



# COYOTE VALLEY

*Band of Pomo Indians*

Dear Applicant:

Attached is an Application for Enrollment to the Coyote Valley Band of Pomo Indians. Complete the application to the best of your ability. Any missing information may cause the application to be delayed or denied. The Enrollment Committee reserves the right to require additional information in order to process an application. In an effort to improve the application process we have included step-by-step instructions below.

## INSTRUCTIONS:

- All sections of the application must be filled out completely. If not applicable place an N/A in the space provided.
- Complete the Other Tribal Affiliations section if any can be made
  - A letter certifying that the applicant is not enrolled in any other Native American tribe may be required if an affiliation can be established.
- On October 30, 2012 the Tribe amended its Constitution by adopting the “Coyote Valley Band of Pomo Indians Membership Register of September 12, 2012” and established the Tribe’s Base Roll. In order to establish your family history and to whom your tribal lineage is claimed please use the Membership Register of September 12, 2012. If you are not sure of whom your lineage should be established please feel free to call our Tribal Administration office for assistance.
- Supply both sides of the Family Tree.
- All applications must be accompanied by a certified original birth certificate for the applicant (to be returned to the applicant upon completion of the application process), and a clean photocopy of their Social Security card.
- Application must be signed and dated by the adult applicant.

## FOR MINOR CHILD APPLICATIONS:

- Supply DNA Request form if applicable (see Coyote Valley DNA Policy)
  - The DNA test must be received by the Tribe before the application can be processed.
  - DNA tests performed by an agency not contracted by the Tribe will not be accepted as adequate proof of parentage.
- Application must be signed by the applicant’s parent or legal guardian.
  - If the application is signed by the legal guardian of the applicant that is not the parent the guardianship documents provided by the court must be attached with the application.

If you have any questions call the Tribal Administration office at 707-485-8723.

Thank you,

Coyote Valley Enrollment Committee



**OFFICE USE ONLY**

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APP #

**COYOTE VALLEY BAND OF POMO INDIANS  
APPLICATION FOR ENROLLMENT**

DATE: \_\_\_\_\_

ALL PERSONS APPLYING FOR MEMBERSHIP MUST COMPLETE AND SUBMIT A SEPARATE APPLICATION. APPLICANT MUST SUPPLY ALL NECESSARY DOCUMENTATION ALONG WITH THIS APPLICATION TO BE CONSIDERED FOR ENROLLMENT. SUBMISSION OF AN APPLICATION DOES NOT ENTITLE AN INDIVIDUAL TO BENEFITS OF MEMBERSHIP. ALL APPLICATIONS ARE SUBJECT TO THE REVIEW OF THE TRIBE'S ENROLLMENT COMMITTEE AND FINAL APPROVAL OR DENIAL OF THE TRIBAL COUNCIL.

**A CERTIFIED ORIGINAL BIRTH CERTIFICATE ISSUED BY THE COUNTY WHERE THE APPLICANT WAS BORN SHOWING THE NAMES OF APPLICANTS NATURAL PARENTS MUST BE PROVIDED WITH THIS APPLICATION. CERTIFIED ORIGINAL BIRTH CERTIFICATES WILL BE RETURNED ONCE THE APPLICATION AND REVIEW PROCESS HAS BEEN COMPLETED. A COPY OR HOSPITAL ISSUED CERTIFICATES WILL NOT BE ACCEPTED AND YOUR APPLICATION WILL BE DENIED.**

APPLICANT NAME: \_\_\_\_\_  
LAST FIRST MI

ALIASES (MAIDEN/NICKNAME): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
Copy of Social Security Card is REQUIRED to process application

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
CITY/STATE

SEX: ( M / F ) MARITAL STATUS: \_\_\_\_\_ VETERAN: ( Y / N )  
Single, Married, Divorced, Tribal Marriage, Widowed, etc...

