|  |  |
| --- | --- |
| District Court Denver Juvenile Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  In re: (please check one):  The Interests of the Minor:  The Marriage of:  Parental Responsibilities concerning:  In the Matter of the Petition of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Petitioner(s):  and  Co-Petitioner/Respondent:  and  Co-Petitioner/ Respondent | **COURT USE ONLY** |
| Attorney or Party Without Attorney (Name and Address):  Phone Number: E-mail:  FAX Number: Atty. Reg. #: | Case Number:  Division Courtroom |
| **American Indian/ Alaska Native Indian Child Welfare Act (ICWA) Assessment Form Pursuant To §19-1-126, C.R.S. for Domestic Relations, Probate, And Adoption Cases** | |

|  |
| --- |
| **Case Number:** |
| **Name of Biological Mother: Name of Biological Father:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name | Date of Birth | Place of Birth, City, State | | | |
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|  |  |  | | | |
|  |  |  | | | |
| Is the child(ren) a member of a tribe or believed to be eligible for membership in one or more tribes? | | | Yes | No | Not Sure |
| Has the child or any of the child's family members ever lived on or near an Indian reservation, in an Indian community or in an Alaska Native village? | | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | | Enrollment or Membership Number | | |

**Child’s Mother’s Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Mother a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | **No** | **Not Sure** |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Child’s Father’s Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Father a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Maternal Grandmother**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Maternal Grandmother a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Maternal Grandfather**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Maternal Grandfather a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Maternal Great Grandmother**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Maternal Great Grandmother a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Maternal Great Grandfather**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Maternal Great Grandfather a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Paternal Grandmother**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Paternal Grandmother a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Paternal Grandfather**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Paternal Grandfather a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Paternal Great Grandmother**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Paternal Great Grandmother a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | No | Not Sure |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

**Paternal Great Grandfather**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Other Names | | | |
|  |  | | | |
| Date of Birth | Place of Birth | | | |
|  |  | | | |
|  |  | | | |
| Is the Paternal Great Grandfather a member of a tribe or believed to be eligible for membership in one or more tribes? | | Yes | **No** | **Not Sure** |
| Name of Tribe(s) (Include name of specific band(s) and geographic location) | | Enrollment or Membership Number | | |

Please list any other family members who are a member of a tribe or believed to be eligible for membership in one or more tribes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relation** | **Tribe** |
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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Petitioner Co-Petitioner/Respondent  Other party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number (Home) (Work)

# CERTIFICATE OF SERVICE

I certify that on (date) a true and accurate copy of the ICWA Assessment 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 (include name and address):

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Petitioner Co-Petitioner/Respondent Other party