

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 23, 2004

ALL COUNTY INFORMATION NOTICE I-54-04

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CHILD WELFARE SERVICES
 PROGRAM MANAGERS
 CHIEF PROBATION OFFICERS

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation Change
 Court Order
 Clarification Requested by One or More Counties
 Initiated by CDSS

SUBJECT: NOTICE OF INVOLUNTARY CHILD CUSTODY PROCEEDINGS FOR AN INDIAN CHILD (SOC 820)

The purpose of this All County Information Notice (ACIN) is to transmit the new "Notice of Involuntary Child Custody Proceedings for an Indian Child" (SOC 820). The SOC 820 consolidates the "Request for Confirmation of Child's Status as Indian" (SOC 318) and the "Notice of Involuntary Proceedings for an Indian Child" (SOC 319), the current forms required for noticing of child custody proceedings as required by the Indian Child Welfare Act (ICWA). It was necessary to develop a new ICWA notice form as recent appellate court decisions have determined that the existing forms are not sufficient for meeting the requirements of ICWA. Also by combining the two existing forms, there will be less confusion for counties and courts relative to which form should be used for providing adequate notice to tribes. The SOC 820 may be obtained from the CDSS web page at: www.dss.cahwnet.gov/cdssweb/On-lineFor_271.htm. A copy of the form has been attached for your reference.

Implementation Questions

1. Can the SOC 318 and SOC 319 continue to be used?

With release of this ACIN the SOC 318 and SOC 319 are obsolete and should no longer be used for noticing tribes pursuant to ICWA. These forms do not contain all of the information required by the federal guidelines and are not currently being accepted by many local courts.

2. Does the entire SOC 820, specifically the family ancestry section, have to be completed for subsequent notices once the tribe has acknowledged the child(ren) and/or intervened in the case?

It is important that the court record document that adequate notice has been provided to the tribe for all subsequent proceedings. This could be done by having the parties to the case, including the tribe, agree to a statement on the record that certain information requested on the SOC 820 is no longer necessary for subsequent notices.

Another option is to have the parties agree on the court record to accept the notice that is used for all other non-Indian child custody proceedings pursuant to Welfare and Institutions Code section 290.

3. Can one SOC 820 be used for a sibling group or do separate forms have to be used for each child?

If the siblings have the same parents, then one SOC 820 may be used and include all of the children's names on the document. If, however, they do not have the same parents a separate form will need to be used for each different parent.

4. Does the SOC 820 have to be sent registered mail, return receipt requested?

The SOC 820 may be sent registered or certified mail, return receipt requested. The most important thing is to request the return receipt card and once it is returned include the card as part of the court record. Additionally, page six of the SOC 820 serves as Proof of Service for this particular notice and should be made a part of the court record as well.

SOC 820 and Child Welfare Services/Case Management System (CWS/CMS)

The SOC 820 will be added to CWS/CMS. Until this occurs, an auto-populating interim template has been developed and is available on the CWS/CMS website at www.hwcws.cahwnet.gov/templates_interim.asp. The template may be imported into each county's template cache by the authorized county staff person that has System Administration privilege. The following are instructions on how to import the interim template into CWS/CMS:

1. Open Resource Management
2. Select "**Orange Section**" - operations
3. Select "**+ Create New Template Mgt.**"
4. In the first box, **Templates DOS Filename Prefix**, type the file name of your document. This is the name in **CACW Templates** – no more than 6 letters. (Suggest you start with your county number. This will put all of your county's documents in one area.)
5. **Title** box: type in the title you wish your social worker to see in the application.
6. From the menu bar, select "**Action**"
7. From the drop down, select "**Add Template**"
8. From the directory find your file
9. Click on **your file**
10. Click on "**open**"
11. **SAVE TO DATABASE**

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At this point, the creator of the template should go to the CWS/CMS application, into an open case or referral, view and try the new template to be sure it is functioning properly and as designed. It will take overnight for the template to be on other users system and available for use.

For policy clarifications and questions regarding use of the SOC 820, contact Anne Smith, ICWA Specialist, at (916) 651-6031 or anne.smith@dss.ca.gov. For CWS/CMS navigational and technical questions contact each county's System Support Consultant.

