STATE OF WISCONSIN, CIRCUIT COURT,		COUNTY		
N THE INTEREST OF		Statement of Active Efforts Indian Child Welfare Act		
Name		Case No.		
Date of	Birth	Case No.		
amil	were made as follows:	habilitation programs designed to prevent the b	•	
1.	Representatives designated by the Indian child's tribe with substantial knowledge of prevailing social and cultural standards and child-rearing practice within the tribal community were requested to evaluate the circumstances of the Indian child's family and to assist in developing a case plan that uses resources of the tribe and Indian community, including traditional and customary support, actions, and services. Yes No Describe activities or explain why not conducted:			
2.		on of the Indian child's family was completed, including a determination alth, safety, and welfare effectively in the child's home. or explain why not conducted:		
3.	proceedings at the earliest possible point a	vere identified, notified, and invited to participate in all aspects of the nd their advice was actively solicited throughout the proceedings. or explain why not conducted:		
4.	child's tribe or parents, were notified and co Indian child, to assure cultural connections,	hild, including extended family members who were identified by the Indian consulted with to identify and provide family structure and support for the s, and to serve as placement resources. So or explain why not conducted:		
5.	ensure the Indian child's safety, as appropr transportation and other assistance to enab	ural and unsupervised family interaction in the most natural setting that can opriate to the goals of the permanency plan, including arrangements for nable family members to participate in that interaction. es or explain why not conducted:		
6.	was requested to identify those strategies a	were offered or employed and the involvement of the Indian child's tribe and to ensure they are culturally appropriate to the tribe. or explain why not conducted:		
7.	Community resources offering housing, financial, and transportation assistance and in-home support services, in- come intensive treatment services, community support services, and specialized services for members of the Indian hild's family with special needs were identified, information about those resources was provided to the family, and ne family was actively assisted or offered active assistance in accessing those resources. Yes No Describe activities or explain why not conducted:			
8.	Monitoring of client progress and client part Yes No Describe activities	t participation in services was provided. vities or explain why not conducted:		
9.	consideration of alternative ways of addressing the needs of the Indian child's family was provided, if services of exist or if existing services were not available to the family. Yes No Describe activities or explain why not conducted:			
		Signatur	re	
		Name Printed of	or Typed	
		Addres	s	
		Email Address	Telephone Number	
		Date	State Bar No. (if any)	