

STATE OF NORTH CAROLINA
GUILFORD COUNTY

IN THE GENERAL COURT
OF JUSTICE SUPERIOR
COURT DIVISION BEFORE
THE CLERK

IN THE MATTER OF)
THE ADOPTION OF)
YOUR NAME)
)
)
)

MOTION IN THE CAUSE
PURSUANT TO
N.C.G.S. 48-9-105

NOW COMES the Petitioner (Your Full Name) and pursuant to N.C.G.S. 48-9-105 hereby petitions the Court as follows:

1. The Petitioner is an adult adoptee who was adopted on Month day, year by (adoptive father) and (adoptive mother). A copy of said final Order of Adoption is attached hereto as "Exhibit A".

2. The Petitioner is presently age (age in #) years old and resides at (street address, city state and zip). **She is married and has two (2) children.** (In place of this put what applies to you and unbold)

3. The Petitioner's adoptive parents are living and do not know about this motion.

4. Petitioner has attempted to obtain complete and updated medical information and background from Children's Home Society of NC, the agency that placed her for adoption. The records of (your name) do not contain any updated medical records pertaining to the Petitioner's birth family.

5. The Petitioner therefore has not been able to complete medical history for herself or her children or provide information to doctors she has seen for current medical problems or any other medical problem that may arise in the future.

6. The Petitioner believes it is necessary and in her best interest to obtain an updated medical history of her birth parents and their families. The Petitioner is willing for Children's Home Society of NC to locate and contact her birth parents and request they provide this updated medical history in a non-identifying manner.

7. In addition, the Petitioner requests that Children's Home Society of NC ascertain the birth parents' interest in and willingness to identify themselves to the Petitioner.

WHEREFORE, Petitioner prays the Court as follows:

1. That an order be entered directing Children's Home Society of NC to search for Petitioner's birth parents and to obtain complete updated background and medical information and provide this information, if obtained, to the Petitioner or a summary of efforts made, if unsuccessful.

2. That if the Petitioner's birth parents wish to identify themselves to the Petitioner, an order be entered directing the Division of Social Services to open the Petitioner's adoption record and provide a copy of that record to the Petitioner.

This the ____ day of _____, 2006.

Name
Street
City, State & zip
Phone # including area code

CERTIFICATE OF SERVICE

I, (Your Full Name) hereby certify that I have served a copy of the Petition in the Cause Pursuant to N.C.G.S. 48-9-105, upon the below listed parties by depositing the same in the United States mail postage prepaid:

Children's Home Society
Of North Carolina
604 Meadow Street
Greensboro, NC 27405

North Carolina Department of Health and Human Services
Division of Social Services
Adoptions Unit
325 N. Salisbury Street
Raleigh, NC 27603

Jane Rankin Thompson
Assistant Attorney General
DHHS- North Central Regional Office
4265 Brownsboro Road, Suite 115
Winston-Salem, NC 27106

This the _____ day of _____, 2006

Name
Street
City, State & zip
Phone # including area code

STATE OF NORTH CAROLINA
GUILFORD COUNTY

VERIFICATION

I, (Your full name), being first duly sworn, depose and say:

That I have read the foregoing PETITION and know the contents thereof and that the matters stated therein are true to the best of my knowledge.

Petitioner

Sworn to and subscribed to before
me, this the ____ day of _____ 2006.

NOTARY PUBLIC

My commission expires: _____