

NOTICE OF FORM CHANGE NO. 04-223

DATE

10/4/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SOC 820 (8/04) Notice Of Involuntary Child Custody Proceedings For An Indian Child (Juvenile Court)

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 8/04*	REPLACES 7/04*	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify) All County Information Notice No. I-54-04

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

* The 8/04 revision of the SOC 820 was released before a GEN 127, Notice of Form Change, could be issued for the 7/04 revision, so there is no GEN 127 for the 7/04 revision of this form.

8-1/2" x 11", 6 page form.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

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)*: