

Date _____

Clerk of Marion Superior Court
Probate Division
Honorable Charles J Deiter, Judge
1721 City-County Bldg.
Indianapolis, IN 46204

Re:Petition to Open Sealed Records

Dear Clerk of the Court.

Enclosed please find for filing an original and one (1) copy for me in the aboved referenced matter. Please file the original with the court and return my copy stamped filed copy in the self-addressed stamped envelope enclosed for your convenience.

Thank you for your kind assistance in this matter.

Very truly yours,

Enclosures:

Petition + 1 file

Return envelope

Petitioning for Birthfamily information (for the adoptee)You need 4 of these

IN THE PROBATE CIVIL DIVISION VVVIII T172

STATE OF INDIANA

COURT OF MARION

HONORABLE CHARLES DEITER

In the matter of:

The Adoption of YOUR MAIDEN NAME

Born on YOUR DATE OF BIRTH

PETITION TO OPEN SEALED RECORDS

COMES NOW: Petitioner YOUR NAME (formerly) YOUR MAIDEN NAME and hereby request this court to grant the relief requested in this petition.

Petitioner alleges as follows:

Petitioner is an Adoptee petitioning for birthfamily. Adoptee was born on Your date of birth in, county of your birth county, Indiana and relinquished for adoption in County of adoption took place County, Indiana. The full name of the birthfamily is unknown to Petitioner. The adoption was facilitated by the put name of adoption agency or welfare dept. The date of the finalization is unknown to the petitioner, OR use the date of the finalization was if you know it and the Names of the birthfamily is unknown to the petitioner.

Petitioner consents to the jurisdiction of this court.

Petitioner seeks a Court order authorizing release of identifying and or medical information regarding this adoption, including but not limited to the non-identifying information.

Petitioner believes that the transference of information will be beneficial to the health and welfare of the adoptee and is the best interest of the Adoptee, who is now of legal age, and that he/she should have the

opportunity to exchange information and examine records regarding his/her birth and biological heritage.

Petitioner has provided information to the State of Indiana Adoption Registry program and believes that the birthfamily has not contacted the Registry.

Petitioner agrees to pay a reasonable fee for the services of a confidential intermediary upon the choice of the Courts appointment. Additionally, the welfare of the Adoptee maybe be improved through the peace of mind which may be gained by obtaining information about the birthfamily and the adoption.

Petitioner request that this matter be decided ex parte. Petitioner hereby request an Order from this Court

authorizing release of all sealed and confidential documents, records, files, and information containing non-

identifying and identifying information pertaining to this adoption and the birthfamily which is in the possession of

the Courts or any agency to the court appointed Confidential Intermediary for the petitioner.

Petitioner in this action requests that the Court provide for such other relief, as the court deems just and equitable under the law.

Respectfully signed and submitted this _____ day of _____, 1999

Name _____ (petitioner, Pro Se)

Address _____

City _____

State & Zip _____

Telephone _____

Sworn Declaration of Petitioner

I declare under penalty of perjury under the laws of the State of Indiana that the forgoing is true & correct.

Signed _____ on _____ 1999

Petitioning for an Adoptee (this is for birthfamily) You need 4 copies of this

IN THE PROBATE CIVIL DIVISION VVVIII T172

STATE OF INDIANA

COURT OF MARION

HONORABLE CHARLES DEITER

In the matter of:

The Adoption of Infants NAME at birth

Born on Child's DATE OF BIRTH

PETITION TO OPEN SEALED RECORDS

COMES NOW: Petition YOUR NAME (formerly) YOUR MAIDEN NAME and hereby request this court to grant the relief requested in this petition.

Petitioner alleges as follows:

Petitioner is a Birthmother petitioning for an Adoptee. Adoptee was born on child's date of birth in, county of your birth county, Indiana and relinquished for adoption in ____ County of adoption took place

County, Indiana. The full name of the Adoptee is unknown to Petitioner. The adoption was facilitated by the put name of adoption agency or welfare dept. The date of the finalization is unknown to the petitioner.

OR use the date of the finalization was if you know it and the Name of the Adoptee is unknown to the petitioner.

Petitioner consents to the jurisdiction of this court.

Petitioner seeks a Court order authorizing release of identifying and or medical information regarding this adoption, Including but no limited to the non-identifying information.

Petitioner believes that the transference of information will be beneficial to the health and welfare of the Adoptee and is the best interest of the Adoptee, who is now of legal age, and that he/she should have the opportunity to exchange information and examine records regarding his/her birth and biological

heritage. Petitioner has provided information to the State of Indiana Adoption Registry program and believes that the Adoptee has not contacted the Registry.

Petitioner agrees to pay a reasonable fee for the services of a confidential intermediary upon the choice of the Courts . Additionally, the welfare of the Adoptee maybe be improved through the peace of mind which may be gained by obtaining information about the birthfamily and the adoption.

Petitioner request that this matter be decided ex parte.

Petitioner hereby request an Order from this Court authorizing release of all sealed and confidential documents, records, files, and information containing non-identifying and identifying information pertaining to this adoption and the birthfamily which is in the possession of the Courts or any agency to the court appointed Confidential Intermediary for the petitioner. Petitioner in this action requests that the Court provide for such other relief, as the court deems just and equitable under the law.

Respectfully signed and submitted this _____ day of _____, 1999

Name _____ (petitioner, Pro Se)

Address _____

City _____

State & Zip _____

Telephone _____

Sworn Declaration of Petitioner

I declare under penalty of perjury under the laws of the State of Indiana that the forgoing is true & correct.

Signed _____ on _____ 1999

The reason you need 4 petitions is because 2 go to the courts. One will come back to you. The the other 2 get sent to the people below. And the court gets a copy of the below sheet too.

CERTIFICATE OF SERVICE

I do hereby certify that a copy of the foregoing Petition has been duly served upon the parties listed below, by United States mail, first-class postage prepaid, on this ____ day of _____ 1999.

Office of Attorney General

IGC South Fifth Floor

402 W Washington St.

Indianapolis, IN 46204-2739

Burton Garten

Office of Legal Affairs

Indiana State Department of Health

2 N Meridian Street, 5B

pro se

IF you have any questions, please do not hesitate to email me! I also can send them via email.. I have them in Doc form saved on my computer. Just let me know. :) Good luck.

