

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

\_\_\_\_\_  
Date of Birth

**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 RESULTING FROM AN INVOLUNTARY TERMINATION ACTION, 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**