ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar Number and Address)*	*For Court Use Only*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO ☐ UKIAH Courthouse 100 North State Street Ukiah, CA 95482 ☐ TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437	
In the matter of the Petition of: Petitioner.	
PETITION FOR AUTHORIZATION TO INSPECT ADOPTION and BIRTH RECORD INFORMATION and/or TO OBTAIN COPIES	Case No.

I am the Petitioner and submit the following:

1. My mailing address is: _____

2. My residence address: _____, County of _____

3. My telephone/cell number is: _____ My Birth Date: ____/____/_____, and my current age: _____

4. I am informed *(check one)*:

   a. ☐ and believe that I was adopted by *(adopting parents named[s])* _____ on or about *(date)* _____, in the County of Mendocino.

   b. ☐ that an adoption proceeding related to *(adoptee's name)* _____ was completed in the County of _____, on or about *(date)* _____ by *(adopting parents name[s])* _____

5. I request permission to inspect the records and/or obtain copies of the records contained in the court file relating to the adoptee *(name)* _____, for the following reasons:

   ☐ Family Code §9200 - requires a showing of exceptional circumstances and good cause approaching the necessity.

   _____

   _____

   _____

   _____

   _____

   ☐ Health & Safety Code §102705 - requires a showing of necessity of the order and good and compelling cause. The name and address of the natural parents shall be given to the Petitioner only if s/he can demonstrate the name and address, or either of them, are necessary to assist him or her in establishing a legal right.

   _____

   _____

   _____

   _____

   _____

6. I request that the court confirm the dates that I was a dependent in the Mendocino County Superior Court system for the following reasons:

_____

_____

_____

7. For the reasons stated, I request permission to ☐ obtain / ☐ inspect a copy of the following document(s):

_____

_____

_____

_____

8. Attached is a copy of a government issued current photographic identification card of the Petitioner.

I request an order from the Superior Court, as required by Family Code §9200 and/or Health and Safety Code §102705 with respect to the records relating to the above proceeding.

Date: _____

_____ _____

Print Name Signature of Petitioner or Attorney for Petitioner

VERIFICATION

I am the Petitioner in the above matter. I have read this petition, and I know and understand what it states. I declare that the petition is true based upon my own personal knowledge, except as to those matters where it is stated to be based upon my information or belief, and as to those matters, I believe them to be true.

Date: _____

_____ _____

Print Name Signature of Petitioner or Attorney for Petitioner

California Family Code, Section 9200

(a) The petition, relinquishment or consent, agreement, order, report to the court from any investigating agency, and any power of attorney and disposition filed in the office of the clerk of the court pursuant to this part is not open to inspection by any person other than the parties to the proceeding and their attorneys and the department, except upon the written authority of the judge of the superior court. A judge of the superior court may not authorize any one to inspect the petition, relinquishment or consent, agreement, order, report to the court from any investigating agency, and any power of attorney or deposition or any portion of any of these documents, except in exceptional circumstances and for good cause approaching the necessitous. The petition mar be required to pay the expenses for preparing the copies of the documents to be inspected.

(b) Upon written request of any party to the proceeding and upon the order of any judge of the superior court, the clerk of the court shall not provide any documents referred to in this section for inspection of copying to any other person, unless the name of the child's birth parents or any information tending to identify the child's birth parents is deleted from the documents or copies thereof.

(c) Upon the request of the adoptive parents or the child, a clerk of the court may issue a certificate of adoption that states the date and place of adoption, the child's birth date, the names of the adoptive parents, and the name the child has taken. Unless the child has been adopted by a stepparent, the certificate shall not state the name of the child's birth parents.

California Health and Safety Code, Section 102705

All records and information specified in this article, other than the newly issued birth certificate, shall be available only upon the order of the superior court of the county of residence of the adopted child or the superior court of the county granting the order of adoption.

No such order shall be granted by the superior court unless a verified petition setting forth facts showing the necessity of the order has been presented to the court and good and compelling cause is shown for the granting of the order. The clerk of the superior court shall send a copy of the petition to the State Department of Social Services and the department shall send a copy of all records and information it has concerning the adopted person with the name and address of the natural parents removed to the court. The court must review these records before making an order and the order should so state. If the petition is by or on behalf of an adopted child who has attained majority, these facts shall be given great weight, but the granting of any petition is solely within the sound discretion of the court.

The name and address of the natural parents shall be given to the petitioner only if he or she can demonstrate that the name and address, or either of them, are necessary to assist him or her in establishing a legal right.

TRANSMITTAL

TO BE COMPLETED AND SENT BY THE CLERK OF THE COURT TO SACRAMENTO
ONLY IF A REQUEST HAS BEEN MADE PURSUANT TO HEALTH AND SAFETY CODE §102705
AS STATED IN PARAGRAPH FIVE (5)

State Department of Social Services
Adoptions Branch
744 P Street, M/S 19-31
Sacramento, CA 95814

To California State D.S.S:

The original *Petition* seeking original birth records pursuant to Health and Safety Code §102705 was filed in the Mendocino County Superior Court on _____
in Case Number: _____.

Please comply with Health and Safety Code §102705 by sending a copy of all records and information it has concerning the adopted person _____
with the name and address of the natural parents removed to:

Mendocino County Superior Court
Family Law Division
100 North State Street
Ukiah, CA 95482

Date: _____ Kim Turner, Clerk of the Court

_____
By: Deputy Clerk

(A copy of this request was sent by the Clerk of the Court to the State Department of Social Services on _____.)