

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE TWENTY-THIRD JUDICIAL
CIRCUIT KENDALL COUNTY

In the Matter of the Petition of _____

Case 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 **or** the birth certificate for the child of 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 indication 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 unless the common birth parent is deceased; 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 _____, 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 yearsoif 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 evidence 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 of 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
IN THE CIRCUIT COURT OF THE TWENTY-THIRD JUDICIAL CIRCUIT
KENDALL COUNTY

I, _____, a duly authorized Notary Public in and for the State of Illinois, County of Kendall 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 Email Address)

(Petitioner's Telephone Number)