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Contact the Library at (775) 684-6827 or library@lcb.state.nv.us.

Good Morning

My name is Janet Nordine, and I have come to Carson City from Las Vegas to support SB 267. I reside and vote in Senator Weiner's senate district.

I am a 3rd generation Nevadan, I am a mother, a wife, a past PTA president, I attend Church on Sunday, participate in my children's schools, I am a full time college student finishing my degree, and I am adopted. I am also a member the Nevada Open leaders circle and of Bastard Nation. I am the type of person who will be directly affected by the passage of SB 267. My adoption is unique in that, I was born to a Protestant mother, placed for adoption through Catholic Welfare of So. Nevada to a Catholic family who did not keep me, then finally at 8 months of age, placed in a LDS family. My adoption was finalized in Clark County.

My purpose today in standing to speak is to share what it takes to currently get non-identifying information, available to adopted Nevadans, by Nevada statute, NAC 127.220, from the State Welfare office or from the Adoption agency who placed us. I have, for your review, copies of letters from the State and Catholic Charities of Southern Nevada, outlining my efforts to obtain my non-identifying information. I did, finally, after many letters and e-mails to these agencies, receive my non-identifying information. I have also provided copies of the non-identifying information provided to me by Catholic Charities. As you will see, they are redacted, having all identifying names blacked out. I provide these copies only as information, so that each committee member is able to see what the state and the private agencies are currently able, by law, to provide. Please remember when viewing these pages, that this is my origin, my beginning, and to me, it is sacred.

It has been said, that adult adoptees that want their state held documents are "radical" and that we "must not have strong relationships with our parents." I am far from a radical, and I have wonderful supportive parents, who also have sent their support via e-mail letters to each of you. Often, I have been told that I must feel so 'lucky' to have found a good family, that I should feel lucky that my birthmother did not have an abortion, and that she must not have wanted me. While these statements have, at times, been painful, I do not identify with any of them.

I identify with being, Janet Nordine, a woman who also happens to be adopted. Please support SB 267 with your "do pass" vote. Thank you.

**Janet Nordine
4900 Churchill Avenue
Las Vegas, Nevada 89107
702-630-8848**

CATHOLIC CHARITIES OF SOUTHERN NEVADA
808 South Main Street
Las Vegas, NV 89101

NON-IDENTIFYING BACKGROUND SEARCH

The following information results from data gathered at the time of placement. Please be aware that information that is typically self-reported by the birthparents. We have provided to you all non-identifying background information available in our files. Availability of medical, social or other background information is a reflection of the adoption planning and procedures of the time, as well as the knowledge, accessibility and involvement of each birthparent. Catholic Charities is not responsible for the accuracy of the information contained in the case files.

ADOPTEE Janet Patrice Neville BORN November 9, 1965

BIRTHPLACE Henderson, Nevada WEIGHT/LENGTH 6 lbs. 11-1/4 oz. 19"

DATE PLACED WITH ADOPTIVE PARENTS April 20, 1966

DATE ADOPTION FINALIZED November 28, 1966

	BIRTHMOTHER	BIRTFATHER
FIRST NAME	Barbara	Bill
AGE AT BIRTH	28	32
BIRTHPLACE	Montana	Oklahoma
RACE/DESCENT	Caucasian German, Irish, French, Indian	Caucasian English
WEIGHT/HEIGHT	120 pounds 5' 4"	165 pounds 6' 0"
EYES/HAIR	Brown Blonde	Blue Light brown
COMPLEXION	Fair	Fair
RELIGION	Protestant	Protestant
EDUCATION	Jr. high school	High school
OCCUPATION	Nurses' aide	Bartender
BIRTHPARENT SIBLINGS	3 brothers, 3 sisters	Not noted
BIRTHPARENTS CHILDREN AT TIME OF ADOPTEE'S BIRTH	5 sons - 11, 10, 8, 7, 3 years	2 children - 14 and 12 years
MARITAL STATUS	Divorced	Not noted
HOBBIES	Sports	Not noted

