|  |  |
| --- | --- |
|  District Court Denver Juvenile Court Denver Probate Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt 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):andCo-Petitioner/Respondent:andCo-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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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