

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS)  TELEPHONE NO.:  ATTORNEY FOR (Name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</b> Watsonville Branch 1 Second Street, Room 300 Watsonville, CA 95076	
In the Matter of the Petition of:	
<b>PETITION FOR AUTHORIZATION TO INSPECT ADOPTION AND BIRTH RECORD INFORMATION AND TO OBTAIN COPIES</b> <b>(TRANSMITTAL FAMILY CODE §9200 AND HEALTH AND SAFETY CODE §10275)</b>	CASE NUMBER:  DEPARTMENT:

**I am the Petitioner and submit the following:**

1. Mailing address: \_\_\_\_\_
2. Residence address: \_\_\_\_\_, County of \_\_\_\_\_
3. Telephone number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, and my current age \_\_\_\_\_
4. I am informed (*check one*):
  - a.  and believe that I was adopted by \_\_\_\_\_ (*adopting parent(s)*) on or about (*date*) \_\_\_\_\_, in the County of Santa Cruz.
  - b.  that an adoption proceeding related to \_\_\_\_\_ (*adoptee*) was completed in the County of \_\_\_\_\_, on or about \_\_\_\_\_ by \_\_\_\_\_ (*adopting parents*).
5.  (Family Code §9200) I request permission to inspect the records and/or obtain copies of the records contained in the court file relating to the adoptee \_\_\_\_\_, for the following reasons:  
**(Family Code §9200 requires a showing of exceptional circumstances and good cause approaching the necessitous.)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6.  (Health and Safety Code §102705) I request permission to inspect and/or copy the original birth record contained in the State Department of Social Services files for the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**(Health and 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 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.)**

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7. For the reasons stated, I request permission  to obtain  to inspect a copy of the following document(s)
- a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

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

I request an order of 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

**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 and belief, and as to those matters, I believe them to be true.

Date:

\_\_\_\_\_

Print Name
Signature of 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, or 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 petitioner may 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 or 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.

**PETITION FOR AUTHORIZATION TO INSPECT ADOPTION AND BIRTH RECORDS INFORMATION AND TO OBTAIN COPIES**

# TRANSMITTAL

**TO BE COMPLETED AND SENT BY THE CLERK OF THE COURT TO SACRAMENTO  
ONLY IF PARAGRAPH SIX (6) OF THE PETITION HAS BEEN MARKED  
(Health and Safety Code Section 102705)**

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 section 102705 was filed in the Santa Cruz County Superior Court on \_\_\_\_\_.

Please comply with Health and Safety Code section 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:

Santa Cruz County Superior Court,  
Attention: Adoptions Clerk  
1 Second Street  
Room 300  
Watsonville, California 95076

Executive Officer/Clerk of the Superior Court of Santa Cruz County

Date: \_\_\_\_\_  
Deputy Clerk

(A copy of this request was sent by the Clerk of the Court to the Department of Social Services on \_\_\_\_\_)

**(Upon receipt of records from Department of Social Services, to be completed by Clerk of Court)**

To the Judge of Santa Cruz Superior Court:

Attached are the records received by the Clerk of the Court from the State Department of Social Services in response to this verified petition.

Executive Officer/Clerk if the Superior Court of Santa Cruz County

Date: \_\_\_\_\_  
Deputy Clerk

To be completed by Court Staff:

*For Court Use Only*

**To Judge of the Superior Court:**

Attached are the records received by the Clerk of the Court from the State Department of Social Services after transmission of a copy of the attached verified petition to said department.

Executive Officer/Clerk of the Superior Court of Santa Cruz County

Date: \_\_\_\_\_

Deputy Clerk

CASE NUMBER:

**COURT ORDER**

The Court, having reviewed all of the attached records received from the State Department of Social Services and the foregoing verified petition and finding that good and compelling cause existed to review said records, now makes the following ORDER:

**ORDERED that the Petition is GRANTED** and that the Bureau of Vital Statistics shall furnish Petitioner, with a copy of the original birth record, upon payment of fees required by law.

**OR**

**Ordered that the Petition is DENIED** as exceptional circumstances and good cause has not been shown for the release or inspection of said documents.

**Ordered that the Petition is DENIED** for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OR**

**The Court needs additional information** to decide whether to grant your request. You must go to the Court Hearing date listed below:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Dept: \_\_\_\_\_

Court Location:  
Superior Court of California, County of Santa Cruz  
1 Second Street  
Watsonville, CA 95076

**IT IS SO ORDERED.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge of the Superior Court

Distribution:

Original – Court File    Copy to State Department of Social Services    Copy to Petitioner