

**MADERA COUNTY SUPERIOR COURT
STATE OF CALIFORNIA**

**PETITION TO INSPECT AND OR OBTAIN
COPIES OF BIRTH RECORD (H&S §102705)
PACKET**

Read the enclosed instructions carefully before filling out your forms. The attached forms should be typed or completed in blue or black ink, neatly and clearly.

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INFORMATION SHEET FOR PETITION TO INSPECT AND OR OBTAIN COPIES OF BIRTH RECORD (H&S §102705)

IMPORTANT INFORMATION!

THIS FORM IS TO BE USED TO PETITION THE COURT TO INSPECT AND OR COPY ADOPTION RECORDS MAINTAINED BY THE STATE DEPARTMENT OF SOCIAL SERVICES. DO NOT USE IF YOUR ADOPTION WAS A STEPPARENT ADOPTION

CALIFORNIA HEALTH AND SAFETY CODE SECTION 102705

Availability of records and information, on petition and order

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. (Added by Stats. 1995, Ch. 415, Sec. 4. Effective January 1, 1996.)

FILING FEE:	There is no fee if the case number is known. If the case number is not known, there will be a \$15.00 index search for case number. You must complete form "MAD-JUV-001 Request for Records Search" if the case number is not known.
FORMS:	<ul style="list-style-type: none"> • MAD-JUV-006: Petition to Inspect and or Obtain copies of Birth Record (Health and Safety Code §102705) • MAD-JUV-007: Order to Inspect and or Obtain copies of Birth Record (Health and Safety Code §102705) • VS-111: Application for Certified Copy of Birth Record
COPIES:	Make <u>two (2) copies</u> of each of the above forms after you complete them (front & back)
FILING:	<p>All forms must be typewritten or printed in blue or black ink. (California Rules of Court, Rule 2.100-2.119)</p> <p>You may drop off your documents in person or you may mail your documents to:</p> <p align="center">Madera Superior Court-Juvenile Division 200 South G Street Madera, CA 93637</p>

PROCESS:	<p>1. File an original and 2 copies of the “MAD-JUV-006: Petition to Inspect and or Obtain copies of Birth Record” and “MAD-JUV-007: Order to Inspect and or Obtain copies of Birth Record,” with the court.</p> <p>2. At the time of filing, the petitioner must provide proper identification, such as a driver’s license or an identification card with a picture. If information is requested through the mail, a notarized signature will suffice as identification.</p> <ul style="list-style-type: none"> • The legal clerk will forward the “MAD-JUV-006: Petition to Inspect and or Obtain copies of Birth Record” to the State Department of Social Services and will hold the original Petition until the court receives a redacted copy of their adoption record. (may take up to 3 months to receive) • Upon receipt by the legal clerk of a redacted copy of the State Adoptions case file, the “MAD-JUV-006: Petition to Inspect and or Obtain copies of Birth Record” will be forwarded to the judge along with the State Adoptions file for consideration. <p>3. If your Petition is granted the legal clerk will provide you with a certified copy of “MAD-JUV-007: Order to Inspect and or Obtain copies of Birth Record,” If copies of the birth record were requested and granted, after posting the appropriate fee with the court, the legal clerk will provide you with the copies.</p> <p>4. Thereafter, to obtain a copy of your pre-adoption birth certificate, you must provide the certified copy of the Order and the “VS-111: Application for Certified Copy of Birth Record,” which is attached, and the required fee to Vital Records.</p> <p>5. If the court chooses to not grant the request, he will mark the order not granted.</p>
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SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERA

Juvenile Division

200 South G Street

Madera, CA 93637

PH: (559) 416-5580 FAX: (559) 673-0542

Hon., Dale J. Blea - Presiding Judge
Hon. Ernest J. LiCalsi- Asst. Presiding Judge

Adrienne Y. Calip - Court Executive Officer
Amy Downey - Asst. Court Executive Officer

REQUEST FOR RECORDS SEARCH – JUVENILE DIVISION

BE ADVISED: Photo Identification is REQUIRED on ALL Juvenile record searches.

FEES:

\$15.00 Search Fee: To search records or files, for each search longer than 10 minutes.

\$0.50 Copy Fee: Fee is per side, will be charged for each copy requested.

