

CONFIDENTIAL

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- 1) A person who requires access to adoption records for the purpose of health or medical treatment of an adopted person may use this form to request access to Probate Court adoption records.
- 2) For more information, see C.G.S. section 45a-754(b).
- 3) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name

District Number

In the matter of (Name, address and telephone number)

Date of Birth

Hereinafter referred to as the adopted person

Petitioner (Name, address and telephone number)

The petitioner represents that he or she is a person who requires access to the adoption records of the adopted person for the purpose of health or medical treatment of the adopted person.

WHEREFORE the petitioner requests that this court disclose to the petitioner the court records containing the following information:

The representations made in this petition are made under penalty of false statement.

Signature of Petitioner

Type or Print Name

Date