Sincerely,

Original Signed by Patricia Aguiar

PATRICIA AGUIAR, Chief
Child Protection and Family Support Branch

Attachment

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
NOTICE OF INVOLUNTARY CHILD CUSTODY PROCEEDINGS FOR AN INDIAN CHILD (Juvenile Court)	CASE NUMBER:

NOTICE TO (check all that apply):

- Parent
 Tribe
 Indian Custodian
 Bureau of Indian Affairs (BIA)

1. a. Child's name:
- b. Date of birth:
- c. Place of birth (*city, state, and, if applicable, reservation*):
2. Child is reported to be eligible for the following tribe or band (*name each*):

Based on a petition filed (date): _____ the child has been temporarily placed in the custody of the county welfare department, probation department, or Indian custodian named below:

3. County welfare department (*address*):
4. Probation department (*address*):
5. Indian custodian (*name each*):
- Tribe (*name each*):

6. Name of social worker or probation officer:

Telephone Number:

E-mail address:

HEARING INFORMATION

7. Date of next hearing:	Dept:	Time:	Type of hearing:
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- Located at above address
 Other:

CASE NAME:	CASE NUMBER:
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- 8. UNDER THE INDIAN CHILD WELFARE ACT:**
1. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to be present at all hearings.
 2. The biological or adoptive parents, any Indian custodian, and the child's tribe have the right to intervene in the proceedings.
 3. If the parents or custodians have a right to be represented by a lawyer and if they cannot afford to hire one, a lawyer will be appointed for them.
 4. If the child's tribe, any parent, or any Indian custodian requests it, the court will permit the hearing to be held up to 20 days after receipt of this notice.
 5. The date, time, and place of the hearing are on the first page of this form.
 6. If the tribe has a tribal court, the tribe, any parent, or any Indian custodian of the child may request a transfer of the case to the child's tribal court. They also have the right to refuse to have the case transferred to the tribal court.
 7. The proceedings could lead to the removal of the child from the custody of the parent or Indian custodian and possible adoption of the child.
 8. Juvenile Court proceedings are confidential. Information concerning the juvenile court proceedings should be kept confidential.

INFORMATION ON CHILD WHO IS THE SUBJECT OF AN INVOLUNTARY CUSTODY PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

Attach any information that might be of assistance in determining the child's Indian status, including names and addresses of extended family members who may have Indian heritage.

<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Father
NAME (including maiden, married, and former or aliases):	NAME (including maiden, married, and former or aliases):
ADDRESS (current and former)	ADDRESS (current and former)
BIRTHDATE AND PLACE:	BIRTHDATE AND PLACE:
TRIBE, BAND, AND LOCATION:	TRIBE, BAND, AND LOCATION:
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:
IF DECEASED, DATE AND PLACE OF DEATH:	IF DECEASED, DATE AND PLACE OF DEATH:
ADDITIONAL INFORMATION:	ADDITIONAL INFORMATION:

CASE NAME:	CASE NUMBER:
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INFORMATION ON CHILD WHO IS THE SUBJECT OF AN INVOLUNTARY CUSTODY PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Grandfather
NAME (including maiden, married, and former or aliases):		NAME (including maiden, married, and former or aliases):	
ADDRESS (current and former)		ADDRESS (current and former)	
BIRTHDATE AND PLACE:		BIRTHDATE AND PLACE:	
TRIBE, BAND, AND LOCATION:		TRIBE, BAND, AND LOCATION:	
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:		IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	
IF DECEASED, DATE AND PLACE OF DEATH:		IF DECEASED, DATE AND PLACE OF DEATH:	
ADDITIONAL INFORMATION:		ADDITIONAL INFORMATION:	

<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Grandfather
NAME (including maiden, married, and former or aliases):		NAME (including maiden, married, and former or aliases):	
ADDRESS (current and former)		ADDRESS (current and former)	
BIRTHDATE AND PLACE:		BIRTHDATE AND PLACE:	
TRIBE, BAND, AND LOCATION:		TRIBE, BAND, AND LOCATION:	
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:		IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	
IF DECEASED, DATE AND PLACE OF DEATH:		IF DECEASED, DATE AND PLACE OF DEATH:	
ADDITIONAL INFORMATION:		ADDITIONAL INFORMATION:	

