

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

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**

<b>Mother's Maiden Name</b>	<b>Other Names Mother Known By</b>
<b>Mother's Date of Birth</b>	<b>Mother's Place of Birth</b>
<b>Mother's Current Address:</b>	
<b>Mother's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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**

<b>Father's Name</b>	<b>Other Names Father Known By</b>
<b>Father's Date of Birth</b>	<b>Father's Place of Birth</b>
<b>Father's Current Address:</b>	
<b>Father's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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.)

<b>Indian Custodian's Name</b>	<b>Other Names Indian Custodian Known By</b>
<b>Indian Custodian's Date of Birth</b>	<b>Indian Custodian's Place of Birth</b>
<b>Indian Custodian's Current Address:</b>	
<b>Indian Custodian's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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)**

<b>Maternal Grandmother's Name</b>	<b>Other Names Maternal Grandmother Known By</b>
<b>Maternal Grandmother's Date of Birth</b>	<b>Maternal Grandmother's Place of Birth</b>
<b>Maternal Grandmother's Current Address:</b>	
<b>Maternal Grandmother's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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)**

<b>Maternal Grandfather's Name</b>	<b>Other Names Maternal Grandfather Known By</b>
<b>Maternal Grandfather's Date of Birth</b>	<b>Maternal Grandfather's Place of Birth</b>
<b>Maternal Grandfather's Current Address:</b>	
<b>Maternal Grandfather's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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)**

<b>Paternal Grandmother's Name</b>	<b>Other Names Paternal Grandmother Known By</b>
<b>Paternal Grandmother's Date of Birth</b>	<b>Paternal Grandmother's Place of Birth</b>
<b>Paternal Grandmother's Current Address:</b>	
<b>Paternal Grandmother's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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)**

<b>Paternal Grandfather's Name</b>	<b>Other Names Paternal Grandfather Known By</b>
<b>Paternal Grandfather's Date of Birth</b>	<b>Paternal Grandfather's Place of Birth</b>
<b>Paternal Grandfather's Current Address:</b>	
<b>Paternal Grandfather's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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)**

<b>Maternal Great-Grandmother's Name</b>	<b>Other Names Maternal Great-Grandmother Known By</b>
<b>Maternal Great-Grandmother's Date of Birth</b>	<b>Maternal Great-Grandmother's Place of Birth</b>
<b>Maternal Great-Grandmother's Current Address:</b>	
<b>Maternal Great-Grandmother's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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)**

<b>Maternal Great-Grandfather's Name</b>	<b>Other Names Maternal Great-Grandfather Known By</b>
<b>Maternal Great-Grandfather's Date of Birth</b>	<b>Maternal Great-Grandfather's Place of Birth</b>
<b>Maternal Great-Grandfather's Current Address:</b>	
<b>Maternal Great-Grandfather's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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)**

<b>Paternal Great-Grandmother's Name</b>	<b>Other Names Paternal Great-Grandmother Known By</b>
<b>Paternal Great-Grandmother's Date of Birth</b>	<b>Paternal Great-Grandmother's Place of Birth</b>
<b>Paternal Great-Grandmother's Current Address:</b>	
<b>Paternal Great-Grandmother's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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)**

<b>Paternal Great-Grandfather's Name</b>	<b>Other Names Paternal Great-Grandfather Known By</b>
<b>Paternal Great-Grandfather's Date of Birth</b>	<b>Paternal Great-Grandfather's Place of Birth</b>
<b>Paternal Great-Grandfather's Current Address:</b>	
<b>Paternal Great-Grandfather's Former Address(es):</b>	
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)	
<b>Name of Tribe(s) (Include name of specific band(s) and geographic location)</b>	<b>Enrollment or Membership Number</b>
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