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ILLNESSES	None noted	None noted
PREGNANCY RISKS OR CONCERNS	None noted	
<p>CIRCUMSTANCES OF PLACEMENT – The birthmother came to Catholic Charities during her fourth month of pregnancy. She was living with her brother during her pregnancy. The birthfather was aware of the pregnancy, admitted paternity, and offered to help her and the child if she parented. File notes indicate the birthfather's disposition was "wonderful". The birthmother had five young children who were currently in foster care. She knew that she was unable to care for another child and wanted her baby placed in a loving, two-parent home. There was no further information available regarding the circumstances of placement.</p>		
<p>OTHER COMMENTS – Regarding the birthmother's descent, the file notes do not clarify if "Indian" is Native American or Indian as coming from India.</p> <p>The birthmother's father was deceased at the time of placement due to "coronary" complications. The birthmother's mother had diabetes and a heart condition with no explanation as to the type of heart condition. The birthparents' health and that of their siblings and children was noted as good. File notes indicate no family medical history of mental illness or contagious diseases.</p> <p>The child's first placement was made directly after birth. Four months later, the agency staff was notified that due to their own personal problems, the adoptive parents were unable to continue to care for the child. The baby was then placed in her permanent adoptive home.</p>		

Catholic Charities of Southern Nevada wishes you well in your efforts to gather information about your history. It is our recommendation that you seek supportive friends and professionals to help you deal with the emotions you are experiencing throughout this process.

Prepared By Susan C. McManus

Date 2-8-01

11/97

[Redacted Name] M.D.

NAME [Redacted] AGE 2 WEEKS F S.M.W.D. DATE 11-23-65
ADDRESS [Redacted] INSURANCE [Redacted]
TEL. NO. [Redacted] REFERRED BY [Redacted] OCCUPATION Baby being adopted
1965 BD Nov. 9, 1965

Nov. 23 Delivered at Rose Dalina Age 2wks Birth wt. 6 lbs. 11 oz.
Started on Similac changed to S.M.A. Birth Lg. 19 1/2 inches
Wt. 7 lbs. 9 oz. Put on Cereal, Applesauce and Pears.
Lg. 20 1/2 inches
Rx. ABDEC with flouride

Dec. 7 4 weeks check-up Wt. 8 lbs. 8 oz Lg. 21 3/4 inches
To continue with S.M.A. PE negative
Started on Beef heart and liver, orange juice, egg yolk

Dec. 21 6 weeks check-up Wt. 9 lbs. 12 oz. Lg. 22 1/2 inches
Continue S.M.A. 3 ounce feedings
PE. Negative
To start on strained vegetables and all foods.

1966
Jan. 10 3 Months check-up Wt. 11 lbs 9 oz. Lg. 25 inches
To start on whole milk but to continue sterilizing bottles.
Rx. DPT 1cc #1

K/4

MEDICAL INFORMATION

For: NEVADA CATHOLIC WELFARE BUREAU, INC.
826 South Third Street
Las Vegas, Nevada 89101

RE BABY boy/girl..... BABY GIRL [REDACTED]
Date of Birth..... Nov. 9, 1965..... Time 6:25 PM
Place of Birth..... Rose de Lima Hospital
Henderson, Nevada

ATTENDING PHYSICIAN..... [REDACTED]

THE INFANT

Full Term..... Premature.....

Delivery: A. Spontaneous.....
B. Forcep.....
C. Presentation.....
D. Duration of Labor.....
E. Anesthesia - Medication.....

Weight at Birth..... 6# - 11-1/4 oz.
Length at Birth..... 19"
Measurements (Infant) Head.....
Chest..... Abdomen.....
Complications of Birth.....

Weight Gain or Loss.....
Breast fed..... How long.....
Physical Defects Noted..... None.....

Check if any of the following have been present:
Vomiting..... Diarrhea.....
Tremors..... Pallor.....
Cyanosis..... Jaundice.....
Bleeding Tendencies.....
Date.....

Infant Living..... Dead..... Cause.....
Autopsy..... Yes..... No Findings.....

THE MOTHER

Name..... BARBARA [REDACTED]
Age..... 48..... Number of pregnancies..... 6 (5 living)
Contagious or infectious diseases.....

Date admitted..... 9/8/65..... Date dismissed..... 11/12/65
Complicated puerperium Yes..... No.....
Details of above.....

Respiratory diseases.....
Nervous diseases or symptoms.....

Additional notes or comments of physicians.....

Birth certificate records Name of Infant as..... BABY GIRL [REDACTED]
Name of Mother..... BARBARA [REDACTED]

Name of Father..... Withheld

REMARKS:

Birth Certificate recorded as BABY GIRL [REDACTED] due to mother being divorced and according to Nevada law.

