

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
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> Youth Services Center, Juvenile Court 222 Paul Scannell Drive San Mateo, CA 94402	
IN RE: _____	
<b>Request to Obtain Information From Superior Court Adoption File Interested Party-Family Code Section 9200</b>	<b>CASE NUMBER:</b> _____

My name is: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to adoptee/adoptive parents: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

I am informed that an adoption proceeding relating to

\_\_\_\_\_ was completed in the County of San Mateo,  
(complete first and last name of adoptee and date of birth)

on or about \_\_\_\_\_  
(month-date-year)

The names of the adopting parents are:

Mother \_\_\_\_\_  
(complete first and last name)

Father \_\_\_\_\_  
(complete first and last name)

Type of adoption: \_\_\_ Step Parent \_\_\_ Independent \_\_\_ County \_\_\_ Agency \_\_\_ Adult

Please check the box or boxes that apply:

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

**AFFIDAVIT OF VERIFICATION\***

I am the applicant in the foregoing matter. I have read the foregoing application and know the contents thereof. I certify or declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
\* If this document is executed outside of the State of California the affidavit of verification is be executed before a notary public or toehr officer authorized to administer oaths.