

Adoption Search, Contact and Reunion Services

CONFIDENTIAL INTERMEDIARY SERVICE AGREEMENT

Investigation Number _____

Fees have been established to help defer the expenses that will be incurred for staff time to provide all of the search services and to complete database searches, obtain copies of birth or death certificates and to obtain information contained in Court and Archives records.

If a Registrant pays for a search for one person and, within one year, the Registrant requests a search for a second person, the fee paid for the second search would be the difference between the fees for the two services as shown on the chart below.

Adoption Search, Contact and Reunion Services Fee Schedule (effective January 1, 2011)

Gross Income	Paid to DHR	Paid to DHR	No Payment Due	Paid to CI's Agency	Paid to CI's Agency
	Registry Application Only	Registry & Search Services Application	Documented Medical Emergency	Search Contact and Reunion w/ one person	Search, Contact and Reunion w/ Two Persons
\$ 0 – 10,000	\$0	\$0	\$0	\$0	\$0
\$10,001 – 20,000	\$0	\$0	\$0	\$125	\$225
\$20,001 – 30,000	\$0	\$0	\$0	\$175	\$275
\$30,001 – 40,000	\$0	\$0	\$0	\$250	\$350
\$40,001 – 50,000	\$0	\$0	\$0	\$325	\$425
\$50,001 – 60,000	\$0	\$0	\$0	\$400	\$500
\$60,001 – 70,000	\$0	\$0	\$0	\$475	\$575
\$70,001 – 80,000	\$0	\$0	\$0	\$525	\$625
\$80,001 – 90,000	\$0	\$0	\$0	\$625	\$725
\$90,001 & above	\$0	\$0	\$0	\$725	\$825

Fees will not be refunded if the person sought refuses contact, will not participate in a reunion or is unwilling to provide updated medical/background information nor will they be refunded if the person sought is unable to be located or is deceased. The Confidential Intermediary reserves the right to refuse to facilitate a reunion if, based on the professional opinion of the Confidential Intermediary, doing so could cause harm to either party. Fees will not be refunded should this occur because all other services in the agreement will have been provided.

There will be no additional charge imposed when a Service Agreement is modified solely to allow an additional 90 days to elapse for the receipt of information essential to the search process. Copies of all Service Agreements and search documentation must be forwarded to DHR in accordance with procedural guidelines.

In cases where the individual sought is found to be deceased and the CI provides additional search services in locating and contacting relatives or family members of the deceased individual, the CI may charge the Registrant a reasonable fee for the additional services provided. This fee will be determined and agreed upon by the CI and the Registrant prior to the CI providing the additional search services.

Fees may be adjusted or reduced in special circumstances.

Applicant's Commitment

I, _____,
(Full Name)

have read and understand the terms as described in the Confidential Intermediary Service Agreement, on _____ (date). I have provided a photo identification card as proof of my identity and I am requesting the following search services:

- _____ Contact with one birth parent or one adult adoptee to obtain medical information needed due to a documented medical emergency
- _____ Contact with both birth parents or two adult adoptees to obtain medical information needed due to a documented medical emergency
- _____ Contact with one birth parent or adult adoptee for the purpose of reunion
- _____ Contact with both birth parents or two adult adoptees for the purpose of reunion
- _____ Contact with a birth parent's relative or an adoptive family member

I agree to make payment in full prior to the CI initiating the search. I understand that a payment schedule can be arranged, but that the full fee amount is due before the CI can begin the search.

Please Print:

Name: _____ SSN: _____

Address: _____

Phone (home): _____ (work): _____ (cell) _____

Applicant's Signature: _____ **Date:** _____

Confidential Intermediary's Signature: _____ **Date:** _____

I agree that a 90-Day Extension is needed because more time is needed to complete the search.

Applicant's Signature: _____ **Date:** _____

Confidential Intermediary's Signature: _____ **Date:** _____

To be completed by the Confidential Intermediary

ASCERS Investigation Number _____