



## REQUEST FOR CONFIRMATION OF CHILD'S INDIAN STATUS

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

TO: 

Date of Request: 

eWiSACWIS Case Number: 

ATTN: Tribal ICWA Agent

Name - Child (Last, First, MI) 	Sex <input type="checkbox"/> M <input type="checkbox"/> F  	Birthdate (mm/dd/yyyy) 
Birthplace 		






Our agency is involved with the family of the above-named child(ren). Review the attached information regarding the child(ren), and notify us as soon as possible as to whether he or she is a member of the tribe or the biological child of a member of the tribe and eligible for membership. The following documents are attached.

- Screening for Child's Status as Indian
- Child's Biological Family History Chart

- Yes  No An Involuntary Child Custody Proceeding has been initiated.
- Notice of Involuntary Child Custody Proceeding Involving Indian Child attached.

Your immediate attention and response to this matter is greatly appreciated. Since this child's (these children's) legal status in regard to the Indian Child Welfare Act is uncertain, we are unable to properly plan for the child in the absence of the requested information.

### Send Confirmation / Information to:

Name - Agency 	Name - Worker 	
Address - Agency (Street, City, State, Zip Code) 	Telephone Number 	Fax Number 
E-Mail Address 