

## DESIGNATED TRIBAL AGENT REQUEST FORM

Name of Tribe: \_\_\_\_\_

Name and/or Title of Individual: \_\_\_\_\_

Name of Agency/Office: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Pursuant to SDCL § 26-7A-15.3 (which is set forth below), notices in proceedings subject to the Indian Child Welfare Act should be provided to the above designated tribal agent as authorized through tribal code or resolution, a copy of which is attached..

Name of individual submitting request: \_\_\_\_\_

(please print)

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Instructions: This form, along with the tribal code provision or resolution, should be sent to: Pamela Bennett, Director, Division of Child Protection Services, 700 Governors' Drive, Pierre, SD 57501-2291. Upon receipt of the completed form and tribal code provision or resolution, a confirmation letter will be sent to the designated agent.**

*SDCL § 26-7A-15.3.*

*As used in this chapter, the term, designated tribal agent, means the agent, agency, or entity designated by the tribe, through tribal code or resolution, to receive notices of child custody proceedings subject to the Indian Child Welfare Act. The tribe may provide, in writing, to the director of the Division of Child Protection Services, Department of Social Services, the name or title, address, telephone number, and facsimile number, if applicable, of the designated agent. The department shall make the information available electronically by posting the information on the department's website not later than ten business days after the information is received by the director. If a tribe does not designate a tribal agent for receipt of notice, notice shall be given in accordance with 25 C.F.R. 23.12.*