

**DEPARTMENT FOR COMMUNITY BASED SERVICES
COMMONWEALTH OF KENTUCKY**

IN THE MATTER OF THE ADOPTION OF:

DATE OF BIRTH:

CASE NUMBER:

NON-INDIAN AFFIDAVIT

County of

State of Kentucky

I, _____, being of lawful age, and duly sworn, do allege and state the following statements are true to best of my belief and knowledge.

1. I am in possession of the above-named child's records with the Cabinet for Families and Children (CHFS), Department for Community Based Services (DCBS), _____ County, and regional office
2. I have examined the records of the agency and find no evidence supporting Indian child status or eligibility in said file.
3. Said child has not been raised as an Indian child and would, therefore, not meet the general criteria for protection under the Indian Child Welfare Act.
4. It is my belief based upon all information in the file and all information, held by the DCBS worker that said child is a NON-INDIAN CHILD.

WHEREFORE, I do solemnly affirm that _____ is not an Indian child within the meaning of the Indian Child Welfare Act.

Social Service Worker