

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

In the matter of the Petition of _____,

Case No. _____

For appointment of Confidential Intermediary

PETITION FOR APPOINTMENT OF CONFIDENTIAL INTERMEDIARY (6002)

Comes now _____ petitioning this Court for the appointment of a Confidential Intermediary pursuant to 750 ILCS 50/18.3a and in support of this petition states as follows:

1. I am (select one)

- [] An adopted person 21 years of age or over.
- [] A "surrendered person" 21 years of age or over. (Note: A "surrendered person" is a person who was never adopted but whose birth parents' rights were surrendered or terminated).
- [] An adoptive parent of an adopted or surrendered person under the age of 21.

Please complete the following information, if known:

Date of Adoption: _____

Adoption Case Number: _____

- [] A legal guardian of an adopted or surrendered person under the age of 21. Please attach a copy of the order appointing the Petitioner the legal guardian of the adopted or surrendered person.
- [] A birth parent of a surrendered person of 21 years of age or over.
- [] An adult child of a deceased adopted or surrendered person. Please attach documents establishing the relationship between the Petitioner and the deceased adopted or surrendered person as well as a copy of the death certificate for the deceased adopted or surrendered person.
- [] A legal guardian of a deceased adopted or surrendered person. Please attach documents establishing the relationship between the Petitioner and the deceased adopted or surrendered person as well as a copy of the death certificate for the deceased adopted or surrendered person.
- [] A surviving spouse of a deceased adopted or surrendered person. Please attach documents establishing the relationship between the Petitioner and the deceased adopted or surrendered person as well as a copy of the death certificate for the deceased adopted or surrendered person.
- [] An adult birth sibling of an adopted or surrendered person whose common birth parent is deceased and whose adopted or surrendered birth sibling is 21 years of age or over. Please attach document establishing the relationship between the Petitioner and the deceased birth parent as well as a copy of the death certificate for the deceased birth parent.
- [] An adult sibling of a deceased birth parent whose surrendered child is 21 years of age or over. Please attach copies of the deceased birth parent's death certificate and all documents establishing the relationship between Petitioner and the deceased birth parent.

2. That _____ is an adopted or surrendered person having a date of birth
(Name of adopted or surrendered person or child's name at birth)
of _____, and on the date of filing this Petition said adopted or surrendered person is _____

years of age.

Since the date of my adoption or date that I became a surrendered person, my name has been legally changed by marriage (please attach a copy of a marriage certificate) or by legal change of name (please attach a certified copy of order changing name). Strike if not applicable.

3. _____ was adopted by _____
on or about _____ in _____ County, Illinois and
named _____.

4. That the Petitioner seeks the appointment of Confidential Intermediary for the purpose of (select all that apply):

- exchanging medical information with one or more mutually consenting biological relatives of the adopted or surrendered person; and/or
- obtaining identifying information about one or more mutually consenting biological relatives of the adopted or surrendered person; and/or
- arranging contact with one or more mutually consenting biological relatives of the adopted or surrendered person; and/or

5. The Petitioner seeks the following biological relative(s) (select all that apply):

- any/all living birth relatives 21 years of age or over
- birth son(s) or daughter(s) 21 years of age or over
- birth mother
- birth father
- birth sibling 21 years of age or over
- other person 21 years of age or over (please identify):

6. If the Petitioner is:

- an adult child, adoptive parent, legal guardian or surviving spouse of a deceased adopted or surrendered person (strike as applicable); or
- an adult birth sibling of an adopted or surrendered person whose common birth parent is deceased and whose adopted or surrendered birth sibling is 21 years of age or over; or
- an adult sibling of a deceased birth parent whose surrendered child is 21 years of age or over, disclosure of the requested information is of greater benefit than nondisclosure because:
Please explain in detail why you are filing the petition. Attach additional pages or documents as needed.

7. The Petitioner has been entered into the Illinois Adoption Registry and Medical Information Exchange as evidenced by the attached verification of registration letter.

NOTICE

Except as stated below, the Petitioner understands that the appointed Confidential Intermediary will not have access to the following: personal health information protected by the Standards for Privacy of Individually Identifiable Health Information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); medical records; financial records; credit records; banking records; home studies; attorney's records; or other personal records.

The Petitioner also understands the public or private adoption agency shall only disclose to the Confidential Intermediary the full name, the date of birth, place of birth, last known address and last known telephone number of the sought after relative. If the Petitioner is an adult adopted person or the adoptive parent of a minor and if the Petitioner has signed a written authorization to disclose personal medical information, adoption agency disclosing information a Confidential Intermediary shall disclose available medical information about the adopted person from birth through adoption (see 750 ILCS 50/18.3a (g)).

WHEREFORE, the Petitioner prays that this Court appoint a Confidential Intermediary pursuant to the Adoption Act at 750 ILCS 50/18.3a, and for such other relief as may be necessary.

Respectfully submitted:

Dated: _____

Petitioner

CERTIFICATION

Under penalties for perjury as provided in Section 1-109 of the Code of Civil Procedure the undersigned states that the foregoing facts contained in the Petition for Appointment of a Confidential Intermediary are true based upon personal knowledge and belief.

Petitioner

STATE OF ILLINOIS
COUNTY OF COOK

ss:

I, _____, a duly authorized Notary Public in and for State
of _____, County of _____ do hereby state that on
_____ the aforesaid person appeared before me and affixed his/her signature to this document and
that I am personally acquainted with the named individual s/he having established his/her identity in the following
manner:

I have attached legible copies of the documents shown to me in order to establish his/her identity to the original petition to be filed with
this court.

*(Seal)

(Notary Public)

Commission Expires: _____

Note: The Petition must be certified by the Petitioner and notarized to establish the Petitioner's identity.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Primary Email: _____

Secondary Email: _____

Tertiary email: _____