

Request for Court Adoption Records

1. Your name: _____
2. Child's name prior to adoption: _____
3. Child's name after adoption: _____
4. Date of birth of adopted person: _____ Year of adoption: _____
5. Case Number (if known): _____
6. I am requesting the following records: _____

7. I am:

No court order required.	Court order required (segregation and redaction may apply)
<input type="checkbox"/> Adoptive parent	<input type="checkbox"/> The biological parent
<input type="checkbox"/> Petitioner's (Adoptive parent's) attorney of record	<input type="checkbox"/> My parental rights were terminated by the state, or I surrendered and released my child to DHS pursuant to ORS 418.270
<input type="checkbox"/> A representative from the Department of Human Services.	<input type="checkbox"/> Other: _____
<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. (redaction required) <i>(if biological parent, court order required if child was surrendered to DHS or parental rights were terminated)</i>	

Signature: _____ Date: _____

Court staff use only:

ID checked: ☐ Driver's License
☐ Other: _____

Records released: _____

Amount Paid \$ _____ Court staff initials: _____ Date: _____
Fee Code for Redaction/Segregation: RSAI