

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address) TELEPHONE NO: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	Reserved for Clerk's Office Stamp
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO Youth Services Center, Juvenile Court 222 Paul Scannell Drive San Mateo, CA 94402	
IN RE: _____	
REQUEST TO OBTAIN INFORMATION FROM SUPERIOR COURT ADOPTION FILE ADOPTEE - FAMILY CODE SECTION 9200	CASE NUMBER: _____

My name is: _____

Date of Birth: _____ Phone number: _____

Address: _____

Email Address _____

I am informed and believe that I was adopted by:

Mother _____ Father _____
(complete first and last name) (complete first and last name)

The adoption took place in the County of San Mateo on or about _____
(month-date-year)

Type of adoption: ___ Step Parent ___ Independent ___ County ___ Agency ___ Adult

Please check the box or boxes that apply:

- I request permission to inspect my adoption records for the reasons set forth in the attached declaration. **I understand that if my request is granted the names of my birth parents and any other information that might identify them shall be deleted from the documents or copies thereof.**
- I request copies of my adoption records for the reasons set forth in the attached declaration. **I understand that if my request is granted the names of my birth parents and any other information that might identify them shall be deleted from the documents or copies thereof.**

You must attach a detailed declaration stating the reasons for your request. If you checked both boxes above you must provide a separate declaration for each request.

Include a self- addressed stamped envelope if you wish to receive a copy of the final order, standard copy and certification charges will apply.

