

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		SUPERIOR COURT OF CALIFORNIA COUNTY OF ALAMEDA BERKELEY COURTHOUSE 2120 MARTIN LUTHER KING JR. WAY BERKELEY, CA 94704		
CASE NAME:				
NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD (check all that apply): <input type="checkbox"/> JUVENILE <input type="checkbox"/> Dependency <input type="checkbox"/> Delinquency <input type="checkbox"/> ADOPTION <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> CUSTODY (Fam. Code, § 3041) <input type="checkbox"/> DECLARATION OF FREEDOM FROM CONTROL OF PARENT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TERMINATION OF PARENTAL RIGHTS <input type="checkbox"/> VOLUNTARY RELINQUISHMENT OF CHILD BY PARENT		CASE NUMBER: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">HEARING DATE:</td> <td style="width: 50%;">DEPT.:</td> </tr> </table>	HEARING DATE:	DEPT.:
HEARING DATE:	DEPT.:			

NOTICE TO (check all that apply):

☐ Parents or Legal Guardians ☐ Tribes ☐ Indian Custodians ☐ Sacramento Area Director, BIA

1. NOTICE is given that based on the petition, a copy of which is attached to this notice, a child custody proceeding under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.) has been initiated for the following child (a separate notice must be filed for each child):

Name

Date of Birth

Place of Birth

2. HEARING INFORMATION

a. Date:	Time:	Dept.:	Room:
Type of hearing:			

- b. Address and telephone number of court ☐ same as noted above ☐ is (specify):

3. The child is or may be eligible for membership in the following Indian tribes (list each):

*Use this form in a conservatorship only if the proposed conservatee is a formerly married minor.

NOTICE OF CHILD CUSTODY PROCEEDING FOR INDIAN CHILD
 (Indian Child Welfare Act)

CASE NAME:

CASE NUMBER:

4. Under the Indian Child Welfare Act (ICWA) and California law:

- a. The child's parents, Indian custodian, and the child's tribe have the right to be present at all hearings.
- b. The child's Indian custodian and the child's tribe have the right to intervene in the proceedings when ICWA applies.
- c. The child's parent, Indian custodian, or tribe may petition the court to transfer the case to the tribal court of the Indian child's tribe. The child's parent or tribe also have the right to refuse to have the case transferred to the tribal court.
- d. With the limited exceptions of the detention hearing in juvenile cases and the jurisdiction and disposition hearings in delinquency cases as identified in rule 5.482, the court will give up to 20 additional days from the time of the scheduled hearing if the child's parent, Indian custodian, or tribe request such time to prepare for the hearing.
- e. The proceedings could lead to the removal of the child from the custody of the parent or Indian custodian and possible termination of parental rights and adoption of the child.
- f. If the child's parents or Indian custodian have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
- g. The information contained in this notice and all attachments is confidential. Any tribal representative or agent or any other person or entity receiving this information must maintain the confidentiality of this information and not reveal it to anyone who does not need the information in order to exercise the tribe's rights under the Indian Child Welfare Act (25 U.S.C. § 1901 et seq.).
- h. An Indian custodian is any Indian person who has legal custody of the child under tribal law or custom or state law, or to whom temporary physical custody, care, and control of the child has been transferred by a parent.

5. INFORMATION ON THE CHILD NAMED IN 1

- a. A copy of the petition initiating this case is attached.
- b. The child's birth certificate is ☐ attached ☐ unavailable.
- c. A copy of the tribal registration card of ☐ the child ☐ the parent is attached.
- d. Biological relative information is listed below. *(Indicate if any of the information requested below is unknown or does not apply. Do not use the abbreviation "N/A".) (Required by Fam. Code, § 180; Prob. Code, § 1460.2; and Welf. & Inst. Code, § 224.3.)*
- e. ☐ If the chart does not represent the gender identities of the individuals in the child's family tree, please attach an appropriate equivalent.

Biological Mother	Biological Father
Name (include maiden, married, and former names or aliases):	Name (include former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:
Additional information:	Additional information:

CASE NAME:	CASE NUMBER:
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5. f. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Mother (Child's Maternal Grandmother)	Father's Biological Mother (Child's Paternal Grandmother)
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Father (Child's Maternal Grandfather)	Father's Biological Father (Child's Paternal Grandfather)
Name (include former names or aliases):	Name (include former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. g. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Mother's Biological Grandmother (Child's Maternal Great-grandmother)	Mother's Biological Grandmother (Child's Maternal Great-grandmother)
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Mother's Biological Grandfather (Child's Maternal Great-grandfather)	Mother's Biological Grandfather (Child's Maternal Great-grandfather)
Name (include former names or aliases):	Name (include former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:

CASE NUMBER:

5. h. INFORMATION ON THE CHILD NAMED IN 1

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Father's Biological Grandmother (Child's Paternal Great-grandmother)	Father's Biological Grandmother (Child's Paternal Great-grandmother)
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

Father's Biological Grandfather (Child's Paternal Great-grandfather)	Father's Biological Grandfather (Child's Paternal Great-grandfather)
Name (include former names or aliases):	Name (include former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

CASE NAME:	CASE NUMBER:
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5. i. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A")

Information on Indian Ancestry of Other Lineal Biological Ancestors	Information on Indian Ancestry of Other Lineal Biological Ancestors
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:
If deceased, date and place of death:	If deceased, date and place of death:

☐ More information on lineal biological ancestors is attached on a separate sheet.
5. j. **INFORMATION ON THE CHILD NAMED IN 1**

(Indicate if any of the information requested below is unknown or does not apply; do not use the abbreviation "N/A".)

