

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (<i>name</i>):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD'S NAME:		
NOTICE OF DESIGNATION OF TRIBAL REPRESENTATIVE IN A COURT PROCEEDING INVOLVING AN INDIAN CHILD		CASE NUMBER:
		RELATED CASES (<i>if any</i>):

TO ALL PARTIES:

- I represent the (*name of tribe*): _____, which is a federally recognized Indian tribe listed in the Federal Register.
- The above named child or children are:

Members of this tribe
 Eligible for membership in this tribe and their Mother Father is a member of this tribe.
- Under the Indian Child Welfare Act, the tribe designates (*specify name and title*): _____ as the tribe's representative and authorizes that person under the attached tribal resolution other official tribal document (e.g., letter, declaration, or other document from the office of the chairperson or president of the tribe or ICWA office) for the following purposes:
 - to receive notice of hearings;
 - to be present at hearings;
 - to address the court;
 - to examine all court documents relating to the case (*at the court's discretion, if tribe does not intervene*);
 - to submit written reports and recommendations to the court;
 - to request transfer of the case to the tribe's jurisdiction; and
 - to intervene at any point in a proceeding when it is determined the act applies.

4. The tribe requests that notice of all proceedings be sent to the above named tribal representative at the contact information below:

Name:

Title:

Address:

City, state, zip code:

Telephone:

Fax:

CHILD'S NAME:	CASE NUMBER:
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5. The tribe requests does not request an additional notice be sent to the tribal council at the contact information below:

Name:

Title:

Address:

City, state, zip code:

Telephone:

Fax:

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

CHILD'S NAME:

CASE NUMBER:

PROOF OF SERVICE

ICWA-040, the *Notice of Designation of Tribal Representative in a Court Proceeding Involving an Indian Child* must be served on the other parties or attorneys for the parties. Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the notice. The person who serves the notice must fill out and sign this proof of service. ICWA-040, the *Notice of Designation of Tribal Representative in a Court Proceeding Involving an Indian Child* may not be filed with the court until all the parties or attorneys are served.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of form ICWA-040 and all attachments as follows (*check either a or b below for each person served*):

a. **Personal service.** I personally delivered a copy of form ICWA-040 and all attachments as follows:

- | | |
|--|--|
| (1) <input type="checkbox"/> Name of child's attorney (<i>if applicable</i>) served: | (2) Name of <input type="checkbox"/> parent (<i>if self-represented</i>)
or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served: |
| (a) Address: | (a) Address: |
| (b) Date of delivery: | (b) Date of delivery: |
| (c) Time of delivery: | (c) Time of delivery: |
| (3) Name of Court Appointed Special Advocate (<i>if applicable</i>) served: | |
| (a) Address: | (a) Address: |
| (b) Date of delivery: | (b) Date of delivery: |
| (c) Time of delivery: | (c) Time of delivery: |
| (5) Name of <input type="checkbox"/> child's caregiver
or <input type="checkbox"/> Indian custodian served: | |
| (a) Address: | (a) Address: |
| (b) Date of delivery: | (b) Date of delivery: |
| (c) Time of delivery: | (c) Time of delivery: |
| (7) Name of <input type="checkbox"/> parent (<i>if self-represented</i>)
or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served: | |
| (a) Address: | (a) Address: |
| (b) Date of delivery: | (b) Date of delivery: |
| (c) Time of delivery: | (c) Time of delivery: |
| (8) District attorney (<i>delinquency only</i>) served: | |

CHILD'S NAME:	CASE NUMBER:
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2. b. **Mail.** I deposited a copy of form ICWA-040 and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

- | | |
|--|--|
| (1) <input type="checkbox"/> Name of child's attorney (<i>if applicable</i>) served: | (2) Name of <input type="checkbox"/> parent (<i>if self-represented</i>)
or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served: |
| (a) Address: | (a) Address: |
| (b) Date of deposit: | (b) Date of deposit: |
| (c) Place of deposit: | (c) Place of deposit: |
| (3) Name of Court Appointed Special Advocate (<i>if applicable</i>) served: | |
| (a) Address: | (a) Address: |
| (b) Date of deposit: | (b) Date of deposit: |
| (c) Place of deposit: | (c) Place of deposit: |
| (5) Name of <input type="checkbox"/> child's caregiver
or <input type="checkbox"/> Indian custodian served: | |
| (a) Address: | (a) Address: |
| (b) Date of deposit: | (b) Date of deposit: |
| (c) Place of deposit: | (c) Place of deposit: |
| (7) Name of <input type="checkbox"/> parent (<i>if self-represented</i>)
or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served: | |
| (a) Address: | (a) Address: |
| (b) Date of deposit: | (b) Date of deposit: |
| (c) Place of deposit: | (c) Place of deposit: |
| (6) Attorney for child welfare services agency (<i>dependency only</i>) served: | |
| (8) District Attorney (<i>delinquency only</i>) served: | |

c. **Attachment.** If there are additional persons to serve, attach a separate piece of paper to form ICWA-040, write the child's name and case number on the top, and list additional persons' names, mailing addresses or location of personal service, dates of delivery or deposit, times of delivery or deposit, and whether service was made personally or by mail.

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED NOTICE)