



**COLORADO**

**Office of Children,  
Youth & Families**

Department of Human Services

Date: October 12, 2018

To: All County Human/Social Services Directors

From: Minna Castillo Cohen, M.Ed., Director, Office of Children, Youth & Families

Regarding: Indian Child Welfare Act forms

Key Words: Indian Child Welfare Act, ICWA, Notification to tribes, Family Ancestry Chart

Number: IM-OCYF-2018-0018

### Information Memorandum

This communication has been sent to all county human service directors. Please forward pertinent information on to staff members as you deem necessary.

The purpose of this memorandum from the Office of Children, Youth and Families is to provide forms to use during an Indian Child Welfare Act (ICWA) case.

#### Description:

All Indian Child Welfare cases have a specific process to follow from inquiry of heritage to notification to the Tribe. The Colorado Department of Human Services helped develop three forms in order to assist counties when following Federal Indian Child Welfare Act regulations. These forms were developed by the ICWA Task Force committee, whose members include county caseworkers, county attorneys, community agency staff, as well as include recommendations from Tribes.

The first form is the Declaration of Non-Indian Heritage. This form is for all parents, caregivers etc. to fill out when a court involved or non-court involved or adoption case initially opens. It is important to remember that if a family member completes the form and indicates that there is no indication of American Indian and/or Alaska Native heritage within the family, continuous inquiry must still be made. At the bottom of the page, please check at which hearing the information was gathered: Initial, Allocation of Parental Rights (APR), or Termination of Parental Rights (TPR).

The second form is the Family Ancestry Chart. There is one page for the biological mother to complete and another for the biological father. Please work with the family to gather as much information as possible. When given to the Tribe, this document will help expedite the process in determining whether the child is eligible for tribal enrollment; therefore, possibly expediting the process to determine whether or not the case is an ICWA case. This form has instructions attached to the document.

The third form is to be used as a model to send to Tribes regarding notification. It is a requirement under ICWA to send notifications to all Tribes with which the child may be affiliated. These are to include notification of a case opening and court hearings.

For any questions or to get clarification about these ICWA forms, two teleconferences have been scheduled for:

- Monday, November 19, 2018 at 9am
- Thursday, November 29, 2018 at 3pm

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Contact Kathryn Redhorse, Indian Child Welfare Specialist, for questions regarding this Information Memorandum. She can be reached at, 303-866-2297 or [kathryn.redhorse@state.co.us](mailto:kathryn.redhorse@state.co.us)

We look forward to our work together to continue to improve the safety of Colorado's children and families.

**DECLARATION OF NON-INDIAN HERITAGE  
AMERICAN INDIAN/ALASKA NATIVE  
INDIAN CHILD WELFARE ACT (ICWA)**

Instructions: Please complete this form for each parent with non-Indian heritage.

Parent's Legal Name: \_\_\_\_\_

Parent's Preferred Name (if applicable): \_\_\_\_\_

Do you use pronouns, if so which pronouns? \_\_\_\_\_

Court Case Number (if applicable): \_\_\_\_\_

Child's Legal Name	Child's Preferred Name	Pronouns (he, she, they)	Date of Birth	Place of Birth (City, State, Country)

I declare that the child(ren) identified above is/are not a member of a tribe or believed to be eligible for membership in one or more tribes and that I do not have American Indian or Alaska Native heritage. To the best of my information and belief no biological ancestor of the child(ren) has American Indian or Alaska Native heritage.

\_\_\_\_\_  
Signature of person providing information

\_\_\_\_\_  
Relationship to child(ren)

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Printed name of person providing information

*Check the appropriate status:*

Initial       APR       TPR       No additional information

Date: \_\_\_\_\_

Form was reviewed by: \_\_\_\_\_





## Indian Child Welfare Act (ICWA)

### Family Ancestry Chart

#### Maternal Family

Date Reviewed: \_\_\_\_\_

BIRTH MOTHER'S LEGAL NAME:
Tribe(s):
Tribal enrollment/membership:
Date and Place of Birth:
Other Names:
Do you use pronouns, if so, which?

