

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ILLINOIS

In the Matter of the Petition of \_\_\_\_\_ )
)
) No. \_\_\_\_\_
)
For appointment of \_\_\_\_\_ )
Confidential Intermediary )

PETITION FOR APPOINTMENT OF A CONFIDENTIAL INTERMEDIARY

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 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 an adopted or surrendered person 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;
- an adoptive parent 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 documents 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 the Petitioner and the deceased birth parent.

2. That \_\_\_\_\_ is an adopted or surrendered person  
(name of adopted or surrendered person or child's name at birth)

having a date of birth of \_\_\_\_\_, and on the date of filing this Petition said adopted or surrendered person is \_\_\_\_\_ years of age.  
(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 \_\_\_\_\_  
(name of adopted person)

on or about \_\_\_\_\_ in \_\_\_\_\_ County, Illinois, and named \_\_\_\_\_.

4. That the Petitioner seeks the appointment of a 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.

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.**

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- 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, or if applicable, of the children or siblings 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 to 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 Signature

**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 Signature

STATE OF ILLINOIS        )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, a duly authorized Notary Public in and for the State of \_\_\_\_\_, County of \_\_\_\_\_ do hereby state that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the aforesaid person appeared before me and affixed his/her signature to this document. That I am personally acquainted with the named individual he/she having established their 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.

\_\_\_\_\_  
(Petitioner's Name)

\_\_\_\_\_  
(Petitioner's Address)

\_\_\_\_\_  
(Petitioner's City/State/Zip)

\_\_\_\_\_  
(Petitioner's Telephone Number)

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ILLINOIS

In the Matter of the Petition of \_\_\_\_\_ )  
 )  
 ) No. \_\_\_\_\_ )  
 )  
For appointment of \_\_\_\_\_ )  
Confidential Intermediary )

**ORDER FOR APPOINTMENT OF CONFIDENTIAL INTERMEDIARY**

This cause, having been heard upon the Petition filed for the appointment of a Confidential Intermediary pursuant to the Adoption Act at 750 ILC 50/18.3a, and the Court having considered the contents thereof, and being fully advised in the premises, finds:

1. That the Petitioner is:
  - an adopted person 21 years of age or over;
  - a “surrendered person” 21 years of age or over;
  - the adoptive parent or legal guardian of an adopted or surrendered person under the age of 21;
  - a birth parent of an adopted or surrendered person 21 years of age or over;
  - an adult child, adoptive parent, legal guardian, or surviving spouse of a deceased adopted or surrendered person (**strike as applicable**);
  - an adult birth sibling of a adopted or surrendered person whose common birth parent is deceased and whose adopted or surrendered person is 21 years of age or over;
  - an adult sibling of a deceased birth parent whose surrendered child is 21 years of age or over.
  
2. That the Petitioner seeks to:
  - exchange medical information with one or more mutually consenting biological relatives of the adopted or surrendered person; and/or
  - obtain identifying information about one or more mutually consenting biological relatives of the adopted or surrendered person; and or
  - arrange contact with one or more mutually consenting biological relatives of the adopted or surrendered person.
  
3. That because the Petitioner is not:
  - an adult adopted or surrendered person 21 years of age or over; or
  - an adoptive parent or legal guardian of an adopted or surrendered person under the age of 21; or
  - a birth parent of an adopted or surrendered person who is 21 years of age or over
 the Court finds that disclosure is of greater benefit than non disclosure. (**Strike if inapplicable**)

**IT IS HEREBY ORDERED:**

1. That \_\_\_\_\_ is appointed as a Confidential Intermediary to act in accordance with the mandates in Section 18.3a of the Adoption Act (750 ILCS 50/18.3a);
2. That the fees and expenses of the Confidential Intermediary will be paid in advance by the Petitioner;
3. That the Confidential Intermediary shall have access to:
  1. Vital Records maintained by the Illinois Department of Public Health and its local designees;
  2. Court records which relate to the adoption or the identity and location of an adopted or surrendered person, of an adult child or surviving spouse of a deceased adopted or surrendered person, or which relate to the location and identity of a birth parent, birth sibling, or the sibling of a deceased parent;
  3. Records and documents as described in 3.a and 3.b regarding a surrendered person when the Petitioner is an adult child of a deceased surrendered person;
4. The Confidential Intermediary shall not have access to:
  1. 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);
  2. Medical Records;
  3. Financial Records;
  4. Credit Records;
  5. Banking Records;
  6. Home Studies;
  7. Education Records;
  8. Attorney File Records; and
  9. Except as provided in paragraphs 5 and 6, other Personal Records;
5. The public or private adoption agency shall only disclose to the Confidential Intermediary the full name, date of birth, place of birth, last known address and last known telephone number of the sought after relative, or if applicable, of the children or siblings of the sought after relative;
6. In addition to the information specified in paragraph 5 of this Order, adoption agencies shall provide the Confidential Intermediary with any statement indicating a desire by the surrendering birth parent to have identifying information shared or not shared. In the event a sought after birth parent has made a clear statement of intent pursuant to 18.3 to not have identifying information shared, the Confidential Intermediary shall discontinue the search and inform the petitioner of the sought after birth parent's intent.
7. An adoption agency shall disclose to Confidential Intermediary medical information about an adult adopted person or a minor adoptee only if the adult adopted person or the adoptive parent of an adopted minor has signed a written HIPAA authorization for disclosure of personal medical information. The medical information disclosure under this paragraph 7 is limited to medical information about the adopted person from birth through the date of the adoption;

