

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In re: (please check one): <input type="checkbox"/> The Interests of the Minor: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning: <input type="checkbox"/> In the Matter of the Petition of: <hr/> Petitioner(s): and Co-Petitioner/Respondent: and Co-Petitioner/ Respondent	▲ COURT USE ONLY ▲
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Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom
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**American Indian/ Alaska Native Indian Child Welfare Act (ICWA) Assessment Form
Pursuant To §19-1-126, C.R.S. for Domestic Relations, Probate, And Adoption Cases**

Case Number:		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Name of Biological Mother:</td> <td style="width: 50%; border: none;">Name of Biological Father:</td> </tr> </table>	Name of Biological Mother:	Name of Biological Father:
Name of Biological Mother:	Name of Biological Father:	

Child's Name	Date of Birth	Place of Birth, City, State

Is the child(ren) a member of a tribe or believed to be eligible for membership in one or more tribes?	Yes	No	Not Sure
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?	Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number		

Child's Mother's Information

Name	Other Names		
Date of Birth	Place of Birth		
Is the Mother a member of a tribe or believed to be eligible for membership in one or more tribes?	Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number		

Child's Father's Information

Name	Other Names		
Date of Birth	Place of Birth		
Is the Father a member of a tribe or believed to be eligible for membership in one or more tribes?	Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)	Enrollment or Membership Number		

Maternal Grandmother

Name	Other Names				
Date of Birth	Place of Birth				
Is the Maternal Grandmother a member of a tribe or believed to be eligible for membership in one or more tribes?					
			Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)			Enrollment or Membership Number		

Maternal Grandfather

Name	Other Names				
Date of Birth	Place of Birth				
Is the Maternal Grandfather a member of a tribe or believed to be eligible for membership in one or more tribes?					
			Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)			Enrollment or Membership Number		

Maternal Great Grandmother

Name	Other Names				
Date of Birth	Place of Birth				
Is the Maternal Great Grandmother a member of a tribe or believed to be eligible for membership in one or more tribes?					
			Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)			Enrollment or Membership Number		

Maternal Great Grandfather

Name	Other Names				
Date of Birth	Place of Birth				
Is the Maternal Great Grandfather a member of a tribe or believed to be eligible for membership in one or more tribes?					
			Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)			Enrollment or Membership Number		

Paternal Grandmother

Name	Other Names				
Date of Birth	Place of Birth				
Is the Paternal Grandmother a member of a tribe or believed to be eligible for membership in one or more tribes?					
			Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)			Enrollment or Membership Number		

Paternal Grandfather

Name	Other Names				
Date of Birth	Place of Birth				
Is the Paternal Grandfather a member of a tribe or believed to be eligible for membership in one or more tribes?					
			Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)			Enrollment or Membership Number		

Paternal Great Grandmother

Name	Other Names				
Date of Birth	Place of Birth				
Is the Paternal Great Grandmother a member of a tribe or believed to be eligible for membership in one or more tribes?					
			Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)			Enrollment or Membership Number		

Paternal Great Grandfather

Name	Other Names				
Date of Birth	Place of Birth				
Is the Paternal Great Grandfather a member of a tribe or believed to be eligible for membership in one or more tribes?					
			Yes	No	Not Sure
Name of Tribe(s) (Include name of specific band(s) and geographic location)			Enrollment or Membership Number		

Please list any other family members who are a member of a tribe or believed to be eligible for membership in one or more tribes.

Name	Date of Birth	Relation	Tribe

Date: _____

Signature of Petitioner Co-Petitioner/Respondent Other party

Address _____

City, State and Zip Code _____

Telephone Number (Home) _____ (Work) _____

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the ICWA Assessment was served on the other party by:

Hand Delivery, E-filed, Faxed to this number _____, **or**
 by placing it in the United States mail, postage pre-paid, and addressed to the following (include name and address):

To: _____

 Petitioner Co-Petitioner/Respondent Other party