

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> The People of the State of Colorado, In the Interest of _____ Child(ren) and Concerning _____ Respondent(s)/Minor _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
AMERICAN INDIAN/ALASKA NATIVE INDIAN CHILD WELFARE ACT (ICWA) ASSESSMENT FORM PURSUANT TO §19-1-126, C.R.S.	

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.

Section I: Information about Child

Child's Name	Date of Birth	Place of Birth (City, State, Country)
Is the child a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)		
Does a biological member of the child's family have American Indian or Alaska Native heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" to both questions, complete and file JDF 568.)		
Name of Tribe(s) (Include name of specific band(s) and geographic location)		Enrollment or Membership Number

Section II: General Inquiry

Has the child or any of the child's family members ever lived on or near an Indian reservation, in an Indian community or in an Alaska Native village? **If so, please provide:**

- 1) Name and location of the reservation/community/village.
- 2) Approximate time that the child or family member lived there, and in the case of a family member how long the family member lived there.
- 3) Name of the family member and his/her relationship to the child.

Additional sheets attached.

Does the child or a family member receive any tribal payments, such as per capita distributions? Yes No
 If **Yes**, please explain here:

Please list any other person or agency that might be able to provide information regarding whether the child has American Indian or Alaska Native ancestry.

Section III: Information About Child's Parents and/or Indian Custodian

A. Child's Mother

Mother's Maiden Name	Other Names Mother Known By	
Mother's Date of Birth	Mother's Place of Birth	
Mother's Current Address:		
Mother's Former Address(es):		
Is the child's mother a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)		
Name of Tribe(s) (Include name of specific band(s) and geographic location)		Enrollment or Membership Number
Please list ALL of the child's mother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)		
<input type="checkbox"/> Additional sheets attached.		

B. Child's Father

Father's Name	Other Names Father Known By	
Father's Date of Birth	Father's Place of Birth	
Father's Current Address:		
Father's Former Address(es):		
Is the child's father a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)		
Name of Tribe(s) (Include name of specific band(s) and geographic location)		Enrollment or Membership Number
Please list ALL of the child's father's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)		
<input type="checkbox"/> Additional sheets attached.		

C. Child's Indian Custodian ("Indian custodian" means an Indian person who has legal custody of the child under tribal law or custom or state law, or to whom temporary physical, care, custody and control of the child was transferred by the child's parent.)

Indian Custodian's Name	Other Names Indian Custodian Known By
Indian Custodian's Date of Birth	Indian Custodian's Place of Birth
Indian Custodian's Current Address:	
Indian Custodian's Former Address(es):	
Is the child's custodian a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number
Please list ALL of the child's custodian's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

Section IV: Information About Child's Maternal (Mother's Side) Grandparents

A. Maternal Grandmother (Child's Mother's Mother)

Maternal Grandmother's Name	Other Names Maternal Grandmother Known By
Maternal Grandmother's Date of Birth	Maternal Grandmother's Place of Birth
Maternal Grandmother's Current Address:	
Maternal Grandmother's Former Address(es):	
Is the child's maternal grandmother a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number
Please list ALL of the child's maternal grandmother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

B. Maternal Grandfather (Child's Mother's Father)

Maternal Grandfather's Name	Other Names Maternal Grandfather Known By
Maternal Grandfather's Date of Birth	Maternal Grandfather's Place of Birth
Maternal Grandfather's Current Address:	
Maternal Grandfather's Former Address(es):	
Is the child's maternal grandfather a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number
Please list ALL of the child's maternal grandfather's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

C. Paternal Grandmother (Child's Father's Mother)

Paternal Grandmother's Name	Other Names Paternal Grandmother Known By
Paternal Grandmother's Date of Birth	Paternal Grandmother's Place of Birth
Paternal Grandmother's Current Address:	
Paternal Grandmother's Former Address(es):	
Is the child's paternal grandmother a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number
Please list ALL of the child's paternal grandmother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

D. Paternal Grandfather (Child's Father's Father)

Paternal Grandfather's Name	Other Names Paternal Grandfather Known By
Paternal Grandfather's Date of Birth	Paternal Grandfather's Place of Birth
Paternal Grandfather's Current Address:	
Paternal Grandfather's Former Address(es):	
Is the child's paternal grandfather a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number
Please list ALL of the child's paternal grandfather's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

E. Maternal Great-Grandmother (Child's Mother's Grandmother)

Maternal Great-Grandmother's Name	Other Names Maternal Great-Grandmother Known By
Maternal Great-Grandmother's Date of Birth	Maternal Great-Grandmother's Place of Birth
Maternal Great-Grandmother's Current Address:	
Maternal Great-Grandmother's Former Address(es):	
Is the child's maternal great-grandmother a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number
Please list ALL of the child's maternal great-grandmother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

F. Maternal Great-Grandfather (Child's Mother's Grandfather)

Maternal Great-Grandfather's Name	Other Names Maternal Great-Grandfather Known By
Maternal Great-Grandfather's Date of Birth	Maternal Great-Grandfather's Place of Birth
Maternal Great-Grandfather's Current Address:	
Maternal Great-Grandfather's Former Address(es):	
Is the child's maternal great-grandfather a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)	
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number
Please list ALL of the child's maternal great-grandfather's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)	
<input type="checkbox"/> Additional sheets attached.	

G. Paternal Great-Grandmother (Child's Father's Grandmother)

Paternal Great-Grandmother's Name	Other Names Paternal Great-Grandmother Known By	
Paternal Great-Grandmother's Date of Birth	Paternal Great-Grandmother's Place of Birth	
Paternal Great-Grandmother's Current Address:		
Paternal Great-Grandmother's Former Address(es):		
Is the child's paternal great-grandmother a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)		
Name of Tribe(s) (Include name of specific band(s) and geographic location)		Enrollment or Membership Number
Please list ALL of the child's paternal great-grandmother's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)		
<input type="checkbox"/> Additional sheets attached.		

H. Paternal Great-Grandfather (Child's Father's Grandfather)

Paternal Great-Grandfather's Name	Other Names Paternal Great-Grandfather Known By	
Paternal Great-Grandfather's Date of Birth	Paternal Great-Grandfather's Place of Birth	
Paternal Great-Grandfather's Current Address:		
Paternal Great-Grandfather's Former Address(es):		
Is the child's paternal great-grandfather a member of a tribe or believed to be eligible for membership in one or more tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure (explain)		
Name of Tribe(s) (Include name of specific band(s) and geographic location)		Enrollment or Membership Number
Please list ALL of the child's paternal great-grandfather's tribal ancestry, regardless of membership status. Provide name(s) of tribe(s) in as much detail as possible, including names of specific band(s.)		
<input type="checkbox"/> Additional sheets attached.		

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