CASE NAME:	CASE NUMBER:
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INFORMATION ON CHILD WHO IS THE SUBJECT OF AN INVOLUNTARY CUSTODY PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

<input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather
NAME (including maiden, married, and former or aliases):		NAME (including maiden, married, and former or aliases):	
ADDRESS (current and former)		ADDRESS (current and former)	
BIRTHDATE AND PLACE:		BIRTHDATE AND PLACE:	
TRIBE, BAND, AND LOCATION:		TRIBE, BAND, AND LOCATION:	
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:		IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	
IF DECEASED, DATE AND PLACE OF DEATH:		IF DECEASED, DATE AND PLACE OF DEATH:	
ADDITIONAL INFORMATION:		ADDITIONAL INFORMATION:	

<input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather	<input type="checkbox"/> Maternal <input type="checkbox"/> Great-grandmother	<input type="checkbox"/> Paternal <input type="checkbox"/> Great-grandfather
NAME (including maiden, married, and former or aliases):		NAME (including maiden, married, and former or aliases):	
ADDRESS (current and former)		ADDRESS (current and former)	
BIRTHDATE AND PLACE:		BIRTHDATE AND PLACE:	
TRIBE, BAND, AND LOCATION:		TRIBE, BAND, AND LOCATION:	
IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:		IF AVAILABLE, ENROLLMENT NUMBER OR BIA/TRIBAL AGENCY NAME:	
IF DECEASED, DATE AND PLACE OF DEATH:		IF DECEASED, DATE AND PLACE OF DEATH:	
ADDITIONAL INFORMATION:		ADDITIONAL INFORMATION:	

CASE NAME:	CASE NUMBER:
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INFORMATION ON CHILD WHO IS THE SUBJECT OF AN INVOLUNTARY CUSTODY PROCEEDING
(Indicate if any of the information requested below is unknown or nonapplicable.)

9. Birth father is named on birth certificate Unknown
10. Birth father has acknowledged paternity Unknown
11. There has been a judicial declaration of paternity Unknown
12. Other alleged father *(name each)*:

The following optional questions may be helpful in tracing the ancestry of any person alleging Indian descent.

1. Have you or any members of your family ever:

- a. Attended an Indian school? Yes No Unknown

Name/relationship	Type of school	Dates attended	Location of school

- b. Received medical treatment at an Indian health clinic or U.S. Public Health Service hospital? Yes No Unknown

Name/relationship	Type of treatment	Dates treatment received	Location where treatment received

- c. Lived on federal trust land, a reservation, a rancheria, or Indian allotment? Yes No Unknown

Name/relationship	Name and address	Dates

2. Tribal Affiliation and Location *(Check any that apply)*.

- A. 1906 Final Roll Name of relative: _____

The 1906 Final Roll was prepared by the Dawes Commission. Individuals who allege to be of Cherokee, Choctaw, Chickasaw, Creek, or Seminole ancestry from Oklahoma must provide the name of a relative listed on this final roll.

- B. Roll of 1924 Name of relative: _____

The Roll of 1924 relates to the Eastern Band of Cherokees who were from states other than Oklahoma (such as North Carolina, Georgia, Mississippi, or another southeastern state). Individuals who allege to be of Eastern Cherokee descent must provide the name of a relative listed on the Roll of 1924.

- C. California Judgement Roll Roll number, if available: _____

CASE NAME:	CASE NUMBER:
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CERTIFICATE OF MAILING

(To be completed by social worker, probation officer, or clerk of juvenile court)

I certify that an endorsed-filed copy of the *Notice of Involuntary Child Custody Proceedings for an Indian Child*, with a copy of the petition, was mailed as follows: Each copy was enclosed in an envelope with postage for registered or certified mail, return receipt requested, fully prepaid. The envelopes were addressed to each person, tribe, or bureau as indicated below. Each envelope was sealed and deposited with the United States Postal Service at *(place)*: _____ on *(date)*: _____ .

Date: _____ Title: _____

Department: _____

(TYPE OR PRINT NAME)

(SIGNATURE)

This form and any return receipts must be filed with the court.

List all persons, tribes, or agencies provided notice with the full mailing address *(attach extra sheets if necessary)*: