Superior Court of Washing	jton, County o	of
In the Guardianship of:		
	No.	
Respondent/s (minors/children)		n Child Welfare Act Notice rdianship) (BIAN)
		: Do <u>not</u> file in a public access file 22(c)(3), 25 CFR 23.11(e)(7))
Indian Child Welfar	e Act Notice	e (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 Portland, Oregon 97232.	tor, Bureau of In	dian Affairs, 911 NE 11th Avenue,
I have filed a <i>Minor Guardianship Petition</i> children who are members of (or may be eabove. The Court's decision may affect thand tribe/s. The children may be taken fro	eligible for member ights of the c	pership in) the Indian tribe/s listed hildren's parents, Indian custodians,
The Court is located at:		
Court's street address		Court's phone number
Court's mailing address (if different)		
City State	Zip	
Court Hearing		
DOW 44 400 050(4) 40 00 070 05 05D 0	1010/A NI-4:	

	scheduling order.	- ,	See attached hearing notice or case
[]	•	en scheduled in this case ye	et.
Rig	ıhts		
If y	ou are the parent, Indian o	custodian, or agent of the ch	nildren's tribe, you have these rights:
	<ul> <li>To have up to 20 extr</li> <li>To see all documents</li> <li>To be part of this cas</li> <li>To have the Court ap the Court finds you as</li> <li>To ask this Court to to</li> </ul>	re indigent (cannot afford your cansfer this case to the cour to tribal court unless one of	ring, if you ask the Court. Court for this case. <i>a party</i> ). u are a parent or Indian custodian and
Wa	arnings		
	parents, and any Indi		ustodial rights of the child's tribe/s, the med above. The child could be ently.
		otice and all the information to exercise rights under ICV	in it confidential. Only people that WA should see this notice.
The	<b>formation</b> information below is to help de vide this information.	termine the children's Indian statu	us. Petitioner/s must make a good faith effort to
۱.	Information about the	person/s asking for cu	stody of the children
	Name:		Tel. No.:
			Tel. No.:
	Address:		
	Lawyer's name (if any):		
			Tel. No.:
2.	Child's information		
	Child's name:		
			th:
	[ ] This child or one of birth relative may	of the child's parents or gran be eligible for tribal membe out legal relatives. Provide	ndparents was adopted. The child or a rship. (Sections 3 through 5 below ask the same information for birth relatives

[ ] 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):				
		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):				
		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				

ed)
s needed)
 Date

- 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 (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.)