

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>The People of the State of Colorado, In the Interest of</b> _____ Child(ren) and Concerning _____ Respondent(s)/Minor _____	▲ <b>COURT USE ONLY</b> ▲
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____  Division _____ Courtroom _____
<b>AMERICAN INDIAN/ALASKA NATIVE INDIAN CHILD WELFARE ACT (ICWA)          DECLARATION OF NON-INDIAN HERITAGE</b>	

This form is part of an ongoing inquiry and should be completed by the caseworker after gathering information from a knowledgeable parent, guardian or family member on behalf of a child whose tribal status is in question. The information should be reviewed and updated periodically throughout the case. One form per child must be completed.

Child's Name	Date of Birth	Place of Birth (City, State, Country)

I declare that the child identified above is not a member of a tribe or believed to be eligible for membership in one or more tribes and that a biological member of the child's family does not have American Indian or Alaska Native heritage.

\_\_\_\_\_  
Signature of person who provided information                      Relationship to child                      Date initially completed

\_\_\_\_\_  
Printed name of person who provided information

\_\_\_\_\_  
Signature of person who collected information                      Title                      Date initially collected

\_\_\_\_\_  
Printed name of person who provided information

**Dates on which form reviewed for updated information:**

\_\_\_\_\_  
Printed name of person reviewing form                      Title                      Date reviewed