

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 - \$125
- ☐ Non-Identifying Background Report (pre 1940 or limited information) - \$50
- ☐ Non-Identifying Brief Update Report to Background Information previously provided - \$50
- ☐ Search and Connection - \$300 per person
- ☐ Outreach/Reconnection or Additional Search - \$50-\$125 (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.