



Service Request and Fee Schedule

Name: _____ Date: _____

✓ **For all services, please return the following:**

- Copy of valid photo identification
- What Every Client Should Know (signature page)
- Acknowledgment of Receipt: Notice of Privacy Practices (signed)
- Medical Form (only required for birth parent & surviving relative of birth parent)
- Descendent of a deceased adopted person and surviving relative of a deceased birth parent must provide copy of death certificate or obituary, and proof of relationship to the deceased.

✓ **For Registry/Search & Connection/Outreach, you will also need to return:**

- Authorization for Release of Information (signed)
- Your "First Letter" (optional for Registry)

✓ **For Search & Connection Services, you will also need to return:**

- Copy of Illinois Adoption Registry confirmation letter from the IL Department of Public Health. Go to http://www.idph.state.il.us/vitalrecords/adoption/Pages/iarmie_info.htm for forms.
- Personal History Biography Questionnaire

Requested Services/Fees:

- Non-Identifying Background Report - \$140
- Non-Identifying Background Report (pre 1940 or limited information) - \$65
- Non-Identifying Brief Update Report to Background Information previously provided - \$65
- Search and Connection - \$350 per person
- Outreach/Reconnection or Additional Search - \$65-\$140 (to be determined by Director)

Payment Method:

Credit Card:

- Visa
- MasterCard
- Discover
- American Express

Check

Name on Card: _____

Card Number: _____

Expiration Date: _____

3-digit Security Code on back of card _____

Signature: _____

Current Address:

Donation \$ _____

Total: \$ _____

FEES ARE NON-REFUNDABLE REGARDLESS OF OUTCOME. FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.