

Indian Child & Family Preservation Program

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Qualified Expert Witness Request Form

Date of Request:

Requestor's Name:

Requestor's Tribal Affiliation:

Child(ren)'s Tribal Affiliation(s) and Age(s):

What stage of the court process is the case in?

Detention Hearing Dispositional Review Hearing

Jurisdictional Other:

What type of case is this?

Dependency (CPS) Delinquency Probate (Guardianship)

Family Law Other:

Date and Time of next Court Hearing:

Location of next Court Hearing (county, state):

Please list the courtroom and department number of the next court hearing:

What other services might you need?

Please list contact information for all parties involved (Name, phone, email, and fax if available):

OFFICE USE ONLY
Date Received: / /