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

|  |  |  |  |
| --- | --- | --- | --- |
| 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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| 1.
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| 1.
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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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| 1.
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| 1.
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\*Court Hearing Type: Other (*if selected* )

\*Date/time of court hearing:

Virtual appearance available? [ ]  Yes [ ]  No

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| --- |
| 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