

**APPLICATIONS TO UNSEAL ADOPTION FILES  
CHECKLIST**

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Please be advised that Applications to unseal finalized adoption files filed in Westchester County must be filed complete for processing under Art. 7, DRL, Uniform Rules-Trial Courts Sec. 205.53 and Local Practice Requirements. The attached list is provided to assist you in filing a complete package as required by this Court.

Pursuant to DRL section 114, all adoption files and their contents are required to be filed and sealed by the Court upon finalization. An adoption file may not be unsealed except for “good cause” shown, and such application must be made *on notice* to the adoptive parent(s), unless the adoptive parent(s) is/are consenting to the application. “Good cause” under the statute has typically been defined as a serious medical condition (either physical or mental), and requires specific supporting documentation as described below. A Guardian Ad Litem *may* also be appointed by the Court in order to attempt to obtain such medical history from the birth parent(s).

However, there are two circumstances by which the Court may unseal an adoption file: 1) pursuant to a request by the NYS Department of Health, Adoption Information Registry for the release of all identifying and non-identifying information contained in the court file (such information is released only to the Department of Health); and 2) pursuant to a request by an adoptive child/adult for a certified copy of the Order of Adoption After the Sealing of the file.

All States are different in regard to their laws for the release of non-identifying and identifying information contained within the adoption files. However, please note that pursuant to current New York State law **NEITHER identifying NOR non-identifying** information may be provided to the adoptive child (despite he/she obtaining the age of majority). As stated above, the Court may only release such information to the Department of Health, Adoption Information Registry in Albany. For more information in regard to the Adoption Information Registry, please contact the Department of Health or visit their website at the following address:  
[http://www.health.state.ny.us/vital\\_records/adoption.htm](http://www.health.state.ny.us/vital_records/adoption.htm)

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**Please provide the following information when filing:**

Application of \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

Attorney \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Env. \_\_\_\_\_

**APPLICATION TO UNSEAL CHECKLIST**

**REQUIRED DOCUMENTS**

**A. APPLICATION FOR CERTIFIED COPY OF ADOPTION ORDER (AFTER SEALING OF RECORDS)**

**Received Date**

\_\_\_\_\_ Petition for Certified Copy of Adoption Order (After Sealing of Records)  
(*Form 16-A*)

\_\_\_\_\_ Order for Certified Copy of Adoption Order (*Form 16-B*)

\_\_\_\_\_ Form of Identification for Petitioner (i.e., driver's license or passport)

*If represented by an attorney, the following documents are also required:*

\_\_\_\_\_ Affidavit Identifying the Party, if applicable (*Form 8-B*)

\_\_\_\_\_ Attorney Affirmation of Legal Fees

\_\_\_\_\_ OCA docs

**B. APPLICATION FOR ACCESS TO SEALED ADOPTION FILE**

*(If the adoptive parents waive notice, then Forms 27-B and 27-C are not required)*

**Received Date**

\_\_\_\_\_ Petition for Access to Sealed Adoption Records(*Form 27-A*)

\_\_\_\_\_ Order for Access to Sealed Adoption Records(*Form 27-E*)

\_\_\_\_\_ Notice on Petition for Access to Sealed Adoption Records, if applicable  
(*Form 27-B*)

\_\_\_\_\_ Affidavit of Service of Petition for Access to Sealed Adoption Records, if  
applicable (*Form 27-C*)

\_\_\_\_\_ Waiver of Notice of Petition for Access to Sealed Adoption Records, if  
applicable (*Form 27-D*)

\_\_\_\_\_ Form of Identification for Petitioner (i.e., copy of Driver's license or  
passport)

\_\_\_\_\_ *For access to the sealed adoption file for medical reasons, please submit:  
Certification from a licensed physician licensed to practice medicine in the  
State of New York that such information is necessary to address a serious  
physical or mental illness.*

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\_\_\_\_\_ Attorney Affirmation of Legal Fees

\_\_\_\_\_ OCA docs

**NOTES**

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