Is the child currently a member of a tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	<i>If you are a relative or Indian Custodian of the child:</i> Your Tribe(s)/Band(s): Location(s): Enrollment#/CDIB: (Certificate of Degree of Indian Blood)		<i>Any information you know regarding:</i> The Child's Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:	

Parents	Child's biological mother:		Child's biological father:	
	DOB: / / Birthplace:		DOB: / / Birthplace:	
	Address:		Address:	
	Phone:		Phone:	
	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:		Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:	
	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?		Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	

Maternal Grandparents	Child's maternal grandmother (mother's mother):		Child's maternal grandfather (mother's father)	
	DOB: / / Birthplace:		DOB: / / Birthplace:	
	Address:		Address:	
	Phone:		Phone:	
	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:		Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:	
	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?		Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	

Child's Name:	DOB: / /	Petition #:
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Paternal Grandparents	Child's paternal grandmother (father's mother):	Child's paternal grandfather (father's father):
	DOB: / / Birthplace:	DOB: / / Birthplace:
	Address:	Address:
	Phone:	Phone:
	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	

Mat. Great Grandparents	Child's maternal great grandmother (mother's grandmother):	Child's maternal great grandfather (mother's grandfather):
	DOB: / / Birthplace:	DOB: / / Birthplace:
	Address:	Address:
	Phone:	Phone:
	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	

Mat. Great Grandparents	Child's maternal great grandmother (mother's other grandmother):	Child's maternal great grandfather (mother's other grandfather):
	DOB: / / Birthplace:	DOB: / / Birthplace:
	Address:	Address:
	Phone:	Phone:
	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	

Pat. Great Grandparents	Child's paternal great grandmother (father's grandmother):	Child's paternal great grandfather (father's grandfather):
	DOB: / / Birthplace:	DOB: / / Birthplace:
	Address:	Address:
	Phone:	Phone:
	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	

Child's Name:	DOB: / /	Petition #:
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Pat. Great Grandparents	Child's paternal great grandmother (father's other grandmother):	Child's paternal great grandfather (father's other grandfather):
	DOB: / / Birthplace:	DOB: / / Birthplace:
	Address:	Address:
	Phone:	Phone:
	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:	Tribe(s)/Band(s): Location(s): Enrollment#/CDIB:
	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No When? / / Where?

Additional Family Info	Have any family members:	Name, Contact Info., and Tribe(s)/Band(s)
	Attended an Indian School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been treated by an Indian Health Clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Lived on a reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been listed on the 1906 Final Roll? <input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> ▪ or the 1924 Roll? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ or the California Judgment Roll? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
	Does the child have any other relatives who are or were members of a tribe/band? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) and relationship to child (e.g., aunt, cousin, stepparent): Tribe(s)/Bands(s):
	Is there someone in your family who would have additional information?	Name: Phone: Relationship to Child:

Any Additional Information	Provide any additional information you have about the child's Native American heritage:
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