

Name of tribe(s) _____

NOTE: If you checked that you are “aware” of the child or child’s relatives having any American Indian/Native American or Alaska Native ancestry, you must complete and file with the court, JDF 1350 – Indian Child Welfare Act (ICWA) Assessment Form.

I am not aware of the child or child’s relatives having any American Indian/Native American or Alaska Native ancestry.

5. I/We are requesting to intervene in this action for the following reasons:

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

SIGNATURE

Printed name of Intervenor (1)

Signature of Intervenor (1) Date

Printed name of Intervenor (2)

Signature of Intervenor (2) Date

Intervenor (1) Attorney Signature, if any

Intervenor (2) Attorney Signature, if any

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of this *MOTION TO INTERVENE* was served on the other party by:

Hand Delivery, E-filed, Faxed to this number _____, or by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____

Signature