CHILD'S BIRTH GRANDMOTHER:
Tribe(s):
Date and Place of Birth:
Other Names:
CHILD'S BIRTH GRANDFATHER:
Tribe(s):
Date and Place of Birth:
Other Names:

BIRTH GREAT GRANDMOTHER:
Tribe(s):
Date and Place of Birth:
Other Names:
BIRTH GREAT GRANDFATHER:
Tribe(s):
Date and Place of Birth:
Other Names:
BIRTH GREAT GRANDMOTHER:
Tribe(s):
Date and Place of Birth:
Other Names:
BIRTH GREAT GRANDFATHER:
Tribe(s):
Date and Place of Birth:
Other Names:

Child's Legal Name	Other Names	Tribe(s)	Enrolled	Date and Place of Birth	Grandparent's (Father's side) Name & Tribe (if any)

Additional Information (adoption, same gender parents, etc.):

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**Instructions filling out the ICWA Family Ancestry Chart:**

Please explain the importance of completing this form with the family if you cannot fill it out with them. This form was designed to obtain information from the family that may relate to their American Indian/Alaska Native heritage. Although the main purpose of this document is to gather information to determine whether a child is an enrolled member or eligible for enrollment of a tribe, it can also be useful when searching for placement options and a chance to connect with the family and learn about their cultural heritage.

This form should only be filled out by the biological parent(s) of the child. The majority of Federally Recognized Tribes determine eligibility or enrollment either through lineage or blood quantum. Please list other persons who are in that parent role under "Additional Information."

All language used in this document is intended to be inclusive. Please use best practice to include all populations.

**BIRTH MOTHER'S/FATHER'S LEGAL NAME:** We are asking for their legal name as the Tribes will most likely have a better chance at finding their legal name in their registry.

**TRIBE(S):** We are requesting all of the Tribes with which the biological parent is affiliated.

**TRIBAL ENROLLMENT/MEMBERSHIP:** Please list the enrollment number, etc. and the Tribe in which the parent is enrolled.

**OTHER NAMES:** Please list other names that the biological parent may use or want to be called.

The table underneath the Family Tree is to list:

- All the child(ren) biologically related to the parent,
- Other names the child(ren) may go by,
- Whether the child(ren) are enrolled in a tribe,
- The birth date and birth place of the child,
- Name of the paternal biological grandparents and if those grandparents have any tribal affiliation.

**Additional Information:** Provide more details such as if the biological parent or any of the children were adopted, if any of the biological parents do not identify with the gender assigned at birth, etc.

**DO YOU USE PRONOUNS, IF SO WHICH?** This phrase is included so that we use inclusive language as often as we can. Some populations do not use pronouns. Having this information will help professionals working with the parents to ensure they are being addressed in the manner the biological parents would like to be addressed.



## Indian Child Welfare Act (ICWA) Family Ancestry Chart

### Paternal Family

Date Reviewed: \_\_\_\_\_

BIRTH FATHER'S LEGAL NAME:
Tribe(s):
Tribal enrollment/membership:
Date and Place of Birth:
Other Names:
Do you use pronouns, if so, which?

CHILD'S BIRTH GRANDMOTHER:
Tribe(s):
Date and Place of Birth:
Other Names:
CHILD'S BIRTH GRANDFATHER:
Tribe(s):
Date and Place of Birth:
Other Names:

BIRTH GREAT GRANDMOTHER:
Tribe(s):
Date and Place of Birth:
Other Names:
BIRTH GREAT GRANDFATHER:
Tribe(s):
Date and Place of Birth:
Other Names:
BIRTH GREAT GRANDMOTHER:
Tribe(s):
Date and Place of Birth:
Other Names:
BIRTH GREAT GRANDFATHER:
Tribe(s):
Date and Place of Birth:
Other Names:

Child's Legal Name	Other Names	Tribe(s)	Enrolled	Date and Place of Birth	Grandparent's (Mother's side) Name & Tribe (if any)

Additional Information (adoption, same gender parents, etc.):

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**Instructions filling out the ICWA Family Ancestry Chart:**

Please explain the importance of completing this form with the family if you cannot fill it out with them. This form was designed to obtain information from the family that may relate to their American Indian/Alaska Native heritage. Although the main purpose of this document is to gather information to determine whether a child is an enrolled member or eligible for enrollment of a tribe, it can also be useful when searching for placement options and a chance to connect with the family and learn about their cultural heritage.

This form should only be filled out by the biological parent(s) of the child. The majority of Federally Recognized Tribes determine eligibility or enrollment either through lineage or blood quantum. Please list other persons who are in that parent role under "Additional Information."

All language used in this document is intended to be inclusive. Please use best practice to include all populations.

**BIRTH MOTHER'S/FATHER'S LEGAL NAME:** We are asking for their legal name as the Tribes will most likely have a better chance at finding their legal name in their registry.