Indian Custodian Information	Indian Custodian Information
Name (include maiden, married, and former names or aliases):	Name (include maiden, married, and former names or aliases):
Current address:	Current address:
Former address:	Former address:
Birthdate and place:	Birthdate and place:
Tribe or band, and location:	Tribe or band, and location:
Tribal membership or enrollment number, if known:	Tribal membership or enrollment number, if known:

CASE NAME:

CASE NUMBER:

6. ADDITIONAL INFORMATION ON THE CHILD NAMED IN 1*(Indicate if any of the information requested below is unknown.)*

- a. ☐ Biological father is named on birth certificate. ☐ Unknown
- b. ☐ Biological father has acknowledged parentage. ☐ Unknown
- c. ☐ There has been a judicial declaration of parentage. ☐ Unknown
- d. ☐ Other alleged father (name each):

☐ Unknown**The following optional questions may be helpful in tracing the ancestry of the child named in 1.****7. Has the child named in 1 or any members of the child's family ever (if "yes," provide the information requested below):**

- a. Attended an Indian school?
- ☐
- Yes
- ☐
- No
- ☐
- Unknown

Name/relationship to child	Type of school	Dates attended	Name and location of school

- b. Received medical treatment at an Indian health clinic or U.S. Public Health Service hospital?

☐ Yes ☐ No ☐ Unknown

Name/relationship to child	Type of treatment	Dates of treatment	Location where treatment given

- c. Lived on federal trust land, a reservation, rancheria, an allotment or in an Alaska Native village or other tribal trust land?

☐ Yes ☐ No ☐ Unknown

Name/relationship to child	Name/description of property and address	Dates of residence

- d. Other relative information (e.g., aunts, uncles, siblings, first and second cousins, stepparents, etc.)

Name/relationship to child	Current and former address	Birthdate and place	Tribe, band, and location

8. ☐ Tribal affiliation and location of child named in 1 (check all that apply):

- a. ☐ 1906 Final Roll Name of relative listed on roll:
Relationship to child named in 1:
- b. ☐ Roll of 1924 Name of relative listed on roll:
Relationship to child named in 1:
- c. ☐ California Judgment Roll. Name of relative listed on roll:
Relationship to child named in 1:

CASE NAME:

CASE NUMBER:

9. Additional party information (list the name, mailing address, and telephone number of all parties notified):

NameMailing AddressTelephone Number

DECLARATION

(To be completed, dated, and signed in all cases by each petitioner named in companion petition.)

I am the petitioner or we are all of the petitioners in this proceeding. In response to items 5–9 of this form, I/we have given all information I/we have about the relatives and, if applicable, the Indian custodian, of the child named in item 1 of this form.

I/We declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

CASE NAME:

CASE NUMBER:

CERTIFICATE OF MAILING—JUVENILE COURT PROCEEDINGS**(To be completed by social worker or probation officer.)**

I certify that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition identified on page 1 of this form, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.3.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:

on *(date)*:

Date:

Title:

Department:

(TYPE OR PRINT NAME)

(SIGNATURE)

DECLARATION OF MAILING—ADOPTION, FAMILY LAW, AND PROBATE PROCEEDINGS**(To be completed by the attorney for Petitioner if Petitioner is represented.)**

- ☐ I am an attorney at law, admitted to practice in the courts of the State of California, and attorney for Petitioner in this matter.
- ☐ I declare that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition identified on page 1 of this form, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.3.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:
on *(date)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

CERTIFICATE OF MAILING—PROBATE PROCEEDINGS**(To be completed by the clerk of the court if Petitioner is unrepresented.)**

I certify that a copy of the *Notice of Child Custody Proceeding for Indian Child*, with a copy of the petition, was mailed as follows. Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or agency as indicated below. (Except that the telephone numbers shown below were not placed on the envelopes. They are shown below because they must be disclosed in the *Notice* under Family Code section 180, Probate Code section 1460.2, and Welfare and Institutions Code section 224.3.) Each envelope was sealed and deposited with the United States Postal Service at *(place)*:
on *(date)*:

Date:

Title:

Department:

(TYPE OR PRINT NAME)

(SIGNATURE)

This form and all return receipts must be filed with the court.

CASE NAME:

CASE NUMBER:

**NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS,
TRIBES, OR AGENCIES TO WHOM NOTICE WAS MAILED**

<p>1. <input type="checkbox"/> Parent (Name): Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>2. <input type="checkbox"/> Parent (Name): Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>3. <input type="checkbox"/> Guardian (Name): Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>4. <input type="checkbox"/> Guardian (Name): Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>5. <input type="checkbox"/> Indian Custodian (Name): Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>6. <input type="checkbox"/> Indian Custodian (Name): Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>7. <input type="checkbox"/> Sacramento Regional Director Bureau of Indian Affairs, Federal Office Building Street address: 2800 Cottage Way City, state, and zip code: Sacramento, CA 95825 Telephone number:</p>	<p>8. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>9. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>10. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>
<p>11. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>	<p>12. <input type="checkbox"/> Tribe (Name): Addressee (Name): Title: Street address: Mailing address: City, state, and zip code: Telephone number:</p>

Note: Notice to the tribe must be sent to the tribal chairperson or designated authorized agent for service.

☐ Additional tribes served listed on attached form ICWA-030(A)