

ATTORNEY OR PARTY <i>(Name and Address):</i>	TELEPHONE NO.:	FOR COURT USE ONLY
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:		
ORDER REGARDING REQUEST FOR RELEASE OF CONFIDENTIAL ADOPTION INFORMATION		Case Number:

The Court has reviewed _____ *(name of petitioner)* Request for Release of Confidential Adoption Information.

Based upon the circumstances outline in the request, the Court orders:

Authority is granted to the Clerk to release adoption information to the person requesting.

Request is denied.

DATE: _____

JUDGE OF THE SUPERIOR COURT