



State of Florida
Department of Children and Families

Rick Scott
Governor

David E. Wilkins
Secretary

[Date]

Ms. Gloria York, MSW
Regional Social Worker
Department of the Interior
Bureau of Indian Affairs, Eastern Region
545 Marriott Drive, Suite 700
Nashville, Tennessee 37214

RE: [NAME OF CHILD, DOB, AND COURT CASE NUMBER]

[NOTE TO STAFF:

THIS LETTER IS USED ONLY WHEN THE FAMILY DOES NOT KNOW WITH WHICH TRIBE THEY MAY BE AFFILIATED AND WE, THEREFORE, DO NOT HAVE THE NAME OF A TRIBE TO SEND THE LETTER.]

Dear Ms. York:

Pursuant to the provisions of the Indian Child Welfare Act (25 U.S.C. 1901, et seq), I am writing to notify you that **[NAME]**, believed to be an American Indian child, is the subject of a child custody proceeding in the Circuit Court of **[County]**, Florida. This child is believed to be an American Indian child as defined by the Indian Child Welfare Act, because **[state the circumstances that cause the agency to believe the child to be eligible under ICWA. For example, parent has alleged American Indian ancestry.]**. The parent(s), however, does not know the identity or location of the tribe of reported affiliation or the exact nature of the affiliation.

The following information cannot be determined at this time:

[Provide examples of information needed – possible examples below]

Enrollment eligibility of the child and child's parents
Identity of the child's tribe or tribes
Identity or location of the child's parents

This agency has been provided the following information regarding this child: **[Please complete whatever information you may have. If you are writing the BIA, you will probably not have any of this information or you would be writing the tribe directly; however, there may be circumstances in which we cannot determine the location of the tribe, etc.]**

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Name of Child

Date

Page 2

Child's full name:

Child's date of birth:

Name of child's parents or Indian custodian, if known:

Mother's maiden name:

Mother's date of birth:

Tribal affiliation of the mother:

Mother's enrollment number:

Father's name:

Father's date of birth:

Tribal affiliation of the father:

Father's enrollment number:

Tribal affiliation of the child:

Location of the child's parent or Indian custodian:

Identity, location and tribal affiliation of the grandparents:

Any additional Information: **[add any additional information here]**

The court has **[briefly describe any current actions and findings by the court and state current legal status of case]**. The child's legal status under the provisions of the Indian Child Welfare Act cannot be determined without additional information. We are requesting your assistance in assuring appropriate permanency planning under Indian Child Welfare Act protections.

Your assistance in assuring timely permanency for this child is very much appreciated. Please do not hesitate to call me at **[enter your contact information]**, if I may be of assistance.

Sincerely,

[Worker, ICWA Specialist/attorney, etc., signature block]

Enclosures: Copy of DCF Form CF-FSP 5323 and attached family chart

Correspondence mailed by registered mail, return receipt requested

PLEASE BE CERTAIN YOUR RETURN ADDRESS IS ON THIS LETTER