

REQUEST FOR CASE RECORD/DOCUMENTS

SUBMIT IN DUPLICATE: ONE COPY WILL BE RETURNED TO YOU.

DATE
STATE CASE NO.

TO:	FROM:
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NAME OF CHILD	DOB	NAME OF PETITIONERS
Cross Reference to:	STATE CASE NO.	CASE NAME

Please Specify (by state form number) which documents are needed:

CASE RECORD/DOCUMENTS NEEDED FOR:

- Adoption Assistance Program (AAP)
- Adoptive parents are adopting again
- Other (Explain)

WE ARE UNABLE TO COMPLY WITH YOUR REQUEST FOR THE REASON CHECKED BELOW

- We have no record in our files.
- This is an Agency Relinquishment Adoption. We are forwarding your request to correct agency.
- We are unable to identify the case because of incomplete or incorrect information. If you have additional or different information, contact us again.
- This is a closed case and the request for service can more appropriately be answered from this office.

CASE MATERIAL SENT TO	BY	DATE
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