WAIVER OF RIGHTS TO CONFIDENTIALITY FOR SIBLINGS

INSTRUCTIONS:

1. Please complete entire form.

- This form must be witnessed by a representative of the California Department of Social Services (CDSS) or a California (CA) adoption agency licensed by the CDSS, or notarized by a Notary Public.* If the signing of this form is witnessed by the CDSS or a California licensed adoption agency representative, photo identification of the person signing must be obtained and noted on this form. <u>THIS FORM WILL BE RETURNED TO YOU IF IT IS NOT WITNESSED OR</u> NOTARIZED.
- 3. The waiver may be sent directly to the CA licensed adoption agency which handled the adoption, if known, or to the CDSS' Central Office: CDSS, Adoptions Support Unit, 744 P Street, M.S. 3-31, Sacramento, CA, 95814. If the adoption was an agency adoption, the waiver will be returned to you with the name and address of the adoption agency that handled the adoption so that you may send it directly to that adoption agency for processing.

PART A. To be completed by adoptee/sibling signing consent

ADULT ADOPTEE:

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known or contained in the files of the CDSS or the CA licensed adoption agency and give my consent to the CDSS or the CA licensed adoption agency to disclose my name and address to my sibling so he/she may contact me.

By signing this form, I voluntarily and knowingly waive my rights to the confidentiality of personal information known or contained in the files of the CDSS or the CA licensed adoption agency and give my consent to the CDSS or the CA licensed adoption agency to disclose my name and address to my adopted sibling so that he/she may contact me.

I realize that both of the designated persons must sign a Waiver before the CDSS or the CA licensed adoption agency may disclose identifying information and that signing this Waiver does not necessarily ensure that a contact will be made. The sibling must also comply with all other provisions of Family Code Section 9205.

I certify that to the best of my knowledge, I am an adoptee or sibling of an adoptee. I understand that I should keep the CDSS or the CA licensed adoption agency informed of my current name, address, and phone number in writing.

I understand that I have the right to revoke this waiver at any time by notifying the CDSS or the CA licensed adoption agency in writing.

I understand that if the CDSS or the CA licensed adoption agency has not received a Waiver from each designated person, I may file a petition in the Superior Court to appoint a confidential intermediary to search for the other party to attempt to obtain a Waiver.

NAME (PLEASE PRINT)		BIRTHDATE	OTH	ER NAME(S) BY WHI	ICH ADOPTEE/SIBLING HAS BEEN KNOWN
STREET ADDRESS	CITY	STATE	ZIF	P CODE	TELEPHONE NUMBER
					()
SIGNATURE			DAT	E	
			ed adoption ag	ency. If Part B d	or C is completed, do not complete Part D.
SIGNATURE OF THE CDSS OR A CA LICENSED ADOPTION AGENCY		SENTATIVE	DATE		TELEPHONE NUMBER
					()
AGENCY/DEPARTMENT NAME			ADDRESS		
IDENTIFICATION OF ADULT ADOPTEE OF	R ADULT SIBLING (SPECIFY, I.E., DI	RIVER'S LICENSE, PASS	SPORT, ETC.)		
PART C. Check if notarize	ed signature has been prev	viously submitted i	to the CDSS or	a CA licensed a	adoption agency.
PART D. To be completed b	y a Notary Public ONLY i	f Part B or C is n	ot completed.		
State of)			
County of))			
On	before	me,			, a Notary Public,
personally appeared	NAME OF ADULT ADOPTE	E/ADOPTEE'S SIBLING)		, personally kn	nown to me (or proved to me on the basis of
satisfactory evidence) to be t	he person whose name i apacity, and that by his/h	s subscribed to tl	he within instru		knowledged to me that he/she executed the the entity upon behalf of which the person

WITNESS my hand and official seal.

Signature

*Definition of Notary Public: A Notary Public is a public officer authorized by law to certify documents and to confirm your identity. Notaries may be located at most banks and credit unions or listed in the yellow pages of your local phone directory.

(Seal)

AD 904A (9/07)

SEE REVERSE SIDE

DESIGNATE ONE - I AM THE:

ADOPTEE (age 18 or older)

- SIBLING (age 18 or older) Attach copy of birth certificate
 - STEP-SIBLING (age 18 or older) Attach copy of birth certificate <u>AND</u> copy of marriage certificate or divorce decree for marriage between birth parent and stepparent.

ADULT SIBLING:

PART E. Additional information regarding the adoption							
In order to assist in locating the correct adoption file, please complete the information below. If you do not know this information, please write unknown.							
ADOPTEE'S NAME	BIRTH DATE	CITY AND STATE OF BIRTH					
ALL NAMES USED BY THE BIRTH MOTHER (INCLUDE MIDDLE AND MAIDEN NAMES) AND NAME OF BIRTH FATHER							
FULL NAMES OF BOTH ADOPTIVE PARENTS							