**Superior Court of Washington, County of**

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| --- | --- |
| In the Guardianship of:    Respondent/s *(minors/children)* | No.  Indian Child Welfare Act Notice (Guardianship) (BIAN)  Clerk: Do not file in a public access file  (GR 22(c)(3), 25 CFR 23.11(e)(7)) |

**Indian Child Welfare Act Notice (Guardianship)**

To: Parent/s *(name/s*):

Indian Custodian/s, if any *(name/s*):

Designated ICWA Tribal Agent/s *(name/s and tribe/s)*:

Regional Director: Portland Regional Director, Bureau of Indian Affairs, 911 NE 11th Avenue, Portland, Oregon 97232.

I have filed a *Minor Guardianship Petition* to ask a Washington State Court for guardianship of children who are members of (or may be eligible for membership in) the Indian tribe/s listed above. The Court’s decision may affect the rights of the children’s parents, Indian custodians, and tribe/s. The children may be taken from their home temporarily or permanently.

The Court is located at:

*Court’s street address* *Court’s phone number*

*Court’s mailing address (if different)*



*City State Zip*

Court Hearing

[ ] A court hearing (or hearings) have been scheduled. See attached hearing notice or case scheduling order.

[ ] No court hearing has been scheduled in this case yet.

Rights

If you are the parent, Indian custodian, or agent of the children’s tribe, you have these rights:

* To receive this notice at least 10 days before the first hearing in this case.
* To have up to 20 extra days to prepare for a hearing, if you ask the Court.
* To see all documents and evidence filed with the Court for this case.
* To be part of this case at any point (*intervene as a party*).
* To have the Court appoint a lawyer for you, if you are a parent or Indian custodian and the Court finds you are indigent (*cannot afford your own lawyer*).
* To ask this Court to transfer this case to the court of the child’s tribe. This Court will approve the transfer to tribal court unless one of the parents objects or there is a good reason to keep the case in state court.

Warnings

* This case may affect the future parental and/or custodial rights of the child’s tribe/s, the parents, and any Indian custodian of the child named above. The child could be removed from their home temporarily or permanently.
* You must keep this notice and all the information in it confidential. Only people that need this information to exercise rights under ICWA should see this notice.
* Information

The information below is to help determine the children’s Indian status. Petitioner/s must make a good faith effort to provide this information.

1. Information about the person/s asking for custody of the children

Name: Tel. No.:

Name: Tel. No.:

Address:

Lawyer’s name *(if any):*

Lawyer’s address: Tel. No.:

2. Child’s information

Child’s name:

Date of birth: Place of birth:

Tribe/s child belongs to (or may belong to):

Tribal enrollment # or other tribal ID:

[ ] This child or one of the child’s parents or grandparents was adopted. The child or a birth relative may be eligible for tribal membership. *(Sections 3 through 5 below ask for information about legal relatives. Provide the same information for birth relatives and attach to this form.)*

[ ] There are *(#)* other children involved in this case. *(For each additional child complete form GDN M 402, “ICWA Notice – Attachment for Additional Child”.)*

3. Parent 1’s information

Parent’s current name:

Other names used, (*if any*):

Date of birth: Place of birth:

Current address:

Former addresses:

Tribe/s Parent 1 belongs to:

Tribal enrollment # or other tribal ID:

4. Parent 2’s information

Parent’s current name:

Other names used, (*if any*):

Date of birth: Place of birth:

Address:

Former addresses:

Tribe/s Parent 2 belongs to:

Tribal enrollment # or other tribal ID:

5. Information about the child’s grandparents and great grandparents

|  |  |  |
| --- | --- | --- |
| **Parent 1’s parents** | | |
| Current name & other names used |  |  |
| Current address |  |  |
| Former addresses |  |  |
| Date and place of birth |  |  |
| Date and place of death, if no longer living |  |  |
| Tribe |  |  |
| Tribal Enrollment #  or other tribal ID |  |  |
| **Parent 1’s grandparents** | | |
| Current name & other names used |  |  |
| Current address |  |  |
| Former addresses |  |  |
| Date and place of birth |  |  |
| Date and place of death, if no longer living |  |  |
| Tribe |  |  |
| Tribal Enrollment #  or other tribal ID |  |  |

| **Parent 2’s parents** *(add pages, as needed)* | | |
| --- | --- | --- |
| Current name & other names used |  |  |
| Current address |  |  |
| Former addresses |  |  |
| Date and place of birth |  |  |
| Date and place of death, if no longer living |  |  |
| Tribe |  |  |
| Tribal Enrollment #  or other tribal ID |  |  |
| **Parent 2’s grandparents** *(add pages, as needed)* | | |
| Current name & other names used |  |  |
| Current address |  |  |
| Former addresses |  |  |
| Date and place of birth |  |  |
| Date and place of death, if no longer living |  |  |
| Tribe |  |  |
| Tribal Enrollment #  or other tribal ID |  |  |

*Signature Date*

*Print name*

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| --- |
| **To Petitioner:**  You must have this Notice and a copy of the Petition served by certified mail, return receipt requested, to the:   * Children’s tribe/s, addressed to the agent identified by the tribe/s (tribal agents designated to receive ICWA Notices are listed in the Federal Register: [www.FederalRegister.gov](http://www.FederalRegister.gov) (search “ICWA Agent”)), * Children’s parents, * Indian custodians (*if any*), and * Bureau of Indian Affairs.   Fill out and file a Proof of Mailing form (GDN M 403).  (In addition to this mailing, you must have the Summons and Petition personally served on the parents and any Indian custodian.) |