



Health & Human Services



North Dakota ICWA Initial Inquiry Case Update

Today's Date: _____

To: _____ ICWA Office: _____

From: _____ County Office: _____

Child's Information FRAME Case Number: _____ DOB: _____

Child's Name: (First) _____ (MI) _____ (Last) _____

CPS IH FC Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Tribal Affiliation: _____

Alternate Tribal Affiliation: _____

Family Information

Mother's Name: (First) _____ (MI) _____ (Last) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Tribal Affiliation: _____ DOB: _____

Alternate Tribal Affiliation: _____

Mother's Parents: _____

Father's Name: (First) _____ (MI) _____ (Last) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Tribal Affiliation: _____ DOB: _____

Alternate Tribal Affiliation: _____

Father's Parents: _____



Updated 6/8/2025



Indian Custodian Information

Indian Custodian's Name: (First) _____ (MI) ____ (Last) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Tribal Affiliation: _____

Case Status

☐ Has previous CPS Involvement. County: _____ Date: (Mo/Yr): _____

☐ Is receiving In-Home Involuntary case management services. Service Start Date: _____

☐ Is in out-of-home placement due to _____ Service Start Date: _____

☐ Placement Type: _____

Court Information: _____

Address: _____

Court Contact Name: _____ Phone: _____

Court Case Number: _____ **Court Date Scheduled:** _____

Case Worker Information: _____

E-Mail Address: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Fax #: _____

Additional Comments/Information

Cc'd To the Following Parties

