

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 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**