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|  | **Office of Tribal Relations**  **Request for Qualified Expert Witness (QEW)** |

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| --- | --- | --- | --- |
| Date |  | DCYF Office: |  |
| Social Service Specialist |  | Phone |  |
| Email: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Case Number: | |  | |
| **Child(ren) Name(s)** | **DOB** | **Child(ren) Name(s)** | **DOB** |
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| Tribe(s)  Known  Unknown |
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Have you contacted the Tribe(s)?  Yes  No

*(You are required to contact the Tribe(s) and request a QEW prior to submitting this form).*

List attempts to contact Tribe(s): List email and phone message dates/times:

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\*Court Hearing Type: Other (*if selected* )

\*Date/time of court hearing:

Virtual appearance available?  Yes  No

|  |
| --- |
| Court Info/Address: Legal Number: |

\*CONSULT WITH Attorney General’s Office **(**AGO**)** regarding Qualified Expert Witness (QEW) need?

(*You are required to consult with your AGO re: QEW prior to submitting this form*).

Yes  No

\*EMAIL FORM TO: [DCYF.OTRQEWRequest@dcyf.wa.gov](mailto:DCYF.OTRQEWRequest@dcyf.wa.gov)