PHYSICAL ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP

( ) ( ) ( )  
HOME PHONE CELL PHONE WORK/MESSAGE PHONE

EMAIL ADDRESS: \_\_\_\_\_

**FAMILY HISTORY/ANCESTRY:**

MEMBER TO WHOM TRIBAL LINEAGE IS CLAIMED: \_\_\_\_\_

OTHER TRIBAL AFFILIATION(S): please use other side if additional space needed

Tribe: \_\_\_\_\_

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

\_\_\_\_\_ Phone: (     ) \_\_\_\_\_

PLEASE LIST NATURAL CHILDREN'S NAMES BELOW: use back of application if you need more room

NAME	SEX	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INSTRUCTIONS:** Please use the boxes below to show your family lineage. Please show both sides of the applicants family tree including tribal affiliation.

FAMILY TREE			
APPLICANT'S NATURAL MOTHER		APPLICANT'S NATURAL FATHER	
GRANDMOTHER	GRANDFATHER	GRANDMOTHER	GRANDFATHER
TRIBAL AFFILIATION	TRIBAL AFFILIATION	TRIBAL AFFILIATION	TRIBAL AFFILIATION
G-MOTHER / G-FATHER	G-MOTHER / G-FATHER	G-MOTHER / G-FATHER	G-MOTHER / G-FATHER
TRIBAL AFFILIATION	TRIBAL AFFILIATION	TRIBAL AFFILIATION	TRIBAL AFFILIATION
GGMOTHER/FATHER	GGMOTHER/FATHER	GGMOTHER/FATHER	GGMOTHER/FATHER
TRIBAL AFFILIATION	TRIBAL AFFILIATION	TRIBAL AFFILIATION	TRIBAL AFFILIATION

LAST NAME	FIRST NAME	DOB
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By signing this Application I certify that the applicant is **NOT** enrolled NOR have they ever been enrolled with another Native American Tribe. I understand that the burden of proof for membership is the responsibility of the applicant or applicant's representative. I further certify that all the information provided is true and correct. I understand that any false information shall invalidate this application and therefore enrollment shall be denied with the Coyote Valley Band of Pomo Indians.

\_\_\_\_\_  
SIGNATURE (Applicant/Guardian of minor child) \_\_\_\_\_  
DATE  
Applicant \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_ (explain): \_\_\_\_\_  
\_\_\_\_\_

***FOR INTERNAL USE ONLY***			
<p>_____ Applicant's application for enrollment has been recommended for APPROVAL</p> <p>_____ Applicant's application for enrollment has been recommended for DENIAL for membership</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>Application Complete <input type="checkbox"/></p> <p>Family Tree Verified <input type="checkbox"/></p> <p>Social Security Card <input type="checkbox"/></p> </td> <td style="width: 50%; border: none;"> <p>Birth Certificate <input type="checkbox"/></p> <p>DNA Complete <input type="checkbox"/></p> <p>Other Information <input type="checkbox"/></p> </td> </tr> </table>	<p>Application Complete <input type="checkbox"/></p> <p>Family Tree Verified <input type="checkbox"/></p> <p>Social Security Card <input type="checkbox"/></p>	<p>Birth Certificate <input type="checkbox"/></p> <p>DNA Complete <input type="checkbox"/></p> <p>Other Information <input type="checkbox"/></p>	
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<p>_____ SIGNATURE OF ENROLLMENT COMMITTEE MEMBER</p>	<p>_____ DATE</p>		
<p>_____ SIGNATURE OF ENROLLMENT COMMITTEE MEMBER</p>	<p>_____ DATE</p>		
<p><b>TRIBAL COUNCIL ACTION</b></p> <p>APPROVED <input type="checkbox"/></p> <p>DENIED <input type="checkbox"/></p> <p>DATE ACTION TAKEN: _____</p>	<table border="1" style="margin: auto;"> <tr> <th style="padding: 5px;">ENROLLMENT #</th> </tr> <tr> <td style="padding: 5px;">638-</td> </tr> </table>	ENROLLMENT #	638-
ENROLLMENT #			
638-			
<p>_____ TRIBAL CHAIRPERSON'S SIGNATURE</p>	<p>_____ DATE</p>		
<p>_____ TRIBAL SECRETARY'S SIGNATURE</p>	<p>_____ DATE</p>		

LAST NAME	FIRST NAME	DOB
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# COYOTE VALLEY BAND OF POMO INDIANS

## PATERNAL DNA POLICY

### PURPOSE

The purpose of the Paternal DNA Policy is to establish procedures for determining the paternity of children with pending applications for enrollment. The policy shall provide an appropriate process to meet the responsibilities associated with the requisite tests as well as confidential record keeping and an adequate system of certification of paternity to the enrollment committee to determine eligibility for enrollment and tribal benefits. This policy shall be in effect until reviewed by Tribal Council.

### APPLICATION

All male Tribal Members who are duly enrolled in accordance with the Coyote Valley Band of Pomo Indians Document Embodying the Laws, Customs, and Traditions (Constitution) and wish to confer the benefits of membership are required to take a DNA test in order to establish paternity and qualify their children as eligible members of the Tribe.

### REQUIREMENTS

A COMPLETED enrollment packet must be on file with Tribe and certified as to receipt by the Tribe's Administrative Secretary or designated employee. If the minor child is not in the custody of the Tribal Member father, the Tribe requires legal guardianship papers and expressed written permission from said guardian in order to administer testing be on file with the Tribe.

### OTHER REQUIREMENTS

The Tribe has a designated DNA diagnostic provider and does not accept outside paternity test results. The cost of each individual test is assumed initially by the Tribe. However, the Tribal Member father consents through the application for DNA testing to reimburse the Tribe for all costs associated with DNA testing through the withholding of his individual per capita or non-gaming payments if the Tribal Member father fails to complete the procedure, misses his appointment or the DNA test(s) results in a negative report between the father and child.

### PROCEDURES

- Upon receipt of all necessary documents for enrollment, the Administrative Secretary or designated employee must:
  - Provide the DNA Diagnostics Center Patient Information form
  - Provide a copy of the "Paternal DNA Policy" to applicant
  - Forward the following documents to the Health and Human Services Department
    - Completed "Request for DNA Testing" form
      - Must be signed by Administrative Secretary or designated employee as certification that all applicable enrollment documents are complete and on file with the Tribe
    - Legal Guardianship documents if applicable
- HHS Director or designated employee in receipt of necessary documents shall
  - forward all necessary document to the DNA Diagnostics Center for processing and appointment scheduling
  - forward certification of DNA results to enrollment committee
  - maintain confidential DNA information and results within the health records for that minor child



# COYOTE VALLEY BAND OF POMO INDIANS REQUEST FOR DNA TESTING

*The cost of each individual test is assumed initially by the Tribe. However, the Tribal Member father consents through this Request for DNA testing to reimburse the Tribe for all costs associated with DNA testing through the withholding of his individual per capita or non-gaming distribution if the Tribal Member father fails to complete the procedure, misses his appointment or the DNA test(s) results in a negative report between the father and child.*

Name of Child: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Proof of SSN Application on File

Child's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alleged Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alleged Father's Address: \_\_\_\_\_

Alleged Father's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby understand that by signing below that I am acknowledging paternity of the child on this document and further request to have the DNA procedure to prove paternity. I have received a copy of and understand the terms and conditions of the Paternal DNA Policy of the Tribe AND CONSENT TO ITS PROVISIONS.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY:**

I certify that all the necessary documents are on record and authorize Fiscal Officer to proceed.

- DNA RESULTS ON RECORD
- COMMITTEE DETERMINATION ON FILE
- APPLICANT NOTIFICATION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
TREASURER'S SIGNATURE OR AUTHORIZED PERSONNEL