CHILD'S NAME:	CASE NUMBER:

1. Name of child:

2. (Check one)
   ☐ I have not yet been able to complete the inquiry about the child's Indian status because:

   I understand that I have an affirmative and continuing duty to complete this inquiry. I will do it as soon as possible and advise the court of my efforts.

   ☐ I have asked or ☐ I am advised by: and on information and belief confirm that this person has completed inquiry by asking the child, the child's parents, and other required and available persons about the child's Indian status. Each of these persons was asked whether they had any information that the child is or may be an Indian child; whether the parents or child are or were domiciled or lived on a reservation, rancheria, Alaska Native village, or other tribal trust land, or had ancestors who were members of an Indian tribe. The person(s) questioned are:

Name:	Name:
Address:	Address:
City, state, zip:	City, state, zip:
Telephone:	Telephone:
Date questioned:	Date questioned:
Relationship to child:	Relationship to child:

   ☐ Additional persons questioned and their information is attached. *(Form MC-020 may be used for this purpose.)*

3. This inquiry *(check one)*
   ☐ gave me reason to believe the child is or may be an Indian child. *(If checked, continue to 4.)*
   ☐ gave me no reason to believe the child is or may be an Indian child. *(If checked, continue to signature page at end of form.)*

4. ☐ I contacted the tribe(s) that the child may be affiliated with and worked with them to establish whether the child is a member or citizen or eligible for membership or citizenship in the tribe(s). Information detailing the tribes contacted, the names of the individuals contacted, and the manner of the contacts is attached.

5. Based on inquiry and tribal contacts *(check all that apply):*
   a. ☐ the child is or may be a member or citizen of or eligible for membership or citizenship in a tribe.
      Name of tribe(s):
      Location of tribe(s):
   b. ☐ the child's parents, grandparents, or great-grandparents are or were members or citizens of a tribe.
      Name of tribe(s):
      Location of tribe(s):
   c. ☐ the residence or domicile of the child, child's parents, or Indian custodian is on a reservation, rancheria, Alaska Native village, or other tribal trust land.
   d. ☐ the child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).
   e. ☐ the child is or has been a ward of a tribal court.
      Name of tribe(s):
      Location of tribe(s):
   f. ☐ either parent or the child possesses an Indian identification card indicating membership or citizenship in an Indian tribe.
      Name of tribe(s):
      Location of tribe(s):

CHILD'S NAME:	CASE NUMBER:

6. If this is a delinquency proceeding under Welfare and Institutions Code section 601 or 602,
   - ☐ the child is in foster care.
   - ☐ it is probable the child will be entering foster care.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

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