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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 *(if applicable):* _____

   b. ☐ The child's parents, grandparents, or great-grandparents are or were members of a tribe.
      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 services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (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) questioned:
Name: _____	Name: _____
Address: _____	Address: _____
City, state, zip: _____	City, state, zip: _____
Telephone: _____	Telephone: _____
Date questioned: _____	Date questioned: _____
Means of communication: _____	Means of communication: _____
Relationship to child: _____	Relationship to child: _____
Summary of information: _____	Summary of information: _____
_____	_____
_____	_____
_____	_____
_____	_____

   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)

Form Adopted for Mandatory Use
Judicial Council of California
ICWA-010(A) [New January 1, 2008]

INDIAN CHILD INQUIRY ATTACHMENT

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