

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

IN THE MATTER OF  
THE ADOPTION OF:

CASE NO:  
FAMILY DIVISION:

AAA

A Minor Child

\_\_\_\_\_ /

**INDIAN CHILD WELFARE ACT AFFIDAVIT**

I, *LUCY C. PINEIRO*, being sworn, certify that the following statements are true:

1. Upon information and belief the child AAA subject to this proceeding:  
[ **one** only]

X is not an Indian child. The Indian Child Welfare Act does not apply to this proceeding.

\_\_\_\_\_ is an Indian child within the meaning of the Indian Child Welfare Act of 1978 (25 U.S.C. 1901 et seq.).

I certify that a copy of this document was [**one** only] ( ) mailed ( ) faxed and mailed ( ) hand delivered to the person(s) listed below on {date} \_\_\_\_\_.

**Other party or his/her attorney:**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Printed Name: LUCY C. PINEIRO, ESQ.

Address: 717 PONCE DE LEON BLVD. STE 309

City, State, Zip: CORAL GABLES, FL 33134

Telephone Number: (305) 443-9488

Fax Number: (305) 448-4110

STATE OF FLORIDA

COUNTY OF

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification  
\_\_\_\_ Type of identification produced