

# Adoptive Parent Application for Disclosure

*Mail the notarized application to:*

**Virginia Department of Social Services (VDSS) - 5600 Cox Rd - Adoption Unit, - Glen Allen, Virginia 23060**

<b>1. ADOPTIVE PARENT'S INFORMATION</b> ( <i>applicant</i> )			
First Name:	Middle Name:	Last Name:	
Date of Birth (Month/Date/Year)	Telephone Number:	Email Address:	
Current Mailing Address:			
<i>Providing the following information is voluntary.</i>			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Answer			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/ Latino			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other/Unknown: _____			
<b>OTHER ADOPTIVE PARENT'S INFORMATION</b> ( <i>if applicable</i> )			
First Name:	Middle Name:	Last Name:	
<b>2. ADOPTEE'S INFORMATION</b>			
First Name:	Middle Name:	Last Name:	Date of Birth:
<b>3. TYPE OF INFORMATION REQUESTED</b> [indicate by "X"] You may choose any or all options that apply.			
I wish to obtain non-identifying information [indicate by "X"]		Non-identifying information information in the adoption record but with the birth family names and information that may lead to their identity removed. This may be helpful if the request for identifying information is unsuccessful.	
<input type="checkbox"/> Birth Family <input type="checkbox"/> Adoptive Family <input type="checkbox"/> Medical <input type="checkbox"/> All <input type="checkbox"/> Final Order <input type="checkbox"/> Other: _____			
I wish to obtain identifying information through a search:		Identifying information is the information that will lead to the identity of a person, which may include names or contact information. The purpose of the search is to attempt to local the adoptee's birth family members and determine if they consent to have their identifying information released to you.	
<input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Adult Birth Siblings <input type="checkbox"/> Other relatives: _____			
<b>NOTE:</b> A search for birth family members can only occur when the adoption was finalized <u>on or after July 1, 1994</u> and the adoptee is a <b>minor</b> child. If the adoptee is an adult, the adoptee must submit an Adoptee Application for Disclosure to search for birth family members.			
<b>4. ADDITIONAL INFORMATION</b>		<b>5. GOOD CAUSE</b>	
<input type="checkbox"/> Check if additional pertinent information is on a separate page. <b>What additional information do you have that could assist in your request? (e.g. birth name, previous search):</b>		<input type="checkbox"/> Check if additional pertinent information is on a separate page. <b>Good cause as to why the information should be made available to you:</b>	
Once your application is submitted to VDSS, the agency that was initially involved in your adoption will be designated to conduct the search. You will be given the agency's name and contact information within 30 days of the date your application is received. The agency has 90 days to conduct the search. Additional time can be granted to complete the search. Once the search is complete, the agency will send a report to VDSS with a recommendation about whether to grant or deny the application. If your application is denied, or if VDSS fails to designate an agency to conduct the search within 30 days of receipt of the application, you have the right to petition the court for disclosure. If you are a Virginia resident, you may petition the circuit court in the county or city where you reside. If you live out of state, you must petition the Richmond City Circuit Court. VDSS must be made a party to your petition.			
<b>By completing this application, you, hereby apply to the Commissioner of the Virginia Department of Social Services (VDSS) for disclosure of information from the closed adoption record pursuant to the Code of Virginia §§ 63.2-1246 and 63.2-1247.</b>			
<b>6. SIGNATURE OF APPLICANT (Must be signed in front of a Notary Public)</b>			
Signature of Applicant _____			
City/County of _____			
Commonwealth/State of _____			
Subscribed and sworn to before me on this _____ day of _____ in the year _____.			
Notary Public Signature _____			Notary Seal
My Commission Expires _____			
<b>Office Use:</b>			
Adoption Case Number : _____ CPA: _____ CMT: _____			