\$40.00 Certified Copy Fee: Will be charged for each certified copy requested

1. Purpose of Request: _____

2. Records to be searched:

- Juvenile Dependent, Adoption, Civil, Family Law, Juvenile Delinquency, Education Code, Criminal

3. Search Information:

Indicate year(s) to be searched:
Court Case(s)#:
Date of Violation(s):
Name(s)/A.K.A.'s:
Date of Birth(s):
Violation(s):
Additional Information:

4. Requesting Parties Information:

Name: Contact Number:
Date: Signature

Note: 1) If case number(s) are provided, the request may be processed at the time of submission.
2) If case number(s) are not provided, your request will take two (2) weeks to process.
3) Please contact this office after the two (2) week period regarding the results of the record search.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO: _____ FAX NO.: _____ E-MAIL ADDRESS (<i>optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERA Juvenile Division 200 South G Street Madera, CA 93637	
In the Matter of the Petition of Adoption of:	
PETITION TO INSPECT AND OR OBTAIN COPIES OF BIRTH RECORD (H&S §102705)	CASE NUMBER:

THIS FORM IS TO BE USED TO PETITION THE COURT TO INSPECT OR COPY ADOPTION RECORDS MAINTAINED BY THE STATE DEPARTMENT OF SOCIAL SERVICES. DO NOT USE IF YOUR ADOPTION WAS A STEPPARENT ADOPTION.

Type of adoption: Independent Agency

I am the Petitioner and submit the following:

1. My name is: _____.
2. My mailing address is: _____.
3. My residence address is: _____ County of: _____.
4. My telephone number is: _____.
5. My birth date is: _____.
6. I am now _____ years old.
7. I am informed that an adoption proceeding related to _____ (*adoptee*) was completed in the County of Madera, on or about _____ by _____ (*adopting parents*).

Please check the box or boxes that apply:

8. For the reason stated on item 10, I request permission to obtain to inspect a copy of the original birth record maintained by the State Department of Social Services of the above referenced adoptee. I understand that if my request is granted the names and addresses of the birth parents and any information that might identify them will be removed from the documents or copies thereof.

9. For the reasons stated on item 10, I request the court to order the Office of Vital Records, Department of Health Services to unseal the original birth certificate of the above referenced adoptee, on which the names of the birth parents are stated. This information is necessary in order to assist me in establishing a legal right for the above referenced adoptee as set forth above.

(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.)

10. Please state in complete detail all reasons for your request that apply in your case.

(Attach additional pages if needed)

11. 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 Health and Safety Code section 102705 with respect to the records relating to the above proceeding.

Date: _____

(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.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Date: _____

(Signature of Petitioner)

TRANSMITTAL

**TO BE COMPLETED AND SENT BY CLERK OF THE COURT
TO State Department of Social Services
(Health and Safety Code §102705)**

STATE OF DEPARTMENT OF SOCIAL SERVICES
Adoptions Branch
744 P Street, M/S 1931
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 Madera County Superior Court on _____.

Please comply with Health and Safety Code section 102705 by sending to the Madera County Superior Court, attention: Adoptions Clerks, a copy of all records and information it has concerning the adopted person _____ with the name and address of the natural parents removed.

Clerk of the Superior Court of Madera County,

Date: _____

(Deputy Clerk)

A copy of this request was sent by the Clerk of the Court 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 Madera County Superior Court:

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

Clerk of the Superior Court of Madera County,

Date: _____

(Deputy Clerk)

<p align="center">SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERA Juvenile Department 200 South G Street Madera, CA 93637 (559) 416-5580</p>	<p align="center"><i>FOR COURT USE ONLY</i></p>
<p>In the Matter of the Petition of Adoption of:</p>	
<p align="center">ORDER TO INSPECT AND OR OBTAIN COPIES OF BIRTH RECORD (H&S §102705)</p>	<p>CASE NUMBER:</p>

The Court, having reviewed all of the 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:

PETITION IS GRANTED

The Bureau of Vital Statistics shall furnish Petitioner, with a copy of the original birth record. (upon payment of any fees required by law)

The Clerk is ordered to furnish Petitioner with a copy of the birth record. (upon payment of any fees required by law)

PETITION IS DENIED. The Petitioner has not presented facts sufficient for the court to find good and compelling cause to grant the request for release of documents.

OTHER:

SO ORDERED.

