

HOW TO REQUEST ADOPTION RECORDS IN TEXAS

In Texas, courts must seal adoption records. But sometimes, people can show good reasons why the records should be opened to them. Only the adopted child or an immediate relative to the adopted child can ask for access to the sealed records. The request, called an Application, should be filed with the District Clerk in the county where the adoption took place. You must sign the Application in front of a notary.

Because the release of adoption information has long been considered a highly emotional issue, the Court may require you to undergo counseling before the records are released to you. Depending on circumstances in your case, the Court may order that the records be released to an Adoption Intermediary, who can pursue contact with other parties on your behalf. If the Court orders that an Intermediary be appointed in your case, you will be responsible for the Intermediary's fees. The judge will usually honor your request to have a specific counselor or intermediary appointed. It is a good idea to have discussed fees with a counselor or intermediary, and have one in mind before you go to see the judge. You will also be responsible for any fees associated with copying the sealed records in your case.

When you complete your Application, be as specific as you can be in explaining why you need access to the sealed records.

After you complete the Application and Order, make a copy for your records. File the original in the county where the adoption took place. Ask the clerk how to set a hearing for your Application. In some counties, you may be able to see a judge the same day you file your Application. This is not possible in all counties.

When your case is called before the judge, walk up to the judge's bench. Stand close enough for the judge to hear you. Remember not to lean against the judge's bench. The judge will swear you in, asking you to tell the truth, and then ask you some questions about your situation. Be prepared to answer the judge in a courteous, honest, and respectful manner. After the judge has heard your testimony and reviewed your case, s/he will make a decision about whether or not you can have access to the information you requested. If the judge grants your request, and allows the information to be released directly to you, ask the District Clerk to make a certified copy of the order you have requested, along with a certified copy of the Order Regarding Access to Termination and Adoption Records. If the judge allows you to have access through an Intermediary, you will have to contact the Intermediary. You should ask the District Clerk to make a certified copy of the Order Regarding Access to Termination and Adoption Records to give to the Intermediary. You might want to make a copy for yourself, as well. The Clerk's office usually charges a fee for certified copies.

Keep in mind, the judge might tell you s/he can't give you access to the records. The judge has sole discretion to decide whether or not you are entitled access to the records.

CAUSE NO. _____

§
§ IN THE _____ COURT OF
§
§ _____ COUNTY, TEXAS
§

EX PARTE

§
§ _____
§
§ _____
§
§

_____,
[PRINT adopted child's full name before adoption.]
FOR ADOPTION OF A CHILD

APPLICATION FOR ACCESS TO TERMINATION AND ADOPTION RECORDS

1. APPLICANT INFORMATION

I am the Applicant.

My name is: _____
[List your current name and any other legal name you have used. Separate the names with a.k.a., also known as.]

My Date of Birth is: _____

My address is: _____

Adopted child's name(s) _____
[List all names used by adopted child. Separate the names with a.k.a., also known as.]

2. RELATION TO ADOPTED CHILD [CHECK and complete the section that applies to you.]

I am the ADULT ADOPTEE.

Name of adoptive mother: _____

Name of adoptive father: _____

I am the BIRTH PARENT.

Adopted Child=s date of birth: _____

My name at the time of adoption: _____

Name of other birth parent: _____

Last known address of other birth parent: _____

Names of all birth children

	<u>Child's name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

I am the adopted child's SIBLING.

Name of adopted sibling: _____

Name of adopted sibling prior to adoption: _____

Name(s) of shared siblings: _____

Birth parent's address: _____

If deceased, date of birth parent's death: _____

Why do you believe that you have a sibling who was adopted: _____

List any documentation you know of that confirms your adopted sibling's existence and identity.

I am the ADOPTIVE PARENT.

Date of adoption: _____

Adopted child's age: _____

Adopted child's date of birth: _____

I am the ADULT CHILD OF A DECEASED ADOPTEE:

Deceased Adoptee's Name(s): _____

[PRINT the first and last name of each name the adoptee used.]

Deceased Adoptee's date of birth: _____

Deceased Adoptee's date of death: _____

3. REQUIRED ACTIONS

I am seeking to access information contained in the court files of this county. The information I seek pertains to the termination and adoption indicated on this application as well as the original birth certificate from the Texas Department of Health. I authorize the District Clerk of this county to research, review and release the information I seek.

[Put your initials by each statement that applies. Each blank MUST be initialed and complied with before the court will consider your application.]

_____ I have attached a copy of my current photo identification to this application.

_____ I have attached a copy of my birth certificate to this application.

_____ I understand that the Court strongly suggests that I complete an hour of counseling with an experienced adoption professional before copies of my records and information are released to me.

_____ I understand that I am responsible for the payment of fees for the post-adoption counseling which may be required.

_____ I understand that I am responsible for the fees associated with the research of my file regardless of how much information is released to me.

_____ I understand that the Court may require an adoption intermediary to be appointed in order to determine if the other parties affected by my search are open to contact at this time.

_____ I understand that I would be responsible for the payment of the fees for the adoption intermediary=s time.

4. COUNSELING [CHECK ONE.]

I have received counseling prior to submitting this request to the Court.

Counselor's name: _____

Counselor's address: _____

Counselor's telephone: _____

I have received a total of _____ hours of counseling from the counselor.

I have not received counseling. I would ask that _____ be appointed as a counselor for me.

5. REASON FOR REQUEST

I ask the court to release the information from the described adoption and termination proceedings to me because _____

I swear and affirm that the information contained in this Application is true and correct to the best of my knowledge.

Applicant [DO NOT sign this document until you are in front of a notary.]

SIGNED UNDER OATH before me on _____
[PRINT date.]

Notary Public, State of Texas