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; or
   - □ 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); or
   - □ an adoptive parent of an adopted person under the age of 21; or
     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; or
   - □ a birth parent of an adopted or surrendered person 21 years of age or over; or
   - □ 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 including your birth certificate as well as a copy of the death certificate for the deceased adopted or surrendered person; or
   - □ an adult grandchild of a deceased adopted or surrendered person; please attach documents establishing the relationship between the Petitioner and the deceased adopted or surrendered person including your birth certificate, a copy of the death certificate for the deceased adopted or surrendered person and a copy of the death certificate **or** the birth certificate for the child of the deceased adopted or surrendered person; or
   - □ 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; or
   - □ 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; or

- □ 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; or

- □ an adult birth sibling of an adopted or surrendered person and whose adopted or surrendered birth sibling is 21 years of age or over whose common birth parent did not file a denial or option E with the Illinois Adoption Registry Medical Information Exchange indicating that the birth parent does not wish to have contact;

  Please note that this category of petitioners do not have to register with the Illinois Adoption Registry and Medical Information Exchange before filing a petition; or

- □ a birth grandparent of an adopted or surrendered person and whose adopted or surrendered birth grandchild is 21 years of age or over whose birth parent did not file a denial or option E with the Illinois Adoption Registry Medical Information Exchange indicating that the birth parent does not wish to have contact;

  Please note that this category of petitioners do not have to register with the Illinois Adoption Registry and Medical Information Exchange before filing a petition; or

- □ 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.

- □ obtaining identifying information that would have been found on the adopted person's original birth certificate, if the adopted person was born prior to January 1, 1946 and if the certificate was not found or the petitioner received the non-certified copy of the original birth certificate which omits the name of the birth parent; or
- □ obtaining identifying information that would have been found on the adopted person's original birth certificate, if the adopted person was born after January 1, 1946, and if the certificate was not found.

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

- □ any/all living birth relative(s)18 years of age or over
- □ birth son(s) or daughter(s) 21 years of age or over
- □ birth mother
- □ birth father
- □ birth sibling 18 years of age or over
- □ birth sibling who was adopted 21 years of age or over
- □ Birth grandchild who was adopted 21 years of age or over
- □ other person 18 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 adopted or surrendered birth sibling is 21 years of age or over; or
   - an adult birth grandparent of an adopted or surrendered person whose adopted or surrendered birth grandchild 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, 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 _____)
) 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 CONFIDENTAL 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; or
- □ a "surrendered person" 21 years of age or over; or
- □ the 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 21 years of age or over; or

surrendered person **(strike as applicable)**; or

- □ an adult birth sibling of a adopted or surrendered person who is 21 years of age or over; or
- □ an adult birth grandparent of an adopted or surrendered person who is 21 years of age or over, or
- □ an adult child, grandchild, adoptive parent, legal guardian, or surviving spouse of a deceased adopted or surrendered person who 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; or

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.
- □ obtain identifying information that would have been found on the adopted person's original birth certificate, if the adopted person was born prior to January 1, 1946 and if the certificate was not found or the petitioner received the non-certified copy of the original birth certificate which omits the name of the birth parent; or

□ obtain identifying information that would have been found on the adopted person's original birth certificate, if the adopted person was born after January 1, 1946, and if the certificate was not found.

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 Confidential Intermediary shall have access to:

    1. Vital Records maintained by the Illinois Department of Public Health and its local designees or a comparable public entity that maintains vital records in another state in accordance with that state's laws;
    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;

3. 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;

4. 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;

5. 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.

6. 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;

7. The Illinois Adoption Registry shall release to the Confidential Intermediary all information described in Section 18.3a (i) of 750 ILCS 50 as amended;

8. The Illinois Adoption Registry shall release to the Confidential Intermediary information regarding the date the adoption was finalized and the county in which the adoption was finalized;

9. The Confidential Intermediary will act in accordance with the Adoption Act and 750 ILCS 50/18.3a and will take an oath of office as provided in section (j) of the statute as a condition of his/her appointment, and the appointment of the Intermediary shall be effective upon execution of said oath, which the Intermediary shall, upon execution, file with the Clerk of the Court.

10. This case is set for status on _____ at _____ in Courtroom _____. The Confidential Intermediary shall submit an interim or final written report prior to said date.

11. All documents, reports, and other written material submitted to the court shall be filed herein pursuant to the provision of 750 ILCS 50/18.3a, and the records maintained by the Circuit Clerk shall be impounded as provided in the Adoption Act.

ENTERED:

_____

Judge No._____