SAMPLE SAMPLE ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): FOR COURT USE Oft Y TELEPHONE NO.: FAX NO. (Optional): Draft 1 mec E-MAIL ADDRESS (Optional): 06/03/08 ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: CHILD'S NAME: CASE NUMBER: **COVER SHEET FOR INDIAN CHILD INQUIRY ATTACHMENT (ICWA-010(A))**

- 1. Date petition and initial form ICWA-010(A) filed:
- 2. Number of forms ICWA-010(A) filed, including the initial filing:
- 3. Number of pages attached: