



## Tribal Response to ICWA Notice

Indian Tribe or Alaska Native Village:	Date:
<input type="checkbox"/> 60-day Reminder <input type="checkbox"/> 120-day Reminder	
Name of child:	Date of Birth:
The Washington State Department of Children, Youth, and Families (DCYF) has a pending <input type="checkbox"/> Dependency <input type="checkbox"/> Guardianship <input type="checkbox"/> Termination case in _____ County Superior Court, Cause Number: _____	
Your assistance is needed to determine whether the above-named child is subject to the provisions of the Indian Child Welfare Act and 25 U.S.C. 1901 et. Seq. and Washington Indian Child Welfare Act RCW 13.38 et. Seq.	
The federal Indian Child Welfare Act (ICWA) defines an "Indian child" as an unmarried person under age eighteen who is either: (a) a member of a federally recognized Indian Tribe; or (b) eligible for membership in a federally recognized Indian Tribe and is the biological child of a member of a federally recognized Indian Tribe. 25 U.S.C. 1903(4).	
Washington Administrative Code 110-110-0010 defines an "Indian child" as an unmarried and unemancipated Indian person who is under 18 and is as determined by the Indian child's tribe or tribes, one of the following: (1) a member of an Indian tribe; or (2) is eligible for membership in an Indian tribe.	

To help establish whether this child is an Indian child for the purposes of the state and federal ICWA, please answer the following questions

1. Is the child a member of your Tribe?  Yes  No
2. Is the child eligible for membership?  Yes  No (See attached Ancestry Chart)
3. Mother's Name: \_\_\_\_\_ Mother's Birth Date: \_\_\_\_\_  
Is the mother of the child a member of your Tribe?  Yes  No
4. Father's Name: \_\_\_\_\_ Father's Birth Date: \_\_\_\_\_  
Is the father of the child a member of your Tribe?  Yes  No
5. Does the Tribe plan to formally intervene in this case?  Yes  No
6. Any additional information to provide to DCYF or the court?

SIGNATURE OF TRIBAL REPRESENTATIVE		DATE	
PRINTED NAME OF TRIBAL REPRESENTATIVE		TELEPHONE NUMBER (INCLUDING AREA CODE)	
MAILING ADDRESS / STREET ADDRESS	CITY	STATE	ZIP CODE

You are invited to reply using the enclosed envelope or submit your response electronically on our website at <https://forms.office.com/g/K6yWBe5saP?origin=IprLink> or by scanning this QR Code with your mobile device.

Completed responses can also be emailed to [DCYF.ICWLegal@dcyf.wa.gov](mailto:DCYF.ICWLegal@dcyf.wa.gov)

If you need additional time or information to determine the child's membership status, contact the Assistant Attorney General at the number listed in the attached Indian Child Welfare Act Notice (BIAN).

