

## Request for Court Adoption Records

Name (person making request)	Mailing address	Telephone number
Child's birth name	Child's adopted name	Child's date of birth
County and Case Number		Year of adoption

List of specific records requested

***Please check the boxes that apply to you:***

No court order required.	Court order required (segregation and redaction may apply)
<input type="checkbox"/> Adoptive parent  <input type="checkbox"/> Petitioner's (Adoptive parent's) attorney of record  <input type="checkbox"/> A representative from the Department of Human Services.  <input type="checkbox"/> The adopted person (must be 18 years of age or older ) (home study exempt from disclosure unless court orders otherwise)  <input type="checkbox"/> I /my agency signed a document in the court record, and I am requesting access only to that record. ( <b>redaction required</b> ) (if biological parent, court order required if child was surrendered to DHS or parental rights were terminated)	<input type="checkbox"/> The biological parent  <input type="checkbox"/> My parental rights were terminated by court order, or I surrendered and released my child to DHS pursuant to ORS 418.270  <input type="checkbox"/> Other: _____  * <input type="checkbox"/> <b>I have attached the Motion and Order Allowing Inspection and Copying of Sealed Adoption Records.</b>

***If you are mailing in your records request, please sign this form in front of a notary public.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed (or attested) before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/COURT CLERK

My Commission Expires: \_\_\_\_\_

**Court staff use only:**

ID checked:  Driver's License  Other: \_\_\_\_\_

Records released: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Court staff initials: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Code for Redaction/Segregation: RSAI

2/5/14