## REQUEST TO BIA TO NOTIFY INDIAN TRIBE OR PARENT OF PETITION FOR GUARDIANSHIP OF AN INDIAN CHILD

| To:    | Human Services Director Bureau of Indian Affairs                                                                                                                                                                                            | or          |       | (for Metlakatla Indian Community) Portland Area Director, BIA |    |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|---------------------------------------------------------------|----|
|        | PO Box 25520                                                                                                                                                                                                                                |             |       | 911 NE 11 <sup>th</sup> Avenue                                |    |
|        | Juneau, AK 99802-5520                                                                                                                                                                                                                       |             |       | Portland, OR 97232                                            |    |
|        | Juneau, 711 77002-3320                                                                                                                                                                                                                      |             |       | Torrand, OK 77232                                             |    |
| From   | :                                                                                                                                                                                                                                           | _           |       |                                                               |    |
|        | (Petitioner's Name)                                                                                                                                                                                                                         |             |       |                                                               |    |
| In the | e Matter of the Protective Proceeding of                                                                                                                                                                                                    |             |       |                                                               | _  |
|        | NT 1                                                                                                                                                                                                                                        |             |       | (Name of Child)                                               |    |
| Case   | Number                                                                                                                                                                                                                                      | <del></del> |       |                                                               |    |
| for th | d the attached petition in the Alaska Superied child named in the petition. Attached is named above may be an Indian child as a have not been able to determine:                                                                            | s a Noti    | ce of | Hearing on the petition. I believe the                        | ıe |
|        | the identity of the child's tribe. I am sending this to you, as required by § 1912(a) of ICWA, so you can attempt to provide notice to the child's tribe within the next 15 days. Please let me know if you are able to identify the tribe. |             |       |                                                               |    |
|        | the location of the child's mother                                                                                                                                                                                                          | fathe       | er N: | ame.                                                          |    |
|        | T 4 TZ A 1 1                                                                                                                                                                                                                                |             |       | unic                                                          | _  |
|        | This Parent's Tribe or Possible Tribe:                                                                                                                                                                                                      |             |       |                                                               |    |
|        | I am sending this to you, as required provide notice to the child's parent wit are able to locate this parent.                                                                                                                              |             |       |                                                               |    |
| Than   | k you for your assistance.                                                                                                                                                                                                                  |             |       |                                                               |    |
|        | Date                                                                                                                                                                                                                                        |             |       | Petitioner's Signature                                        | _  |
|        |                                                                                                                                                                                                                                             |             |       | Type of Print Name                                            | _  |
|        |                                                                                                                                                                                                                                             |             |       | Mailing Address                                               |    |
|        |                                                                                                                                                                                                                                             | Ci          | ty    | State ZI                                                      | P  |
|        |                                                                                                                                                                                                                                             | _           |       | Daytime Telephone                                             | _  |

## Attachments:

- Petition for Appointment of a Guardian for a Minor (PG-610) Notice of Guardianship Hearing for Indian Child (PG-621)
- 2.