IN THE CIRCUIT COURT OF THE STATE OF OREGON
COUNTY OF MULTNOMAH
Family Law Department

In the matter of the Adoption of:	)	
	)	Case No._____
	)	(*If you do not know the case number, leave blank)*
_____	)	
	)	MOTION for ORDER ALLOWING
	)	INSPECTION AND COPYING OF SEALED
	)	ADOPTION RECORDS; and AFFIDAVIT

Motion

I, _____ *(name)*, request permission to inspect and copy the following documents in the above referenced court file:

- ☐ Petition for Adoption
- ☐ Judgment of Adoption
- ☐ Other court document, record, or specific information: _____

_____

☐ If my request is granted, I also request permission to disclose to another person or entity the following information and/or document provided to me *(name the document or information you want to disclose, and to whom)*: _____

_____

_____

.

Points and Authorities

ORS 109.319 allows the court to enter an order allowing the release of certain sealed adoption records.

DATED: _____

_____
Signature of Requesting Party

_____
Print name

Submitted by:

_____
Name | Address

_____
Print Name | Address or Contact Address

_____
City, State, Zip | Telephone or Contact Telephone

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COUNTY OF MULTNOMAH
Family Law Department

In the matter of the Adoption of:	)	
	)	Case No._____
	)	(*If you do not know the case number, leave blank)*
_____	)	
	)	AFFIDAVIT SUPPORTING MOTION FOR
	)	INSPECTION AND COPYING OF SEALED
	)	ADOPTION RECORDS

Affidavit

STATE OF _____)
) ss.
County of _____)

I, _____, being first duly sworn, depose and state the following:

1. I have the following relationship to the child in this case:

☐ **A. Adoptee** – I am the former Child in this case. I am now at least 18 years of age. *You must fill out #2 below. Also fill out #3 below if you are requesting access to your entire file instead of only to a particular document. Fill out #5 below if it applies to you.*

☐ **B. Biological parent –** I am the biological [ ] mother [ ] father of the child in this case *(check all below that apply)*

☐ (1) The child is now 18 years of age or older and the court has entered a judgment of adoption.

☐ (2) My parental rights to this child were previously terminated by the court, or I voluntarily surrendered my rights to DHS or another licensed agency under the provisions of ORS 418.270 or through a certificate of waiver under the Indian Child Welfare Act. *You must fill out #2 & #4 below. Fill out #5 below if it applies to you.*

☐ (3) My situation is not the same as described in (2) above. This is my situation:
_____
_____
_____

☐ **C. Other relationship**:_____
Fill out #2 below. Fill out #5 below if it applies to you.

2. I want access to the court records because: _____
_____
_____
_____
_____
_____
_____
_____.

3. *Fill out this section <u>only</u> if you are the Adoptee AND are requesting access to your entire file instead of to just a particular document.*

☐ I am the Adoptee and I have a good reason for asking for access to the entire file. My good reason is:

_____
_____
_____
_____
_____
_____
_____

4. *Fill out this section <u>only</u> if Section 1.B(2) above applies to you.*

☐ My parental rights were surrendered or terminated but I have a good reason for requesting access to whatever court records can be disclosed to me. My good reason is:

_____
_____
_____
_____
_____
_____
_____
_____.

5. *Fill out this section <u>only</u> if you want permission to disclose adoption information to someone else.*

☐ I want to share the court record or information I receive with another person or entity. That person or entity is:_____.

My good reason for sharing this record or information is:_____
_____
_____
_____

_____
Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

_____
NOTARY PUBLIC/Court Clerk
My Commission Expires: _____

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

☐ I selected this document for myself, and completed it without paid assistance.
☐ I paid or will pay money to for assistance in preparing this form.

<u>Submitted by:</u>

_____
Print Name | Address or Contact Address

_____
City, State, Zip | Telephone or Contact Telephone