**TRIBE(S):** We are requesting all of the Tribes with which the biological parent is affiliated.

**TRIBAL ENROLLMENT/MEMBERSHIP:** Please list the enrollment number, etc. and the Tribe in which the parent is enrolled.

**OTHER NAMES:** Please list other names that the biological parent may use or want to be called.

The table underneath the Family Tree is to list:

- All the child(ren) biologically related to the parent,
- Other names the child(ren) may go by,
- Whether the child(ren) are enrolled in a tribe,
- The birth date and birth place of the child,
- Name of the paternal biological grandparents and if those grandparents have any tribal affiliation.

**Additional Information:** Provide more details such as if the biological parent or any of the children were adopted, if any of the biological parents do not identify with the gender assigned at birth, etc.

**DO YOU USE PRONOUNS, IF SO WHICH?** This phrase is included so that we use inclusive language as often as we can. Some populations do not use pronouns. Having this information will help professionals working with the parents to ensure they are being addressed in the manner the biological parents would like to be addressed.

JUVENILE COURT, <i>COUNTY NAME,</i> STATE OF COLORADO <i>Street Address</i> <i>City, State, Zip Code</i>	<input type="checkbox"/> COURT USE ONLY <input type="checkbox"/>
The People of the State of Colorado in the Interest of Child:  Petitioner: The ( <i>County</i> ) Department of Human Services  Respondents:	Case Number: Xref Case:  Courtroom:                      Division:
Attorney for Petitioner: Name:                      , Assistant City Attorney. Address: <i>Fill in County</i> <i>Fill in Street Address</i> <i>Fill in City, State, Zip Code</i> CITY ATTORNEY Phone Number: (xxx) xxx-xxxx FAX Number: (xxx) xxx-xxxx E-mail: Atty. Reg.: #	
<b>NOTICE PURSUANT TO INDIAN CHILD WELFARE ACT(25 U.S.C. § 1912)</b>	

Please take notice:

1. An involuntary dependency and neglect civil action is pending before the \_\_\_\_\_  
 County District Court in Colorado, concerning:

Child's Legal Name	Child's Preferred Name	DOB	Place of Birth	Parent's Legal Name(s)



2. The next court hearing is a \_\_\_\_\_ hearing, scheduled for \_\_\_\_\_, 2018 in courtroom \_\_\_\_\_, located at \_\_\_\_\_.
3. One or more parents have claimed either American Indian or Alaska Native Heritage. Specifically, Respondent \_\_\_\_\_ has stated: \_\_\_\_\_.
4. The Family Ancestry Chart is attached to provide additional information.
5. This is a child custody proceeding as defined by 25 U.S.C. § 1903 (1).
6. The child is currently in out of home placement, either in foster care or residential placement.
7. The Court's jurisdiction over this family allows the Court to enter treatment orders and could result in the custody of the child(ren) being placed with someone other than a parent or legal custodian. Termination of parental responsibilities is also a possible outcome.
8. Under the Indian Child Welfare Act:
  - The parent or Indian custodian has the right to intervene in the proceedings.
  - The child's Indian Tribe has the right to intervene at any time in a State Court proceeding related to out of home placement of the child or termination of parental responsibilities.
  - If the Indian parent(s) or Indian custodian(a) is unable to afford counsel, counsel will be appointed to represent the parent or custodian based on a indigency determination by the Court, where authorized by State law.
  - The parent, Indian custodian, and Tribe have the right to be granted, upon request, a specific amount of additional time (up to 20 additional days) to prepare for the proceedings due to circumstances of the particular case.
  - No proceeding shall be held until at least 10 days after receipt of this notice by the parents or Indian custodians and the Tribe or the Secretary of the Interior.
  - If this notice is mailed to the Secretary of the Interior, said Secretary shall have an additional 15 days after receipt to provide the requisite notice to the biological or Indian parents, Indian custodians, and the child's Tribe.
  - The parent, Indian custodian, and Tribe have the right to petition the court for transfer of the proceeding to Tribal Court under 25 U.S.C. § 1911, absent objection by ether parent: provided that such transfer is subject to declination by the Tribal Court.
9. The information contained in this Notice is only to be used to exercise the Tribe's rights under the Act and should be kept confidential.

**All inquiries generated by this notification should be made to:**

Office of the City Attorney

Address

City, State Zip Code

Telephone:	
Fax:	
<b><u>Please mail your response to:</u></b>	<b><u>and to:</u></b>
City/County Juvenile Court	, Assistant City Attorney
Address	Address
City, State Zip Code	City, State Zip Code
Telephone:	Telephone:

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 .**

Respectfully submitted,

\_\_\_\_\_

Assistant City Attorney for  
*County Human Services*  
*Street Address*  
*City, State, Zip Code*  
 xxx-xxx-xxxx