Date..... November 11, 1965

Information on mother and child given by..... Sister M. Georganne, O.P., Administrator



DEPARTMENT OF HUMAN RESOURCES
DIVISION OF CHILD AND FAMILY SERVICES

610 Belrose Street
Las Vegas, Nevada 89107-2234
(702) 486-7800

January 16, 2000

Janet Nordine
4900 Churchill Avenue
Las Vegas, Nevada 89107

Dear Ms. Nordine:

I received your letter concerning your interest in registering with the State of Nevada Adoption Registry. I would have called you directly but you did not provide a phone number. I would very much like to speak with you about the registry and hopefully be able to provide you with the information you require. Please call me at 486-7841. Leave a message if I am not available and I will return your call as soon as possible. I look forward to speaking with you.

Sincerely,

A handwritten signature in cursive script that reads "Annette Smith".

Annette Smith, MSW, LASW
Adoption Social Work Supervisor

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Catholic Charities of Southern Nevada Adoption Services

531 North 30th Street • Las Vegas, NV 89101
(702) 385-3351 • Fax 388-8723

Most Rev. Daniel F. Walsh, D.D.
Bishop of Las Vegas
Executive Chairman, Board of Trustees

Ed Skonicki
Executive Director

January 21, 2000

Ms. Janet Nordine
4900 Churchill Avenue
Las Vegas, NV 89107

Dear Janet

Thank you for your request for information regarding your adoption. Searching for your past can be emotionally difficult and often frustrating. Catholic Charities would like to help in any way we are able. At this time the law only allows release of non-identifying background information. We are available for counseling and can provide referrals for support groups. Enclosed is a list of resources you might find helpful.

In this packet is the request form for our agency which needs to be completed. Please note this document must be notarized. A \$75.00 fee is required for the information search. After completing the form, please return it to our office and we will forward the non-identifying information to you. Please allow a minimum of 4-6 weeks for processing.

You will also find a State of Nevada Adoption Registry form. You will need to notarize the State document and send it to the address on their form. The Division of Child and Family Services in Carson City maintains this form. Should there be a matching registration that agency will notify both parties.

Best wishes to you in your endeavor. Occasionally Catholic Charities offers or is aware of workshops or seminars on related adoption topics. Feel free to request the current calendar listings.

Sincerely

Deborah Gregg

Deborah Gregg, LASW, MFT
Adoption Director

NONID REQUEST LETTER

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STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
BUREAU OF HEALTH PLANNING AND STATISTICS
OFFICE OF VITAL RECORDS AND STATISTICS

KENNY C. GUINN
Governor

505 E. King Street, Room 102

YVONNE SYLVA
Administrator

CHARLOTTE CRAWFORD
Director

Carson City, Nevada 89701-4749

MARY E. GUINAN, M.D., Ph.D.
State Health Officer

Telephone 775-684-4242 • Fax 775-684-4156

Date 2-3-2000

To Whom It May Concern:


According to NRS 127.140(2), adoptions for children born in the State of Nevada can be opened with a court order only. A court order requesting the adoption record to be unsealed should be directed through the court that initiated the adoption for the child born in the State of Nevada.

Once the court order has been obtained; the certified court order should include a request for a copy of the original birth certificate and any other documents (if any) enclosed in the file. The certified order will be sent to Vital Statistics directing the adoption clerk to unseal the adoption record(s).

We have enclosed an application to register with International Soundex Reunion Registry. Soundex does not charge for their service. If you are interested in registering, complete the enclosed application and forward to the address on the application.

Would you like an application to register with the Adoption Registry Division? Please identify your relationship to the adoptee, (*i.e. mother, brother, sister, adoptee*) for the correct application. There is no charge for this service. Should you need additional information please contact me at (775) 684-4166.

Sincerely,


Karen Jacobs
Adoptions Section
Vital Statistics & Records

***NRS 127.140(2) CONFIDENTIALITY OF HEARINGS, FILES AND RECORDS. The files and records of the court in adoption proceedings are not open to inspection by any person but upon an order of the court expressly so permitting pursuant to a petition setting forth the reasons therefore or, if a natural parent and the child are eligible to receive information from the state registrar of adoptions.**

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APPLICATION FOR ADOPTION REUNION REGISTRY - ADOPTEE

Applicant Name: _____
Last First Middle Maiden

Date of Birth: _____ Phone Number _____
Day Evening

Place of Birth: _____ Sex: M F
City State

Home Address: _____
Street City State Zip

Mailing Address: _____
(If different) Street City State Zip

Agency that handled the adoption: _____
(If known) Name and Location

Adoptive Father's Name: _____
Last First Middle

Adoptive Mother's Name: _____
Last First Middle

I am interested in making contact with my birth or former adoptive parent(s), sibling(s), and/or relatives related within the third degree of consanguinity. I understand contact cannot be made unless these individuals also complete an application for Adoption Reunion Registry.

