

Closed File Information and Search Service

A program of the
Illinois Department of Children and Family Services

Program delivered by

Midwest Adoption Center
 2720 South River Road – suite 50
 Des Plaines, Illinois 60018
 Phone: 847-298-9096
 Fax: 847-298-9097
 MAC@macadopt.org
www.macadopt.org

Service Request Form

Please complete both sides of this form to request IDCFS Search Service on behalf of a person who is a ward of IDCFS. Send the completed service request form to Midwest Adoption Center (MAC) at the above address. If you have questions about this form or any aspect of service, please call the MAC office at 847-298-9096, ext 29.

Contact Information			
Person requesting service	First name	Middle Initial	Last name
I am:	<input type="checkbox"/> A foster parent		<input type="checkbox"/> Caseworker (POS or DCFS)
Agency name, if applicable			
Address of person requesting service	Street address		
	Apartment, PO Box		
	City	State	Zip Code
Phone and e-mail	Daytime phone number		Evening phone number
	Cellular/Other Phone		E-mail address
Information about the ward for whom you are requesting service	Ward's name		
	Date of birth	IDCFS ID#	
Ward's address and contact information (if different than requester's)	Street address		
	Apartment, PO Box		
	City	State	Zip Code
	Telephone	E-mail	

You can help us provide service to you by giving us as much information as possible about the person being sought. Although you may only have a little information, please take the time to answer as many questions as you can.

Information About Individuals Being Sought (use additional pages, if necessary.)	
Name of the person I want to locate (if known)	
Date of birth or approximate age of the person I want to locate	
Person's relationship to the ward	
Was this person ever in care of IDCFS? <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption or guardianship home	If so, indicate when.
Is there any other information, such as the names of parents or other family members, that may help locate person being sought?	

Requester's Signature
The undersigned certifies that the statements set forth in this document are true and correct to the best of his or her knowledge. This document is signed this _____ day of _____, 20__.
_____ Signature

Office Use Only	
Midwest Adoption Center will obtain the signature of the IDCFS Guardianship Administrator before initiating service.	Signed this _____ day of _____, 20__.
	_____ Guardianship Administrator Signature