

**MANDATORY REPORTING FORM FOR ALL ADOPTION CASES**  
**(Must Be Completed And Provided With Case Filing Statement)**

**Birth Name of Child**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial

**Name and Address of Biological Father**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State    Zip

**Name and Address of Biological Mother**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State    Zip

**ICWA Information: Name and Address of Tribal Affiliation**

\_\_\_\_\_  
Tribal Affiliation

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State    Zip

**Name and Address of any Agency having files or information relating to the Adoptive Placement**  
(Please list additional agencies on the back of this form.)

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State    Zip

**FOR CLERK OF COURT OFFICE ONLY**

- ✓ **IF IT IS AN ICWA CASE**, ATTACH AFFIDAVITS OF BIOLOGICAL PARENTS (IF ANY) TO THIS FORM AND SEND TO THE FOLLOWING ADDRESS:

SECRETARY, BUREAU OF INDIAN AFFAIRS  
U.S. DEPARTMENT OF INTERIOR  
1849 C STREET NW  
WASHINGTON, DC 20240