Date:

HONORABLE JUDGE

COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

PART I **The information provided in this section must be the information as it was at birth. Without this data, it may be impossible to prepare a new Certificate of Birth.**

FACTS OF BIRTH	1A. NAME OF CHILD—FIRST		1B. MIDDLE	1C. LAST (BIRTH)		
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH)			
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. CITY	5C. STATE OR COUNTRY		
PARENTS' DATA	6A. FULL NAME OF PARENT—FIRST		6B. MIDDLE	6C. LAST (BIRTH)		6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7A. FULL NAME OF PARENT—FIRST		7B. MIDDLE	7C. LAST (BIRTH)		7D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT

PART II **Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.**

PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>				
	8A. NAME OF PARENT—FIRST		8B. MIDDLE	8C. LAST (BIRTH)	
	9. STATE/FOREIGN COUNTRY OF BIRTH			10. DATE OF BIRTH—MM/DD/CCYY	
PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>				
	11A. NAME OF PARENT—FIRST		11B. MIDDLE	11C. LAST (BIRTH)	
	12. STATE/FOREIGN COUNTRY OF BIRTH			13. DATE OF BIRTH—MM/DD/CCYY	
<p>14. PLEASE CHECK ONE</p> <p>I want the original birth certificate sealed, and a new birth certificate established. <input type="checkbox"/></p> <p>Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. <input type="checkbox"/></p>					<p>15. Do you want the name and address of the hospital or other facility where the birth occurred omitted from the new birth certificate as provided for in Section 102645 of the Health and Safety Code? (PLEASE CHECK ONE)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II		17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II		
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT		18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION		
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY		19B. MAILING ADDRESS OF ATTORNEY		

PART III **The court clerk must obtain as much information as is available to complete Parts I and II before completing Part III and forwarding the record and Court Order/Final Decree to the State Registrar as required by law.**

COURT CLERK	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE _____ DAY OF _____, 20_____, AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER _____				
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION - FIRST		21B. MIDDLE	21C. LAST	
	22. SIGNATURE AND SEAL OF COURT CLERK			BY:	
	23. CLERK IN AND FOR THE COUNTY OF:		24. DATE SIGNED—MM/DD/CCYY	25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY	
NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME			EMAIL ADDRESS	
	ADDRESS—Street and Number		CITY, STATE, ZIP CODE		DAYTIME TELEPHONE NUMBER ()

GENERAL INFORMATION

The Court Clerk shall complete and transmit a court report of adoption to CDPH - Vital Records for each decree of adoption granted by any court in the State of California.

CDPH - Vital Records shall transmit court reports of adoptions for births that occurred in another state, the District of Columbia, any territory of the United States, or Canada to the appropriate registration authority.

The information contained in Part I and Part II of this certificate is required in order to identify and seal the original birth certificate and prepare a new birth certificate. Once the original birth certificate is sealed, it is only available upon order of a Superior Court.

INSTRUCTIONS

The agency or department handling the adoption should fill out Parts I and II, but the Court Clerk may complete any incomplete items in Part I or Part II from the information furnished in the court record.

When requested by the adoptive parents, the CDPH - Vital Records shall *not* establish a new birth certificate for the child. (Health & Safety Code Section 102640.) The adoptive parents should indicate in Item 14 whether they DO want a new birth certificate established (by checking the "Yes" Box) or whether they DO NOT want a new birth certificate established (by checking the "No" Box).

The adoptive parents may request CDPH – Vital Records to omit the specific name and address of the hospital or other facility where the birth occurred by checking the "Yes" Box in Item 15. (Health & Safety Code Section 102645.)

A deceased spouse of an adopting single parent can be listed on the new birth certificate if both adopting parents were in the home at the time of the initial placement of the child for adoption. Refer to Health & Safety Code Section 102660 for additional requirements.

One of the adopting parents should verify the information in Part II, sign in Item 16, and enter his or her mailing address in Item 17. The name and address of the agency or department and the attorney handling the adoption should be entered in Items 18 and 19.

The applicable fee shall be paid to the Court Clerk at the time of filing the petition in an adoption proceeding for the services required by statute of the State Registrar. (Health & Safety Code Section 103730.)

For cases in which the petition for adoption was filed on or after January 1, 1972, and the individual was born in California or a foreign country, a certified copy of the new birth record will be furnished without additional fee as provided in Health & Safety Code Section 102710.

For adoptions that occurred prior to January 1, 1972, or in another state, a fee must be submitted for processing the new birth certificate, which includes one certified copy.

Additional certified copies may be obtained from CDPH – Vital Records, but there is an additional fee for each additional certified copy requested. Please contact CDPH – Vital Records for the current fees, or visit our website at www.cdph.ca.gov. Please do not order additional copies until you have reviewed the original copy for accuracy. The mailing address for CDPH – Vital Records is:

California Department of Public Health
Vital Records - Amendments - MS 5105
P.O. Box 997410
Sacramento, CA 95899-7410