

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
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 www.macadopt.org

Service Request Form

To request service on behalf of someone else, please complete this form and return it to Midwest Adoption Center at the address above. If you have questions, please call the MAC office.

Agency/Professional Information			
Agency/Organization name			
Contact person name			
Address			
City		State	Zip code
Phone number		Fax number	
E-mail address		Date of request	
I am:	<input type="checkbox"/> an Adoption Preservation staff <input type="checkbox"/> a counselor or therapist		<input type="checkbox"/> Other (specify)
Client Information			
For whom are you requesting service?	First name	Middle Initial	Last name
If agency or professional should receive the information requested, attach signed release.	Person to whom requested information should be sent		
	Address		
	City	State	Zip code
Service Being Requested			
I am requesting:	<input type="checkbox"/> A search to locate the following individual (s): Name and/or relationship of the person to be located		
	<input type="checkbox"/> A specific piece of information or documents from the child's file. Indicate exactly what you hope to receive:		

Additional Information You can help us find the files we need to provide service by giving us as much additional information as possible. Although you may only have a little information, please take the time to answer as many questions as you can.

Birth Family Information		
Child's Information	Child's name at birth	
	Date of birth	Place of birth
Birth Mother's Information	Mother's name at the time of child's birth	
	Date of birth	Place of birth
Birth Father's Information	Father's name at the time of child's birth	
	Date of birth	Place of birth
Adoptive/Guardianship Information		
Adoptive/guardianship Family Information	Name given to child by adoptive family	
	Adoptive/guardianship parents' name(s)	
Placement Information	Was the child in foster or residential care through IDCFS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how old was the child at the time of the first placement?
	How old was the child at the time of placement in adoptive/guardianship home?	When was the adoption/guardianship finalized?
DCFS Information	City of IDCFS office involved	Did the child receive a subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	IDCFS Identification number	
	Do you have information or documents confirming that the Illinois Department of Children and Family Services handled this placement? If possible, attach a copy of these documents. Remember that IDCFS was not formed until 1964. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Verifying Signature	
<p>VERY IMPORTANT! <i>Please enclose a properly executed release of information consent form.</i></p>	<p>The undersigned certifies that the statements set forth in this document are true and correct to the best of his or her knowledge.</p> <p>This document is signed this _____ day of _____, 20____</p>
	Your Signature and title
	Witness Signature