

ICWA INQUIRY AND NOTICE TRACKING

Date Individual Was Asked, Role of Individual, and Individual's Response <i>(Use one row for each individual asked.)</i>	Date Inquiry Letter Sent	Date Tribe's Written Response Received	Tribe's Response
Name: _____ Date: <input type="checkbox"/> ___/___/20___ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> N/A.	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> Never. ^{1-A} <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ___/___/20___ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	___/___/20___ <input type="checkbox"/> N/A.	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> Never. ^B <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ___/___/20___ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> N/A.	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> Never. ^C <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ___/___/20___ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> N/A.	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> Never. ^D <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ___/___/20___ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> N/A.	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> Never. ^E <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ___/___/20___ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> N/A.	<input type="checkbox"/> ___/___/20___ <input type="checkbox"/> Never. ^F <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.

¹ Continuing efforts related to each tribe that did not send a written response to an ICWA inquiry are noted on subsequent pages.

Date Individual Was Asked, Role of Individual, and Nature of Individual's Response <i>(Use one row for each individual asked.)</i>	Date Inquiry Letter Sent	Date Tribe's Written Response Received	Tribe's Response
Name: _____ Date: <input type="checkbox"/> ____/____/20____ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> N/A.	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> Never. ^G <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ____/____/20____ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> N/A.	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> Never. ^H <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ____/____/20____ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> N/A.	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> Never. ^I <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ____/____/20____ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> N/A.	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> Never. ^J <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ____/____/20____ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> N/A.	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> Never. ^K <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.
Name: _____ Date: <input type="checkbox"/> ____/____/20____ Response: <input type="checkbox"/> No. <input type="checkbox"/> I don't know. <input type="checkbox"/> Yes/Maybe. (<i>Circle one.</i>) Tribe(s): _____ _____	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> N/A.	<input type="checkbox"/> ____/____/20____ <input type="checkbox"/> Never. ^K <input type="checkbox"/> N/A.	<input type="checkbox"/> Confirmed. <input type="checkbox"/> Denied. <input type="checkbox"/> N/A.

Continuing efforts related to tribes that did not send a written response to an ICWA inquiry:

A: _____

B: _____

C: _____

D: _____

E: _____

F: _____

J: _____

K: _____