I understand that I may withdraw this application at any time by notifying the Adoption Reunion Registry in writing. I understand that if I withdraw my application the above individuals will not be able to obtain identifying information about me.

I will notify the Adoption Reunion Registry of my whereabouts in the instance I should move. As I provide new information to the Registry, I authorize the Division of Child and Family Services to change this forms as requested.

Date _____ Name _____

State of _____

County of _____

Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public

(Notary stamp)

When completed, send this form to the:

Adoption Reunion Registry
State of Nevada
Division of Child and Family Services
711 E. Fifth Street
Carson City, NV 89701-5092

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**Janet Nordine
4900 Churchill Avenue
Las Vegas, Nevada
89107**

**Division of Health / Vital Statistics
505 East King Street # 102
Carson City, Nevada
89170**

To Whom it May Concern;

I am an adoptee looking for non-identifying information regarding my adoption. I was born on November 9, 1965 at 6:15 PM in St. Rose de Lima hospital in Henderson, Nevada. My name on my birth certificate is Janet Patrice Neville.

Prior to my adoption, I was adopted by another family through Catholic Charities. I was not fully adopted by this original family and then was returned to Catholic Charities in March or April of 1966. I am hoping that records exist of this birth certificate. I would like to get a copy of this record.

If at all possible, would you advise me of the fees for such a search of vital records? Any non-identifying information I can find on my adoption and my previous birth certificate would be greatly appreciated.

Thanking you in advance for your help.

Sincerely yours;

Janet Nordine

Janet Nordine

NAC 127.090 State register for adoptions.

1. A person who wishes to be listed in the state register for adoptions pursuant to NRS 127.007 must submit a written request for inclusion on that list on a form provided by the division.

2. The division may release from a record of an adoption of a child which has been closed any information which is not personally identifying information to the adoptive parent or legal guardian of the adopted child, the adopted child if he is 18 years of age or older, or the biological parent of the adopted child. Such a request must be made in writing.

3. Information about the state register for adoptions must be provided to each:

- (a) Biological parent whose parental rights are relinquished or terminated;
- (b) Person who was placed for adoption; and
- (c) Adoptive and prospective adoptive parent.

(Added to NAC by Div. of Child & Fam. Services, eff. 5-14-96)

NEVADA ADMINISTRATIVE CODE

NAC 127.220 Information provided by child-placing agency to public, biological parents, adoptive parents and adopted persons. A child-placing agency:

① Shall inform the general public of the types of adoptions it provides.

② Shall inform the biological parents, adoptive parents and adopted children it serves regarding the state register for adoptions.

③ May, upon request, provide to any biological parents it serves copies of any documents those parents execute relating to an adoption and advise those parents if the child has been adopted.

④ Shall, upon request, provide to the adoptive parents or other legal guardians of an adopted child, and to an adopted person who is at least 18 years of age, the following information, if available, in a form that does not divulge the identity of the biological parents:

(a) The location, date and time of birth of the adopted person.

(b) The weight, the length, and the size of the head and chest of the adopted person at birth.

(c) The scores obtained from any administration of an Apgar test of the adopted person near the time of birth.

(d) The type of blood, any known hereditary conditions, and the medical and psychological history of the adopted person.

(e) Whether the adopted person has siblings and, if so, their age and sex when the adopted person was placed for adoption.

(f) The age, height, weight, build, complexion, color of eyes and hair, marital status, religion, and educational, medical and psychological history of the biological parents when the adopted person was placed for adoption.

(g) The ethnic history of the biological parents.

(h) Any special interests or talents of the biological parents.

5. May, upon request, provide to an adopted person a copy of the court order for his adoption and inform him if his biological parents are deceased.

