

COUNTY OF _____

_____ JUDICIAL DISTRICT

IN THE INTEREST OF _____, A CHILD

_____,)
 PETITIONER)
 VS.)
 _____,)
 RESPONDENTS)

NOTICE PURSUANT TO THE INDIAN
 CHILD WELFARE ACT
 FILE NO. _____

This is to notify you , in accordance with Sections 101 and 102 of the Indian Child Welfare Act of 1978:

1. The petitioner has reason to believe that the above-named child may be a member of the _____ Tribe, or may be eligible for membership in such Tribe and the biological child of a member of such Tribe.
2. A petition has been filed in the _____ Juvenile Court concerning said child. A copy is attached.
3. Since this case may involve foster home placement, guardianship, or termination of parental rights, the parents or Indian custodians, and the Indian Child’s Tribe have the right to petition for transfer of such proceeding to the jurisdiction of the Indian Tribe, absent objection by either parent. The Indian Tribe may decline such transfer.
4. The Indian custodians and the Indian Tribe also have the right to intervene in these proceedings.
5. No proceedings shall be held until at least ten (10) days after receipt of this notice by the parents or Indian custodians and the Tribe or the Secretary of the Interior.
6. If the parents or Indian custodians cannot afford an attorney, they have the right to court-appointed Counsel.
7. If this notice is mailed to the Secretary of the Interior, said secretary shall have an additional fifteen (15) days after receipt to provide the requisite notice to the parents or Indian custodians and the Tribe.
8. Upon written request, the court will grant an additional twenty (20) days to prepare for such proceedings.

Respectfully submitted,

 Name of Petitioner
 Address
 City State Zip

Hearing Information:

Date of Hearing	Time of Hearing	Date Petition Filed
Name of Juvenile Court		Judge Name
Court Address		Court Telephone Number

Please mail your Notice to Intervene, Notice of Transfer of Jurisdiction, or Notice to Decline to:

Name:	Address:
Phone Number:	City State Zip:

and to:

Name:	Address:
Phone Number:	City State Zip

The following Parties are Involved: {List full names and addresses}

Parents/Legal Guardian:	Address:
Phone Number:	City State Zip

Attorney for Parents/Legal Guardian:	Address:
Phone Number:	City State Zip

Public Defender/States Attorney:	Address:
Phone Number:	City State Zip

Guardian Ad Litem:	Address:
Phone Number:	City State Zip

Case Manager:	Address:
Phone Number:	City State Zip

Other Tribes Involved:	Address:
Phone Number:	City State Zip

Please attach a copy of the Petition and the Request for Confirmation of the Child's Status as Indian, and Certificate of Service.

CC: Parents/Custodians of Indian Child