

WAIVER OF RIGHTS TO CONFIDENTIALITY FOR SIBLINGS - UNDER THE AGE OF 18

INSTRUCTIONS:

- 1) Please complete entire form.
- 2) **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 a CDSS or a California licensed adoption agency representative, photo identification of the person signing must be obtained and noted on this form. **THIS FORM WILL BE RETURNED TO YOU IF IT IS NOT WITNESSED OR 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.

DESIGNATE ONE - I AM THE:

- ADOPTEE (under the age of 18)**
- SIBLING (under the age of 18)**
Attach copy of birth certificate
- STEP-SIBLING (under the age of 18)** Attach copy of birth certificate **AND** copy of marriage certificate or divorce decree for marriage between birth parent and step-parent.

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

- 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, address, and phone number to my sibling so he/she may contact me.
- SIBLING**
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, address, and phone number 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 and 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 the consent of my adoptive parent, birth parent, legal parent or guardian, or dependency court is required on Page 2 of this form. If his/her consent is not obtained, this form will be returned to me.

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 OF ADOPTEE/SIBLING UNDER THE AGE OF 18 (PLEASE PRINT) | | BIRTHDATE | OTHER NAME(S) BY WHICH ADOPTEE/SIBLING HAS BEEN KNOWN | |
| STREET ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER () |
| SIGNATURE | | | DATE | |

PART B. To be completed by a representative of the CDSS or a CA licensed adoption agency. If Part B or C is completed, do not complete Part D.

| | | | |
|---|--|---------|-------------------------|
| SIGNATURE OF A CDSS OR A CA LICENSED ADOPTION AGENCY REPRESENTATIVE | | DATE | TELEPHONE NUMBER () |
| AGENCY/DEPARTMENT NAME | | ADDRESS | |

IDENTIFICATION OF ADOPTEE OR SIBLING (SPECIFY, I.E., GOVERNMENT IDENTIFICATION, DRIVER'S LICENSE, PASSPORT, ETC.)

PART C. Check if notarized signature has been previously submitted to the CDSS or a California licensed adoption agency.

PART D. To be completed by a Notary Public ONLY if Part B or C is not completed.

State of _____)
 County of _____)

On _____ before me, _____, a Notary Public,
 personally appeared _____, personally known to me (or proved to me on the basis of
 satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the
 same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person
 acted, executed the instrument.

WITNESS my hand and official seal.

 Signature (Seal)

***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.

PART E. To be completed by the ADOPTIVE PARENT, BIRTH PARENT, LEGAL PARENT OR GUARDIAN, signing consent for the adoptee or sibling who is under the age of 18. Please complete the applicable section (Section 1 or 2) and have signature WITNESSED or NOTARIZED (Parts F or H).

SECTION 1 - To be completed by the BIRTH PARENT, LEGAL PARENT OR GUARDIAN

By signing this form, I, the birth parent, legal parent or guardian of the sibling, voluntarily hereby consent to the disclosure of the sibling's name, address, and phone number to his/her adopted sibling.

NAME OF BIRTH PARENT, LEGAL PARENT OR GUARDIAN (PLEASE PRINT)

| | | | | |
|----------------|------|-------|----------|-----------------------------|
| STREET ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER () |
| SIGNATURE | | | DATE | |

SECTION 2 - To be completed by the ADOPTIVE PARENT

By signing this form, I, the adoptive parent of the adoptee, voluntarily hereby consent to the disclosure of the adoptee's name, address, and phone number to his/her sibling.

NAME OF ADOPTIVE PARENT (PLEASE PRINT)

| | | | | |
|----------------|------|-------|----------|-----------------------------|
| STREET ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER () |
| SIGNATURE | | | DATE | |

PART F. To be completed by a representative of the CDSS or a CA licensed adoption agency. If Part F or G is completed, do not completed Part H.

| | | |
|---|---------|-----------------------------|
| SIGNATURE OF A CDSS OR A CA LICENSED ADOPTION AGENCY REPRESENTATIVE | DATE | TELEPHONE NUMBER () |
| AGENCY/DEPARTMENT NAME | ADDRESS | |
| IDENTIFICATION OF BIRTH PARENT, LEGAL PARENT, GUARDIAN, ADOPTIVE PARENT OR DEPENDENCY COURT PERSONNEL (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.) | | |

PART G. Check if notarized signature has been previously submitted to the CDSS or a California licensed adoption agency.

PART H To be completed by a Notary Public ONLY if Part B or C is not completed.

State of _____)
County of _____)
On _____ before me, _____, a Notary Public,

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature (Seal)

PART I. To be completed by the Dependency Court

By signing this form, I do hereby consent to the disclosure of the sibling's name, address, and phone number to his/her adopted sibling.

| | |
|---|--------------|
| SIGNATURE | (Court Seal) |
| NAME OF JUDICIAL OFFICER (PLEASE PRINT) | |

PART J. 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 | BIRTHDATE | CITY AND STATE OF BIRTH |
| CITY AND STATE OF BIRTH | | |

ALL NAMES USED BY THE BIRTH MOTHER (INCLUDE MIDDLE AND MAIDEN NAME) AND NAME OF BIRTH FATHER

FULL NAMES OF BOTH ADOPTIVE PARENTS