ADOPT – Local XX   **Request to: Access Adoption File**
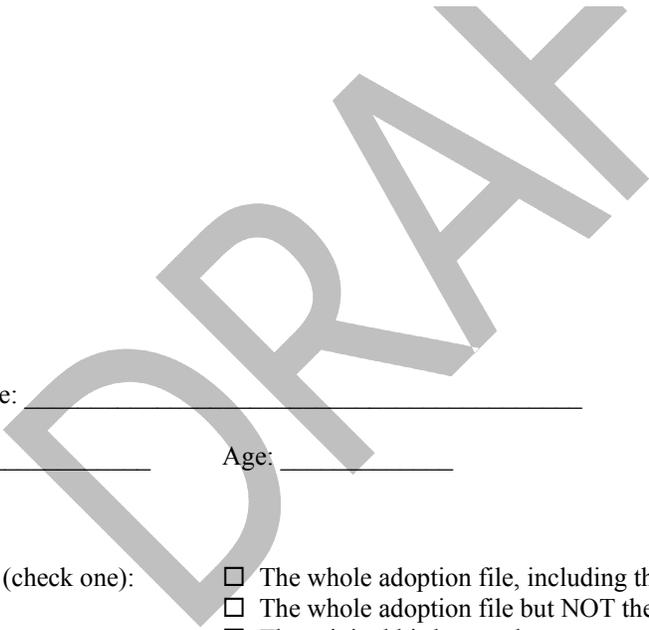
1. Your name(s):
a. _____
b. _____
Relationship to child: _____
Your address *(skip this if you have a lawyer)*:
Street: _____
City: _____ State: _____ Zip: _____
Your phone #: (_____) _____

Your lawyer *(if you have one): (Name, address, phone #, and State Bar #):*

_____

_____

_____

Court name and street address:

**Superior Court of California,
County of Santa Clara
191 N. First St.
San Jose, CA 95113**

Case Number:

2. Child's adopted name: _____

Date of Birth: _____   Age: _____

3. I/We want to look at (check one):
   ☐ The whole adoption file, including the birth parent's names.
   ☐ The whole adoption file but NOT the birth parent's names.
   ☐ The original birth record.
   ☐ Other: _____

- **Family Code section 9200 says that you cannot look at an adoption file "except in exceptional circumstances and for good cause approaching the necessitous."**
- **Health and Safety Code Section 102705 says that you can only see and/or copy the adopted child's birth record for "good and compelling cause."**

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4. Explain why you need to look at the adoption file/birth record:

Request to: Access Adoption File

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If you need more space, attach a sheet of paper and write "ADOPT – Local #XX, Item 4" at the top.

Number of pages attached: _____

5. I/We declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means if I lie on this form I am guilty of a crime.

Date:_____   _____   _____
                       Type or print your name   Sign your name

Date:_____   _____   _____
                       Type or print your name   Sign your name

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