REQUEST TO EXAMINE SEALED RECORDS

REVISED: January 2011

Date:_____

PART I – Information about you.

Name: _____

Address: Mail & Street:_____

City: _____

State: _____Zip: _____

Telephone: _____

PART II – Information about the record you are requesting:

Year of the record: _____

Type of record: _____

Case Number: _____

Party Names: _____

For adoption records only:

Name of the adopted person before the adoption:_____

Name of the adopted person after the adoption:_____

Name of the adoptive parents: Father:_____

Mother:_____

Name of the biological parents: Father:_____

Mother:_____

PART III – Your request:

[ ] The record specifically pertains to me

[ ] I wish to merely examine this record

[ ] I wish copies of this record ($1.00/page, certification $1.00/document)

[ ] This is a medical emergency

[ ] Other:_____

_____

You are requesting to examine a file that is exempt from disclosure. Please explain why you would like to examine this file: _____

_____

_____

_____

_____

_____

YOUR SIGNATURE_____

SUBCRIBED AND SWORN to before me this _____ day of _____, _____

_____

Notary Public for Idaho (or Deputy Clerk)

Residing at:_____

My Commission expires:_____

PART IV – Decision by Judge:

[ ] Approved _____

[ ] Denied _____

_____

JUDGE