

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:
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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:


<p>(1) <input type="checkbox"/> Name of child's attorney (<i>if applicable</i>) served:</p> <p>(a) Address:</p> <p>(b) Date of delivery:</p> <p>(c) Time of delivery:</p> <p>(3) Name of Court Appointed Special Advocate (<i>if applicable</i>) served:</p> <p>(a) Address:</p> <p>(b) Date of delivery:</p> <p>(c) Time of delivery:</p> <p>(5) Name of <input type="checkbox"/> child's caregiver or <input type="checkbox"/> Indian custodian served:</p> <p>(a) Address:</p> <p>(b) Date of delivery:</p> <p>(c) Time of delivery:</p> <p>(7) Name of <input type="checkbox"/> parent (<i>if self-represented</i>) or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served:</p> <p>(a) Address:</p> <p>(b) Date of delivery:</p> <p>(c) Time of delivery:</p>	<p>(2) Name of <input type="checkbox"/> parent (<i>if self-represented</i>) or <input type="checkbox"/> parent's attorney (<i>if applicable</i>) served:</p> <p>(a) Address:</p> <p>(b) Date of delivery:</p> <p>(c) Time of delivery:</p> <p>(4) Name of <input type="checkbox"/> social worker (<i>dependency only</i>) or <input type="checkbox"/> probation officer (<i>delinquency only</i>) served:</p> <p>(a) Address:</p> <p>(b) Date of delivery:</p> <p>(c) Time of delivery:</p> <p>(6) Attorney for child welfare services agency (<i>dependency only</i>) served:</p> <p>(a) Address:</p> <p>(b) Date of delivery:</p> <p>(c) Time of delivery:</p> <p>(8) District attorney (<i>delinquency only</i>) served:</p> <p>(a) Address:</p> <p>(b) Date of delivery:</p> <p>(c) Time of delivery:</p>
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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:
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| <p>(1) <input type="checkbox"/> Name of child's attorney (if applicable) served:</p> <p>(a) Address:</p> <p>(b) Date of deposit:</p> <p>(c) Place of deposit:</p> <p>(3) Name of Court Appointed Special Advocate (if applicable) served:</p> <p>(a) Address:</p> <p>(b) Date of deposit:</p> <p>(c) Place of deposit:</p> <p>(5) Name of <input type="checkbox"/> child's caregiver or <input type="checkbox"/> Indian custodian served:</p> <p>(a) Address:</p> <p>(b) Date of deposit:</p> <p>(c) Place of deposit:</p> <p>(7) Name of <input type="checkbox"/> parent (if self-represented) or <input type="checkbox"/> parent's attorney (if applicable) served:</p> <p>(a) Address:</p> <p>(b) Date of deposit:</p> <p>(c) Place of deposit:</p> | <p>(2) Name of <input type="checkbox"/> parent (if self-represented) or <input type="checkbox"/> parent's attorney (if applicable) served:</p> <p>(a) Address:</p> <p>(b) Date of deposit:</p> <p>(c) Place of deposit:</p> <p>(4) Name of <input type="checkbox"/> social worker (dependency only) or <input type="checkbox"/> probation officer (delinquency only) served:</p> <p>(a) Address:</p> <p>(b) Date of deposit:</p> <p>(c) Place of deposit:</p> <p>(6) Attorney for child welfare services agency (dependency only) served:</p> <p>(a) Address:</p> <p>(b) Date of deposit:</p> <p>(c) Place of deposit:</p> <p>(8) District Attorney (delinquency only) served:</p> <p>(a) Address:</p> <p>(b) Date of deposit:</p> <p>(c) Place of deposit:</p> |
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- 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)
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