

SURROGATE’S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

.....  
In the Matter of the Adoption of  
A Child Whose First Name is

(Docket)(File) No.

\_\_\_\_\_  
NOTICE OF PETITION  
FOR ACCESS TO SEALED  
ADOPTION RECORDS

.....  
NOTICE IS HEREBY GIVEN THAT:

1. A petition has been filed in Surrogate’s Court, \_\_\_\_\_ County, requesting an order permitting access to sealed adoption records regarding the above-named child. This petition will be heard in the Surrogate’s Court, \_\_\_\_\_ County, located at [specify address and court part]: \_\_\_\_\_ on [specify date and time]: \_\_\_\_\_

2. The Petitioner [specify name and address, unless confidential]: \_\_\_\_\_ is seeking access \_\_\_\_\_ for medical reasons. \_\_\_\_\_ for good cause other than medical reasons in order to obtain information about tribal affiliation.

3. The following are the names and post office addresses of each person named or referred to in the petition as the living adoptive parents who have not already waived notice of this proceeding or consented to the relief requested in the petition, and each additional person to whom the Court may direct service of this Notice of Petition for Access to Sealed Adoption Records:

<u>Name</u>	<u>Mailing Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

Date: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Attorney, if any  
\_\_\_\_\_  
\_\_\_\_\_  
Attorney’s Address and Telephone number

**[Note: This Notice of Petition for Access to Sealed Adoption Records is served upon you as required by law. You are not required to appear or to respond. However, should you fail to appear or respond on or before the date set forth in Paragraph 1, it will be assumed you do not object to the relief requested. You may have an attorney appear for you.]**