

Application for release of Juvenile/Adoption Records

Proper identification must be provided when making request. If request is being made by mail, please include copy of identification for verification. Thank You.

Name_____ **DOB**_____

Phone Number_____

Cause/Case Number (if known)_____

Juvenile/Adoptive Parents Names_____

Approximate Date of Adoption/Offense (if known)_____

Birth Name (if known)_____

Birth Mothers Name (if known)_____

Birth Father Name (if known)_____

Reason for Request:_____

Documents for Request:_____

Date:_____ Signature:_____

On this day the above application for release of Adoption/Juvenile records was presented for my approval. I therefore grant/deny the request for:

Release document listed below

Release to view document listed below

Date:_____ Judge Presiding:_____