



**CATHOLIC ADOPTION SERVICES
OF WASHINGTON STATE**

A PROGRAM OF CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON

100 23rd Avenue South | Seattle, WA 98144-2302
206-328-5928 | 877-865-5944 | FAX 206-328-5975
www.ccsww.org/adoption

**REQUEST FOR RECORDS REVIEW
AND
HOLD HARMLESS AGREEMENT
BIRTH PARENT**

I, _____, hereby request that records that relate to my care and the placement of my birth child for adoption under the supervision of Catholic Community Services be opened and reviewed for new information from or about my birth child in accordance with RCW 26.33.340.

I understand that Catholic Community Services will notify me of the presence of new information and will disclose it as long as it does not compromise the privacy of the other parties to the adoption without their knowledge or against their will.

I further understand that I can add a letter to the file containing my intentions should my birth child seek to make contact with me and I can update my contact information to facilitate such contact in the future.

I will hold Catholic Community Services and any and all of its employees harmless for any damage or injury that may result from complying with my wish to have the files pertaining to my care and the adoption of my birth child under the supervision of Catholic Community Services reviewed and information contained in the file shared with me.

I have read this agreement or had it read and explained to me and fully understand its meaning and effect.

Birth Date of Adoptee: _____

Catholic Community Service's Office through which the adoption was completed,
Circle one: Seattle Tacoma Vancouver Everett Bellingham

Dated this _____ day of _____, 20____

Place of Signing: _____

Printed Name _____ Signature _____

Address: _____

Telephone Number (Day): _____ (Evening) _____

_____ signed or attested before me this _____ day of _____, 20____

Notary Public in and for the State of _____
residing at _____
My appointment expires: _____

Please complete and return this form with a check for \$85.00 payable to Catholic Community Services.
Send the form and check to:

Catholic Community Services
Adoption Services
100 23rd Avenue South
Seattle, WA 98144-2302

Upon receipt of the completed form and fee, we will order your adoption-related files. We are usually able to review the file within one week of receiving the file.

If you would like to discuss your request further or have questions, please feel free to contact us.

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