

CHILD'S NAME:	CASE NUMBER:
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4. Petitioner on information and belief further alleges the following:

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code <i>(check applicable boxes; see attachment 3a for concise statements of facts):</i> <input type="checkbox"/> (a) <input type="checkbox"/> (b)(1) <input type="checkbox"/> (b)(2) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> (e) <input type="checkbox"/> (f) <input type="checkbox"/> (g) <input type="checkbox"/> (h) <input type="checkbox"/> (i) <input type="checkbox"/> (j)				
b. Child's name:		c. Age:	d. Date of birth:	e. Gender:
<input type="checkbox"/> Information is the same as that given for the child in item 1. <i>(If not the same, provide different information below.)</i>				
f. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father <i>(check all that apply):</i> <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	g. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father <i>(check all that apply):</i> <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged			
h. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father <i>(check all that apply):</i> <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	i. Other <i>(state name, address, and relationship to child):</i>  <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.			
j. Prior to intervention, child resided with <input type="checkbox"/> parent <i>(name):</i> <input type="checkbox"/> parent <i>(name):</i> <input type="checkbox"/> guardian <i>(name):</i> <input type="checkbox"/> Indian custodian <i>(name):</i> <input type="checkbox"/> other <i>(state name, address, and relationship to child):</i>	k. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention <i>(address):</i>  <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other			

5.

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code <i>(check applicable boxes; see attachment 3a for concise statements of facts):</i> <input type="checkbox"/> (a) <input type="checkbox"/> (b)(1) <input type="checkbox"/> (b)(2) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> (e) <input type="checkbox"/> (f) <input type="checkbox"/> (g) <input type="checkbox"/> (h) <input type="checkbox"/> (i) <input type="checkbox"/> (j)				
b. Child's name:		c. Age:	d. Date of birth:	e. Gender:
<input type="checkbox"/> Information is the same as that given for the child in item 1. <i>(If not the same, provide different information below.)</i>				
f. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father <i>(check all that apply):</i> <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	g. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father <i>(check all that apply):</i> <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged			
h. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father <i>(check all that apply):</i> <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	i. Other <i>(state name, address, and relationship to child):</i>  <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.			
j. Prior to intervention, child resided with <input type="checkbox"/> parent <i>(name):</i> <input type="checkbox"/> parent <i>(name):</i> <input type="checkbox"/> guardian <i>(name):</i> <input type="checkbox"/> Indian custodian <i>(name):</i> <input type="checkbox"/> other <i>(state name, address, and relationship to child):</i>	k. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention <i>(address):</i>  <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other			

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6. Indian Child Welfare Act Inquiry (*check one*):

- a.  I have asked as to whether the child is or may be a member of an Indian tribe or eligible for membership and the biological child of a member, and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- b.  On information and belief, I am aware that inquiry has been completed by (*insert name*):
- c.  Inquiry about whether the child is or may be a member of an Indian tribe or eligible for membership and the biological child of a member has not yet been completed for the reasons set out below. I am aware of the ongoing duty to complete this inquiry and will complete the *Indian Child Inquiry Attachment* (form ICWA-010(A)), and submit it to the court as soon as possible.