

Request for Non-Identifying Information/Completed Adoption (CS-50) Instructions

Purpose:

The purpose of this form is for adopted adults, adoptive parents and legal guardians to initiate a request for non-identifying information regarding biological parents, and biological siblings of the adopted individual.

Number of copies and distribution:

The original copy is returned to the requestor with the necessary information supplied. The second copy is to be retained in the adoptive parents' case file. The third copy can be used as a "control" form when the information supplied must be obtained from another county. This form may be destroyed once the information is received.

Instructions for completion:

If the county of request must obtain information from another county office, the CS-50 should be forwarded. That county shall complete Sections II and III and return the completed form to the county of request.

SECTION I, REQUEST:

This section is completed by the person making the request. All items must be completed to the extent possible by the person making the request and/or the worker. Entries should be printed except for the signature at the end of this section.

Most of the information requested is self-explanatory. Assistance, if needed, may be provided to the individual by Children's Division staff. Even though individuals may not know all the information requested, they should be able to provide enough information so the request can be processed. Also, Adoptive Parents may request this information regarding their adopted child who has not yet reached 21.

SECTION II, INFORMATION LOCATED (TO BE COMPLETED BY CHILDREN'S DIVISION STAFF):

The items to be completed are self explanatory. This section is to be completed by the county that receives the request. The appropriate box is checked and the instructed action taken. The CSW will monitor the referral to another county to assure the form is returned.

SECTION III, AVAILABLE NONIDENTIFYING INFORMATION

This section is completed by the county office which is maintaining the permanent adoption case record or the biological parents or siblings of the adopted child, or the adoptive parents' case file. All related records should be reviewed prior to completing

the form for relevant information. Each space shall be completed if the information is available.

1, 2, and 3. Physical Description, Nationality, and Religion of the Maternal and Paternal Families

Enter the self-explanatory information in the space provided.

4. Medical History of the Maternal and Paternal Families

Enter in the space provided any information available in CD records regarding the medical history of the biological family. Entries should include information in the following categories, if available:

- General health, including record of inoculations
- Usual childhood diseases (measles, chicken pox, mumps, etc)
- Unusual childhood diseases
- Surgeries
- Accidents

- Inherited conditions (diabetes, anemia, etc)
- Developmental disabilities (cerebral palsy, autism, etc)
- Congenital defects (cleft palate, hearing, sight, etc)
- Drug abuse (alcohol, prescription or illegal drugs)
- Heart conditions
- Psychosocial conditions (psychosis, depression, bipolar disorder, etc)
- Course of the mother's pregnancy as reported by the attending physician, including reports of sexually transmitted disease and drug use
- Treatment provided and the results of treatment for any of the health factors identified

5, 6, and 7. Physical Description, Nationality, and Religion of Siblings

Enter the requested information for adopted child's siblings.

8. Medical History of Siblings

Enter available information following the items listed for biological siblings (excluding course of the mother's pregnancy). If there is more than one sibling, identify the sibling by a numerical number sequencing the siblings from oldest to youngest and excluding the child who has made the request.

Instructions for Retention

This form and any related correspondence is to be retained permanently.