

CHILD'S NAME:	CASE NUMBER:
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ATTACHMENT 8c(1)-Indian Child Inquiry

1. Name of child:

a. Person(s) questioned:

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
City, state, zip:	City, state, zip:
Telephone:	Telephone:
Date(s) questioned:	Date(s) questioned:

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
City, state, zip:	City, state, zip:
Telephone:	Telephone:
Date(s) questioned:	Date(s) questioned:

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
City, state, zip:	City, state, zip:
Telephone:	Telephone:
Date(s) questioned:	Date(s) questioned:

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
City, state, zip:	City, state, zip:
Telephone:	Telephone:
Date(s) questioned:	Date(s) questioned: