

**HOOPA VALLEY TRIBE
ENROLLMENT COMMITTEE
APPLICATION INSTRUCTION
P.O. BOX 1348
HOOPA, CA. 95546**

CHECKLIST FOR ENROLLMENT APPLICATION

- [] COMPLETE ATTACHED APPLICATION (*Required*)
- [] COMPLETE ATTACHED FAMILY TREE TO THE BEST OF YOUR KNOWLEDGE
- [] ATTACH A CERTIFIED BIRTH CERTIFICATE(*Required*)
- [] ATTACH A COPY OF SOCIAL SECURITY NUMBER(*Required*)

RETURN THE ABOVE APPLICATION AND ENROLLMENT FORMS TO THE ENROLLMENT OFFICE.

DETERMINATION OF PARENTAGE TESTING REQUIREMENT

- [] **1.** If you and your spouse have been married for more than nine (9) months, attach a copy of your marriage license. Return all information to the Enrollment office.
- [] **2.** If you and your spouse have been married less than nine (9) months, attach a copy of your marriage license and you will also be required to complete step 3 or 4.(Note: Parentage blood testing is not a requirement if you are enrolling only with your mother's degree.) The Cost for testing is:
 - A) \$65.00 per person in advance.**
 - B) The alleged tribal member parent must sign the "Agreement to bear Cost of parentage Testing."**

If parentage testing confirms the identity of the natural parent of the applicant, any fees Collected will be refunded.

If you live in Hoopa or a surrounding area go on to step 3.

- [] **3.** It is your responsibility to schedule an appointment with the Enrollment Office for parentage testing if the father's blood degree is to be used.

If you live outside of Hoopa go on to step 4.

- [] **4.** If you live outside of the area you must contact the Enrollment Office for instructions on how to complete this requirement.

All items must be completed within 90 days from the date of receiving your application. If your application has not been completed within 90 days, your application is considered denied and the Enrollment Committee will deny your application at their next meeting.

Completing all requirements for Enrollment is the responsibility of the applicant or the applicant's parents. If you have any questions, please contact the Enrollment Office at (530) 625-4211 Ext. 137.

AGREEMENT TO BEAR COST OF PARENTAGE TESTING
HOOP VALLEY TRIBE
HOOPA, CALIFORNIA

I, _____, Agree to the following:

1. I hereby authorize the Hoopa Valley Tribal Council, through the Enrollment Committee, to make a per capita deduction in the amount of **\$65.00(per person)** for a DNA blood parentage test, except where such test confirm the applicant's contention about the identity of the natural parent. In the case where the test confirms the applicant's contention, the Tribe shall bear the cost, pursuant to the Enrollment Ordinance, Title 9, Section 5.3.1.
2. In the event that the DNA blood test is conducted for the purposes of Determining a blood degree correction, I authorize the Hoopa Valley Tribal Council, through the Enrollment Committee, to make a per capita deduction in the amount of \$ _____, except where such test confirms the blood degree correction as alleged. In the case where the blood degree correction is correct, the Tribe shall bear the cost.
3. I further understand that this document does not waive or diminish my rights Or interests in any appeal procedure available to me under the Tribal Debt Collection Policy, Title 28, of the Hoopa Valley Tribal Law and Order Code.

Dated: _____
Signature _____

THEREFORE, in accordance with the uniform procedure for collecting debts owed the Tribe and Tribal entities, as set forth in the TRIBAL DEBTS COLLECTION POLICY, Title 28, Section 28.11.4.3, this shall serve as oral notice of the Tribal Enrollment Committee's perfected security interest and resulting deduction from per capita payments.

I have been orally informed of this deduction by the Tribal Enrollment Committee.

Date: _____ Initialed: _____

**APPLICATION FOR ENROLLMENT
HOOPA VALLEY TRIBE**

Date Received: _____
Mail: _____ In Person _____
Received By: _____

TO BE FILLED OUT BY PERSON MAKING APPLICATION AND SIGNED BY EACH TRIBAL MEMBER THROUGH WHOM ELIGIBILITY IS CLAIMED.

FULL NAME OF APPLICANT FOR ENROLLMENT: _____

INDIAN, OR OTHER NAME BY WHICH KNOWN: _____

MAILING ADDRESS: _____

CITY STATE ZIP

DATE OF BIRTH: _____ PLACE OF BIRTH _____

PHONE: _____ SOCIAL SECURITY NUMBER _____

ANCESTOR ON BASE ROLL THROUGH WHOM ENROLLMENT RIGHTS ARE CLAIMED:

NAME: _____ ROLL #: _____ RELATIONSHIP: _____

DEGREE OF INDIAN CLAIMED:

HOOPA TRIBE: _____ OTHER: _____ TOTAL DEGREE: _____
Tribe & Degree

IS EITHER OF APPLICANT'S PARENTS ENROLLED AS A MEMBER OF ANOTHER TRIBE?: _____ IF YES, THE PARENT AND TRIBE: _____

IS APPLICANT AN ADOPTED CHILD? YES _____ NO _____

IS APPLICANT ENROLLED WITH ANOTHER TRIBE? YES _____ NO _____

IS APPLICANT A DIRECT LINEAL DESCENDANT OF A MEMBER OF THE HOOPA TRIBE? _____

COPY OF BIRTH CERTIFICATE AND OTHER PROOF OF BIRTH AND PARENTAGE AS REQUIRED MUST BE SUBMITTED WITH APPLICATION FORM.

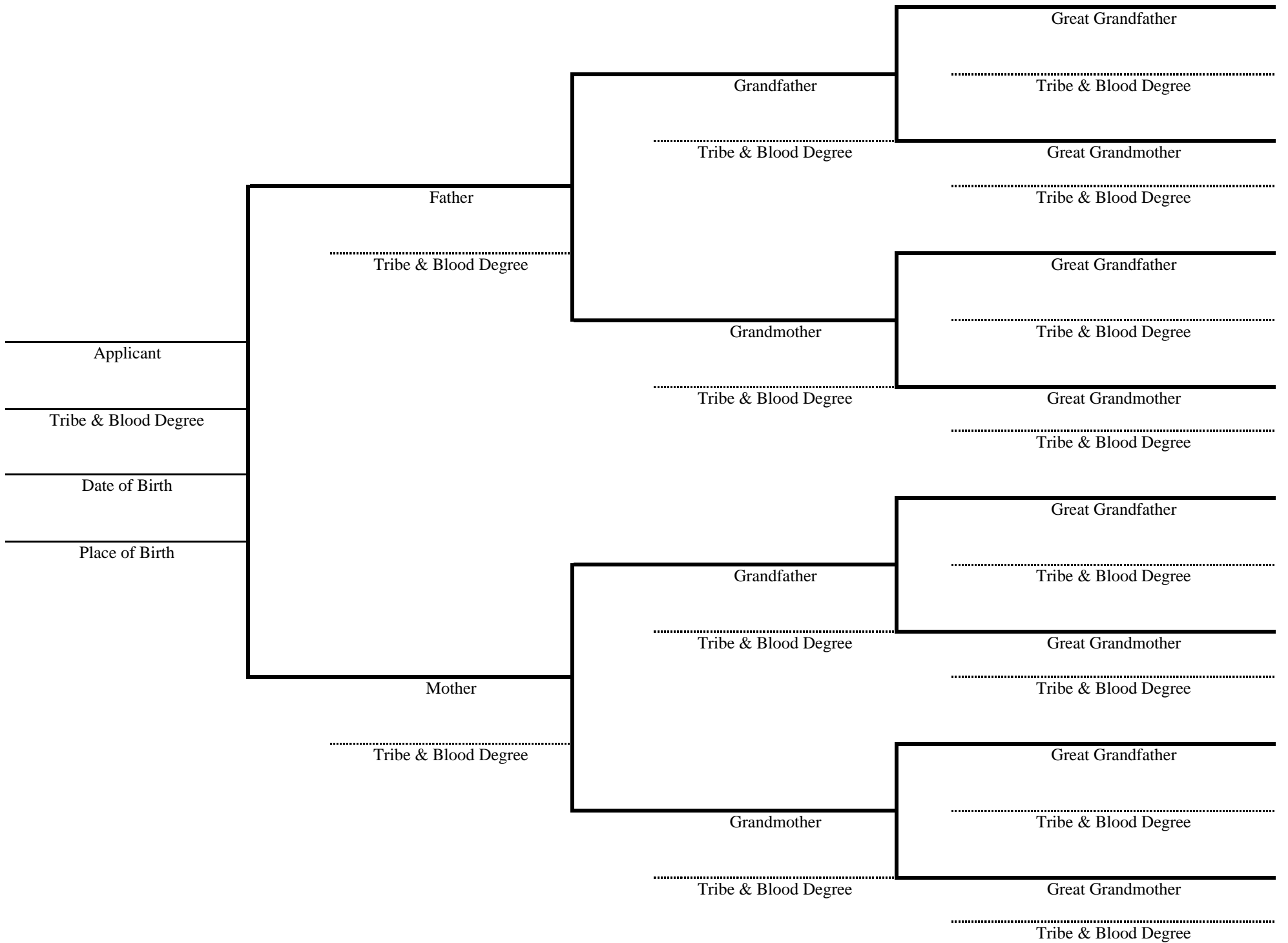
(Secretary will make copies of ORIGINAL documents only.)

Mother Signature: _____ DATE: _____

Father Signature: _____ DATE: _____

Applicant Signature: _____ DATE: _____

Other Signature: _____ DATE: _____



APPENDIX H

Chart for calculating Quantum of Indian Blood

N-I	1/16	1/8	3/16	1/4	5/16	3/8	7/16	1/2	9/16	5/8	11/16	3/4	13/16	7/8	15/16	1	
1/16	1/32	1/16	3/32	1/8	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32
1/8	1/16	3/32	1/8	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16
3/16	3/32	1/8	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32
1/4	1/8	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8
5/16	5/32	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32
3/8	3/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16
7/16	7/32	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32
1/2	1/4	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4
9/16	9/32	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32
5/8	5/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16
11/16	11/32	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32
3/4	3/8	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8
13/16	13/32	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8	29/32
7/8	7/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8	29/32	15/16
15/16	15/32	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8	29/32	15/16	31/32
1	1/2	17/32	9/16	19/32	5/8	21/32	11/16	23/32	3/4	25/32	13/16	27/32	7/8	29/32	15/16	31/32	1
1/32	1/64	3/64	5/64	7/64	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64
3/32	3/64	5/64	7/64	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64
5/32	5/64	7/64	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64
7/32	7/64	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64
9/32	9/64	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64
11/32	11/64	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64
13/32	13/64	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64
15/32	15/64	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64
17/32	17/64	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64
19/32	19/64	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64
21/32	21/64	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64
23/32	23/64	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64
25/32	25/64	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64	57/64
27/32	27/64	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64	57/64	59/64
29/32	29/64	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64	57/64	59/64	61/64
31/32	31/64	33/64	35/64	37/64	39/64	41/64	43/64	45/64	47/64	49/64	51/64	53/64	55/64	57/64	59/64	61/64	63/64

Note: All denominators for lower part of scale are 64. "N-I" stands for non-Indian. To determine degree of blood of children, find degree of one parent in left hand column and of the other parent in top row. Read horizontally to right and vertically below to find the proper degree. Example: Child of parents, one 11/16 and the other 5/8 would be 21/32 degree.

Blood degrees inside the heavier black lines are less than 1/4.