

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

CAUSE NO. _____

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

§
§ _____
§
§ _____
§
§

EX PARTE

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

ORDER REGARDING ACCESS TO TERMINATION AND ADOPTION RECORDS

1. The Applicant.

Today, this Court considered the Application for Access to the Adoption and Termination Records filed by:

Applicant: _____

Driver=s License Number: _____ State: _____

Social Security Number: _____

2. The Adoption.

The adopted child's:

Date of Birth is: _____.

Place of birth is: _____.

Driver's license number is: _____, _____ state.

Social security number is: _____.

The Birth Mother's name is: _____.

The Birth Father's name is: _____.

The Adoptive Mother's name is: _____.

The Adoptive Father's name is: _____.

3. Findings [To be completed by the Court.]

Counseling

- The Court finds the Applicant received sufficient counseling for access to records.
- The Court finds that the Applicant has not had sufficient counseling. The Court ORDERS that the Applicant have _____ hours of counseling with _____, [PRINT name of counselor.] before receiving access to the information requested.

Intermediary

- The Court finds that an Intermediary is not necessary in this case.
- The Court finds that an Intermediary is necessary in this case. The Court appoints _____ as the Intermediary in this case and ORDERS that [PRINT name of intermediary.] the Applicant pay all fees associated with the Intermediary.

Access

- The Court finds the Applicant has shown good cause to have access to the records. It is ORDERED, that the below named *records be released to the Applicant*, upon the completion of ALL conditions precedent set by this Order.
- The Court finds the Applicant has shown good cause to have access to the records. It is ORDERED that the below named *records be released to the Applicant through the Adoption Intermediary* appointed by the Court upon completion of ALL conditions precedent set by this Order.
- The Court finds that good cause does not exist to allow Applicant access to the records.

Information

- It is ORDERED that the DISTRICT CLERK of this county unseal any and all files it maintains containing information about the biological parents of _____ (name of adopted child) and HIS/HER adoption by _____ (adoptive mother) and _____ (adoptive father). And that the DISTRICT CLERK of this county shall give full access to said files to the Applicant or the Applicant's Intermediary, as ordered above. It is ORDERED that the DISTRICT CLERK of this county shall provide unedited copies of everything contained in those files to the Applicant or the Intermediary, as ordered above, upon the payment of appropriate fees.
- It is ORDERED that the BUREAU OF VITAL STATISTICS, TEXAS DEPARTMENT OF

HEALTH unseal any and all files it maintains containing the original birth certificate for _____ (adopted child) for his/her adoption, and release them to the Applicant or the Intermediary, as ordered above.

It is ORDERED that the BUREAU OF VITAL STATISTICS, TEXAS DEPARTMENT OF HEALTH, THE TEXAS CRADLE SOCIETY, METHODIST MISSION HOME, CHILDREN=S SERVICE BUREAU AND CATHOLIC CHARITIES provide to Applicant, or the Intermediary, as ordered above, copies of any and all information contained in those files, including a certified copy of the adopted child=s original birth certificate showing the name given at birth and the names of the biological mother and father, upon the payment of appropriate fees.

It is ORDERED that the CUSTODIAN OF RECORDS of the CENTRAL ADOPTION REGISTRY OF THE STATE OF TEXAS and THE TEXAS CRADLE SOCIETY, THE METHODIST MISSION HOME, CHILDREN=S SERVICE BUREAU AND CATHOLIC CHARITIES unseal any and all files it maintains containing information about the termination of the parental rights of the biological parents of _____ (adopted child) and the adoption of him/her by _____ (adoptive mother) and _____ (adoptive father), and release them to the Applicant or the Intermediary, as ordered above.

IT IS ORDERED that said CUSTODIAN OF RECORDS shall provide to the Applicant or the Intermediary, as ordered above, unedited copies of any and all information contained in those files including identifying information about _____ (adopted child) =s biological family, upon the payment of the appropriate fees.

IT IS ORDERED that the DISTRICT CLERK of this county, the BUREAU OF VITAL STATISTICS, TEXAS DEPARTMENT OF HEALTH, and the CENTRAL ADOPTION REGISTRY OF THE STATE OF TEXAS, THE METHODIST MISSION HOME, CHILDREN=S SERVICE BUREAU AND THE CATHOLIC CHARITIES, shall comply with this Order or a certified copy of this Order after it receives payment of the appropriate fees.

SIGNED on _____ date.

JUDGE PRESIDING