**STATE OF MAINE**

PROBATE COURT
County:_____
Docket No._____

DISTRICT COURT
Location: _____
Docket No. _____

**In the Matter of the Adoption Petition of:**

_____
*Name of Minor*

**PETITION FOR INFORMATION OR TO EXAMINE RECORDS**
18-C M.R.S. § 9-310
22 M.R.S. § 2765(2-A)(C)

**NOW COMES** the following petitioner who requests to obtain information or to examine records in the above-captioned adoption matter. In support of that request, the petitioner states as follows:

**1. Petitioner information:**

Name: _____ Date of birth: _____
*First Middle Last*

Legal residence: _____
*Street City/Town Zip*

Mailing address: _____
*Street City/Town Zip*

**2. Petitioner's relationship to minor child:** _____

**3. Petitioner requests the following:**

☐ To obtain a certificate of adoption;
☐ To obtain a certified copy of the adoption record;
☐ To obtain medical and/or genetic information; or
☐ To obtain other information as specified below:

_____
_____
_____

☐ To inspect, but not obtain a copy of, the original birth record and any other evidence of said adoption or pending adoption; or
☐ To inspect, but not obtain a copy of, the following information specified below:

_____
_____
_____

**4. Petitioner states the following reasons for requesting the above documents and/or information:**

_____
_____
_____
_____
_____

**WHEREFORE,** the petitioner requests the court grant this request for information or inspect documents in the above-captioned adoption matter.

For District Court filings only:
☐ I swear under penalty of perjury that the above statements are true and correct. I understand that these statements are made for use as evidence in court and that I am subject to prosecution for perjury punishable by up to 5 years in prison and a fine of up to $5,000 if I give false information to the court.

_____
**Signature of Petitioner**
Date: _____
Name: _____
Address: _____
_____
Phone Number: _____
Email: _____

**Attorney for Petitioner, if any:**

_____
Signature of Attorney and Maine Bar Registration Number
Date: _____
Name:_____
Address:_____
_____
Phone Number: _____
Email: _____

**STATE OF MAINE**

_____ COUNTY

Personally appeared the above named, _____ and _____, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date:_____ _____
Attorney at Law / Notary Public / Register / Clerk