

AOC-290.1 Doc. Code: OG  
Rev. 3-25  
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Commonwealth of Kentucky  
Court of Justice [www.kycourts.gov](http://www.kycourts.gov)  
KRS 199.570; 199.572



**ORDER GRANTING REQUEST TO INSPECT  
AND REQUIRING CHFS TO NOTIFY PARENTS  
(Adult Adopted Person)**

Case No. \_\_\_\_\_  
Court Circuit  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN RE: \_\_\_\_\_  
PETITIONER, Adult Adopted Person (Twenty-one years of age or older)

Names of Adoptive Parents \_\_\_\_\_

**ORDER**

Upon petition of the adult adopted person to allow him/her to inspect and/or copy his/her adoption records retained by this Court and/or the Cabinet for Health and Family Services, the Court FINDS that it is satisfied as to the identity of the above-named adult adopted person; and IT IS HEREBY ORDERED, Petitioner's request to inspect and/or receive a copy of his/her adoption records retained by this Court and/or the Cabinet for Health and Family Services (including the adopted person's original certificate of birth) is granted.

The Cabinet for Health and Family Services is directed to notify the biological parents of Petitioner's request. The Cabinet must within six months make a complete and reasonable effort to locate said biological parents. When the search is completed, the Cabinet must file with the Court an affidavit of notification, or an affidavit that the parents are deceased or cannot be located.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**NOTICE TO PETITIONER**

The Court has ordered the Cabinet for Health and Family Services to notify your biological parents of your request. You may be asked to pay a reasonable fee not to exceed \$250. The check should be made payable to "Kentucky State Treasurer" and mailed to:

Cabinet for Health and Family Services  
Attn: Adult Adoptees  
275 East Main Street  
Frankfort, Kentucky 40601  
Telephone: (502) 564-2147

You should call the Cabinet to verify the amount prior to sending your check.

Distribution: Court File  
Petitioner  
CHFS