

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

Is this an open adoption and will the child(ren) be aware of their name change? **YES** ____ **NO** ____

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 AFFIDAVIT OF THE BIOLOGICAL PARENTS (IF ANY) TO THIS FORM AND SEND IT TO THE FOLLOWING ADDRESS:

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