

## Request for Court Adoption Records

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Name (person making request)      Mailing address      Telephone number

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Child's birth name      Child's adopted name      Child's date of birth

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County and Case Number      Year of adoption

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Parent's Name

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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: _____

***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 \_\_\_\_\_.

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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: \_\_\_\_\_