

EFFECTIVE: JANUARY 1, 2005

FILING FEE FOR PETITION TO BREAK SEAL OF ADOPTION:

\$80.00 MONEY ORDER (VIA MAIL)

\$80.00 CASH OR MONEY ORDER (IN PERSON)

**PLEASE BRING OR MAIL COMPLETED PETITION &
ADDITIONAL COPY WITH PAYMENT TO:**

**DC SUPERIOR COURT
FAMILY COURT CENTRAL INTAKE CENTER
500 INDIANA AVE NW
JOHN MARSHALL LEVEL ROOM 520
WASHINGTON, DC 20001**

**FOR FURTHER INFORMATION PLEASE CALL
202 879-1411 OR 202 879-4335**

****IF YOU ARE THE ADOPTEE OR THE ADOPTIVE PARENT
REQUESTING COPIES OF THE FINAL DECREE OF ADOPTION
ISSUED LESS THAN SIX (6) YEARS AGO, PLEASE USE THE
REQUEST FOR A COPY OF THE FINAL DECREE FORM.**

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT
ADOPTIONS**

THIS FORM MUST BE NOTARIZED

EX PARTE IN THE MATTER OF

THE PETITION OF

BREAK SEAL CASE NO. _____ BKS _____
(case number to be completed by court staff)

PRINT YOUR NAME

STREET ADDRESS

CITY, STATE, AND ZIP CODE

TELEPHONE NUMBER

TO BREAK THE SEAL OF ADOPTION.

PETITION TO BREAK THE SEAL OF ADOPTION

I, _____, am the Petitioner in this case and state that:
PRINT YOUR NAME

1. To the best of my knowledge, the adoption agency is

PRINT THE NAME OF THE ADOPTION AGENCY

STREET ADDRESS OF THE ADOPTION AGENCY (if known)

CITY, STATE AND ZIP CODE

() _____
PHONE NUMBER OF THE ADOPTION AGENCY (if known)

2. The name of the adoptee (if known) is

ADOPTED NAME OF ADOPTEE

BIRTH NAME OF ADOPTEE

3. The approximate date of the adoption (if known) was

(MM/DD/YYYY)

4. The date of birth of the adoptee is

(MM/DD/YYYY)

5. The place of birth of the adoptee is (complete as much information as possible)

NAME OF HOSPITAL

CITY AND STATE OF BIRTH

DOCTOR'S NAME

6. The adoption case number (if known) is

7. The names of the ADOPTIVE parents and their dates of birth (if known) are

NAME OF ADOPTIVE PARENT ONE

ADOPTIVE PARENT ONE DATE OF BIRTH (MM/DD/YYYY)

NAME OF ADOPTIVE PARENT TWO

ADOPTIVE PARENT TWO DATE OF BIRTH (MM/DD/YYYY)

8. The names of the BIRTH parents and their dates of birth (if known) are

NAME OF BIRTH MOTHER

BIRTH MOTHER'S DATE OF BIRTH (MM/DD/YYYY)

NAME OF BIRTH FATHER

BIRTH FATHER'S DATE OF BIRTH (MM/DD/YYYY)

9. I am the Petitioner and I state that (check ONE box that best describes YOUR status and then indicate what you are seeking)

I am the adoptee

I am the adoptive parent

_____ **I am only seeking a copy of the Final Decree of Adoption**
(If the Final Decree of Adoption was entered less than six years ago, please fill out the Final Decree Request Form, for which there is no filing fee, instead of a Petition to Break Seal of Adoption.)

OR

I am seeking the following information from this petition (check all that apply):

_____ Medical information

_____ To establish contact with the birth parents

_____ Other (please describe, if needed continue in the space at #10)

I am the birth parent seeking the following information (check all that apply):

_____ To establish contact with the adoptee

_____ Other (please describe, if needed continue in the space at #10)

Other, please state: 1) WHO you are, and your relationship to the adoption; 2) WHY you are completing the Petition; and 3) WHAT information you are seeking:

10. If there is any additional information you would like to provide, please do so here. Attach an additional page, if needed.

I, _____, solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the Petition to Break the Seal of Adoption and that the factual statements made in it are true to the best of my knowledge, information, and belief.

SIGN YOUR NAME

DATE (MM/DD/YYYY)

PRINT YOUR NAME

_____, being first sworn under oath, and having provided photographic identification, states that the statements made in the Petition to Break the Seal of Adoption are true to the best of his/her knowledge and belief.

Date

Deputy Clerk/Notary Public

Subscribed and sworn to before me on _____.

Deputy Clerk/Notary Public