(Added to NAC by Div. of Child & Fam. Services, eff. 11-23-93; A 5-14-96)

STATE DOES NOT OFFER THIS INFORMATION

KENNY C. GUINN
Governor

STATE OF NEVADA

CHARLOTTE CRAWFORD
Director

Mountain Springs
Fax: (775) 684-4456

Ruby Station
Fax: (775) 684-4457



STEPHEN A. SHAW
Administrator

Sand Springs Station
Fax (775) 684-4455

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF CHILD AND FAMILY SERVICES

711 E. Fifth Street
Carson City, Nevada 89701-5092
(775) 684-4400

FISCAL
Friday Station
Fax (775) 684-4458

Buckland Station
Fax (775) 684-4459

March 7, 2000

Janet Neville Nordine
4900 Churchill Avenue
Las Vegas, NV 89107

Dear Ms. Nordine:

The Division of Child & Family Services has received your application for the Adoption Registry. At this time we have not received an application from anyone in your birth family. When and if an application is received from a member of your birth family, you will be contacted by a representative of the Adoption Registry for the State of Nevada.

If you move, please notify the Division so your address can be updated with the Registry.

Any questions regarding the Adoption Registry should be directed to Jann Young at (775) 684-4415. Thank you for your interest in the Registry.

Sincerely,

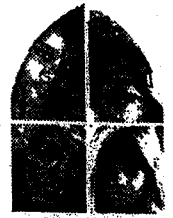
Wanda Scott (jy)
Wanda Scott
Adoption Specialist

WS/jy

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Catholic Charities of Southern Nevada Adoption Services



2077 E. Sahara Ave., Suite B • Las Vegas, NV 89104
(702) 385-3351 • Fax 388-8723
adoption@catholiccharities.com

Skonicki
Executive Director

Deborah Gregg
Adoption Director

January 30, 2003

Ms. Janet Neville-Nordine
4900 Churchill Avenue
Las Vegas, NV 89107

Dear Ms. Neville-Nordine

Please excuse the delay in response to your letter of 11-19-02. Our offices have recently relocated and this is typically a busy time of year for our program.

Enclosed you will find a copy of the Order for Adoption decree issued to your parents in 1966. As you will note, there is no identifying information regarding your birthparents. This is a typical document of the era and is much like current adoption decrees. The copy is of poor quality due to the microfilming process, we are sorry for the inconvenience.

As for updated information regarding your birthparents, we have not had any contact with them since your adoption. We, therefore, do not know whether they are living or their whereabouts. I am sure this is disappointing information. May I suggest that you seek support from friends, family, and other adoptees. You might wish to contact Mike Sarkis at 232-2133. He is an adoptee with much experience in search issues.

I wish you the best in your endeavors.

Sincerely


Deborah Gregg, LASW, MFT
Adoption Director

cc Wanda Scott

NEVILLE RE DECREE

6 IN THE DISTRICT COURT OF THE DISTRICT OF CLARK, STATE OF NEVADA

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of a child, known by
 the name of
 Petitioners.

14 VERIFICATION

15 THIS PETITION came on for hearing before the Court
 16 present in Court, with the minor child, the subject of the pro-
 17 ceeding, and the Court having examined all the documents on file
 18 herein and having examined the petition, reads: finds:
 19 that the Petitioners are husband and wife, residents of the
 20 county of Clark, State of Nevada; and each is more than ten (10)
 21 years older than the child; that the child was given in their care
 22 since the 20th day of April, 1966; that the child's natural mother
 23 duly relinquished all of her parental rights to the child to
 24 said Petitioners, Inc., who, in conformity with the provisions of
 25 the laws of Nevada, petitioned this Court for adoption of the
 26 child herein for adoption. It appears to the Court that
 27 the best interests of this child will be served
 28 by this adoption.

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and shall have full and complete custody of the child of the Petitioners.

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1 eident thereto, including the rights of support, protection and
2 inheritance, and that the child shall hereafter bear the name of
3 JANET PATRICE NEVILLE.

4 DATED: This 21st day of March, 1964.

6 JOHN F. SEXTON

7 DISTRICT JUDGE

8 Submitted by:

9 McNAMEE, McNAMEE & RITTSCHOUSE

10
11 By [Signature]
12 Attorneys for Petitioners
13 319 South Third Street
14 Las Vegas, Nevada

15 CERTIFIED COPY

16 The document to which this certificate is at-
17 tached is a full, true and correct copy of the
18 original on file and of record in my office.

19 DATE: March 21, 1964
20 LORETTA BOGEMAN, County Clerk and Clerk
21 of the Eighth Judicial District Court, in and
22 for the County of Clark, State of Nevada.

23 By [Signature] District Clerk

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