



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

PARENT'S ICWA FORM

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

Parent'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. Return form to the assigned social worker, court officer, or your juvenile court attorney.

Parent	Your Name: _____	Current member of a tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Mother <input type="checkbox"/> Father	
	DOB: / / Birthplace: _____	Today's Date: / /
Tribe(s)/Band(s): _____ Location(s): _____ Enrollment#/CDIB (Certificate of Degree of Indian Blood): _____		

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

Great Grandparents	Your mother's mother's name: _____	Your mother's father's name: _____
	DOB: / / Birthplace: _____	DOB: / / Birthplace: _____
	Address: _____	
	Phone: _____	
	Tribe(s)/Band(s): _____	
	Location(s): _____	
Enrollment#/CDIB: _____		
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When? / / Where? _____		

Child's Name:	DOB: / /	Petition #:
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Great Grandparents	Your father's mother's name:	Your father's father's name:	
	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's other parent have Native American Heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Tribal Affiliation:
	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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