

**EFFECTIVE: JANUARY 1, 2005**

**FILING FEE FOR PETITION TO BREAK SEAL OF ADOPTION:**

**\$80.00 MONEY ORDER (VIA MAIL)**

**\$80.00 CASH OR MONEY ORDER (IN PERSON)**

**PLEASE BRING OR MAIL COMPLETED PETITION &  
ADDITIONAL COPY WITH PAYMENT TO:**

**DC SUPERIOR COURT  
FAMILY COURT CENTRAL INTAKE CENTER  
500 INDIANA AVE NW  
JOHN MARSHALL LEVEL ROOM 520  
WASHINGTON, DC 20001**

**FOR FURTHER INFORMATION  
PLEASE CALL 202 879-1212**

**\*\*IF YOU ARE THE ADOPTEE OR THE ADOPTIVE PARENT  
REQUESTING COPIES OF THE FINAL DECREE OF ADOPTION  
ISSUED LESS THAN SIX (6) YEARS AGO, PLEASE USE THE  
REQUEST FOR A COPY OF THE FINAL DECREE FORM.**

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT  
ADOPTIONS**

**THIS FORM MUST BE NOTARIZED**

**EX PARTE IN THE MATTER OF**

**THE PETITION OF**

**BREAK SEAL CASE NO. \_\_\_\_\_ BKS \_\_\_\_\_**  
(case number to be completed by court staff)

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, AND ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

**TO BREAK THE SEAL OF ADOPTION.**

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**PETITION TO BREAK THE SEAL OF ADOPTION**

I, \_\_\_\_\_, am the Petitioner in this case and state that:  
PRINT YOUR NAME

**1. To the best of my knowledge, the adoption agency is**

\_\_\_\_\_  
PRINT THE NAME OF THE ADOPTION AGENCY

\_\_\_\_\_  
STREET ADDRESS OF THE ADOPTION AGENCY (if known)

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

(     ) \_\_\_\_\_  
PHONE NUMBER OF THE ADOPTION AGENCY (if known)

**2. The name of the adoptee (if known) is**

\_\_\_\_\_  
ADOPTED NAME OF ADOPTEE

\_\_\_\_\_  
BIRTH NAME OF ADOPTEE

**3. The approximate date of the adoption (if known) was**

\_\_\_\_\_  
(MM/DD/YYYY)

**4. The date of birth of the adoptee is**

\_\_\_\_\_  
(MM/DD/YYYY)

**5. The place of birth of the adoptee is (complete as much information as possible)**

\_\_\_\_\_  
NAME OF HOSPITAL

\_\_\_\_\_  
CITY AND STATE OF BIRTH

\_\_\_\_\_  
DOCTOR'S NAME

**6. The adoption case number (if known) is**

\_\_\_\_\_

**7. The names of the ADOPTIVE parents and their dates of birth (if known) are**

\_\_\_\_\_  
NAME OF ADOPTIVE PARENT ONE

\_\_\_\_\_  
ADOPTIVE PARENT ONE DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
NAME OF ADOPTIVE PARENT TWO

\_\_\_\_\_  
ADOPTIVE PARENT TWO DATE OF BIRTH (MM/DD/YYYY)

**8. The names of the BIRTH parents and their dates of birth (if known) are**

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NAME OF BIRTH MOTHER

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BIRTH MOTHER'S DATE OF BIRTH (MM/DD/YYYY)

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NAME OF BIRTH FATHER

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BIRTH FATHER'S DATE OF BIRTH (MM/DD/YYYY)

**9. I am the Petitioner and I state that (check ONE box that best describes YOUR status and then indicate what you are seeking)**

**I am the adoptee**

**I am the adoptive parent**

\_\_\_\_\_ **I am only seeking a copy of the Final Decree of Adoption**  
(If the Final Decree of Adoption was entered less than six years ago, please fill out the Final Decree Request Form, for which there is no filing fee, instead of a Petition to Break Seal of Adoption.)

**OR**

**I am seeking the following information from this petition (check all that apply):**

\_\_\_\_\_ Medical information

\_\_\_\_\_ To establish contact with the birth parents

\_\_\_\_\_ Other (please describe, if needed continue in the space at #10)

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**I am the birth parent seeking the following information (check all that apply):**

\_\_\_\_\_ To establish contact with the adoptee

\_\_\_\_\_ Other (please describe, if needed continue in the space at #10)

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**Other, please state: 1) WHO you are, and your relationship to the adoption; 2) WHY you are completing the Petition; and 3) WHAT information you are seeking:**

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**10. If there is any additional information you would like to provide, please do so here. Attach an additional page, if needed.**

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I, \_\_\_\_\_, solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the Petition to Break the Seal of Adoption and that the factual statements made in it are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_, being first sworn under oath, and having provided photographic identification, states that the statements made in the Petition to Break the Seal of Adoption are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Clerk/Notary Public

Subscribed and sworn to before me on \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary Public