

ATTORNEY OR PARTY <i>(Name and Address)</i> :	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (NAME):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KINGS STREET ADDRESS: 1640 KINGS COUNTY DRIVE MAILING ADDRESS: 1640 KINGS COUNTY DRIVE CITY AND ZIP CODE: HANFORD, CA 93230		
Case Name:		
REQUEST FOR RELEASE OF CONFIDENTIAL ADOPTION AND/OR RELATED INFORMATION		Case Number:

YOU MUST PROVIDE A VALID COPY OF YOUR GOVERNMENT ISSUED IDENTIFICATION WITH THIS REQUEST

1. Case Number: _____
2. Adopted name of child: _____
3. Name of child prior to adoption: _____
4. Name of adoptive parents: _____
5. Name of natural parents: _____
6. Approximate date of adoption in Kings County: Month ____ Day ____ Year ____
7. Approximate birth date of child: Month ____ Day ____ Year ____

8. I am the: Adoptive father/mother Natural father/mother Adopted child
 Other: _____

9. I desire: Certified copy of adoption decree
 Other: _____

10. Name(s) of person(s) submitting request:

Present Name: _____

Former Name: _____

11. Telephone number of person making request: _____

12. **STOP HERE** if you are the adoptive parent, attorney of record, or an employee of the Social Services/Probation Dept.

13. If you are not a person listed on Item 12, the Clerk must have written authority of the Court before providing information. The Court will not give such authorization except in "exceptional circumstances" (Family Code 9200)

Explain here the reason(s) you require the information requested: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signature