IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

REQUEST TO OPEN ADOPTION RECORDS

Name on adoption file: _____
Approximate date of adoption: _____

☐ I am requesting my own record(s);
☐ I am the parent/legal guardian of the individual requesting records

This adoptee ☐ is over the age of 24 ☐ is NOT over the age of 24

I am requesting copies of:
☐ Decree of Adoption
☐ Medical Records
☐ Other: _____

Reason for request:

_____
_____
_____

Do Not Sign Until in the Presence of a Notary.

Signature: _____ Date: _____
Printed Name: _____
(of requestor)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
*Email address: _____

*Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a Change of Contact Information Form.

☐ By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is:_____

_____

If completed by an attorney:
Bar Number: _____

VERIFICATION

State of_____)
) ss.
County of_____)

This document was acknowledged before me by_____,

this _____day of _____, 20_____.

_____ Notary commission expires: _____
Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____