**SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF**

|  |  |
| --- | --- |
| IN THE INTEREST OF: | NO. |
|       |  | **DECLARATION OF ADOPTION FACILITATOR** |
| Minor Child |  |  |
|  |
| **I,** |  | **hereby declare:** |
|  |
| 1. I am a case worker for the [ ]  Department of Children, Youth, and Families |
|  [ ]  |       | Agency. |
|  |
| 2. I have made the following efforts to verify whether the above-named child is Indian and to determine whether the federal and Washington State Indian Child Welfare Acts, 25 U.S.C. 1901 et seq., and RCW 13.38 apply to this proceeding: |
|       |
| 3. The child: [ ]  Is an Indian child as defined in 25 USC 1903(4) and RCW 13.38.040(7).The federal and Washington State Indian Child Welfare Acts apply to this proceeding. [ ]  May be an Indian child as defined in 25 USC 1903(4) and RCW 13.38.040(7).The federal and Washington State Indian Child Welfare Acts may apply to this proceeding. [ ]  Is or may be a Canadian First Nations child or a member of a non-federally recognized tribe and neither the federal nor the Washington State Indian Child Welfare Acts apply to this proceeding. [ ]  Is not Indian. The Indian Child Welfare Acts do not apply to this proceeding. |
|  |  |  |
| 4. **Indian child.** (The following additional information applies only if the child is or may be Indian as defined in the federal and Washington State Indian Child Welfare Act.) |
|  |  |  |
|  4.1 The child: [ ]  Is a member of the |       | Tribe. The Tribe’s address is: |
|  |       |
|  [ ]  Is eligible for membership in the |       | Tribe and is the biological child of a tribe member. |
|  | The Tribe’s address is: |       |
|  [ ]  Is of Indian ancestry and may be a member of or eligible for membership in a federally recognized Indian tribe.I will make further efforts to ascertain whether the child is an Indian as defined by the Indian Child Welfare Act. |
|  |
|  4.2 Tribal affiliation of child’s mother: |       |
|  Tribal affiliation of child’s father: |       |
|  Tribal affiliation of Indian custodian: |       |
|  |  |
| **DISTRIBUTION: White – Court File Yellow – Service File Pink – Parents Goldenrod – Indian Tribe/Other Party** |
|  4.3 [ ]  The child’s residence/domicile is located within the reservation boundaries of the |       |
|  |  Indian Tribe. |  |
|  [ ]  The child’s residence/domicile is not located within the boundaries of an Indian reservation. |
|  [ ]  There is not enough information available at this time to determine whether the child’s residence/domicile is within an Indian reservation. |
|  |
|  4.4 [ ]  The child [ ]  is [ ]  is not the subject of any Tribal Court custody order. A copy of each such order is attached. |
|  [ ]  The child [ ]  is [ ]  is not a ward of Tribal Court |
|  [ ]  There is not enough information available at this time to determine if the child is a Tribal Court ward. |
|  |
|  4.5 Information about the prospective adoptive parents (if known and if the prospective adoptive parents have consented to disclosure of the information): |
|  | Name(s): |       |
|  | Address: |       |
|  | Tribal affiliation: |       |
|  |
| I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. |
|  |
| Signed at |       | , Washington, this |       | day of |       | 20 |    |
|  |
|       |  |
| CASE WORKER |
|  |
|       |       |  |
| ADDRESS | STREET |  |
|  |
|       |    |       |  |
| CITY | STATE | ZIP CODE |  |
|  |
|       |  |
| TELEPHONE NUMBER |