

For Office Use Only	
AF No.	_____
CMT No.	_____
Search No.	_____

ADOPTION SEARCH APPLICATION

Use of form: Completion of this application is required to request adoption information from the Adoption Records Search Program.

Instructions: Complete and return the notarized application with the \$25.00 application fee and the appropriate attachments to the address above.

APPLICANT INFORMATION

Current name: _____
(First, Middle, Last)

Address: _____
(Street, City, State, Zip Code)

Telephone numbers: () _____ (Home) () _____ (Work) () _____ (Cell)

Email address: _____

Best method and time to contact you during work hours: _____

Access to confidential adoption information is restricted to the following requesters age 18 or older. Check the box that applies.

- I am: An adult adoptee (adopted in Wisconsin).
Complete Part A
- A person whose birth parents(s) rights were terminated in Wisconsin but was never adopted.
Complete Part A
- An adoptive parent of person adopted in Wisconsin.
Complete Part B
- A guardian or legal custodian of a person adopted in Wisconsin or whose birth parent(s) rights were terminated in Wisconsin. **Attach proof of guardianship.**
Complete Part B
- An offspring (child) of a person adopted in Wisconsin.
Complete Part B
- An agency or social worker assigned to provide services to a person adopted in Wisconsin or whose birth parent(s) rights were terminated.
Complete Part B

CONFIRMATION OF IDENTITY

- Instructions:**
- 1. Complete the following information and sign before a notary public. (Bank or attorney's office.)**
 - 2. Attach a copy of a current state issued photo ID.**
 - 3. Include proof of name change (not necessary for marriages).**

I, _____ whose date of birth is _____
(Name – Applicant) (mm/dd/yyyy)

certify that I have submitted a request to the Wisconsin Department of Children and Families for adoption search services.

I certify that the attached identification card contains my actual photograph and signature and that the information provided on this application is true.

SIGNATURE – Applicant

Subscribed and Sworn to before me

this _____ day of _____, 20 _____,

Notary Public, State of _____

My commission expires _____

(SEAL)

As provided under Wisconsin Statute section 946.32(1)(a), making a statement under oath or affirmation that you believe to be false for purposes of confirming your identity to obtain information from the Adoption Records Search Program is a Class H felony, punishable by a fine of up to \$10,000, or imprisonment up to 6 years, or both.

PART A

ADOPTEE APPLICATION

Instructions: Complete this page if you are an adult adoptee (18 years or older and adopted in Wisconsin) or a person whose birth parent(s) terminated parental rights in Wisconsin but was never adopted.

1. Information to help us locate your adoption or commitment record.

Adoptive name: _____
(First, Middle, Last)

Birthdate: _____ Birth place: _____
(mm/dd/yyyy) (City, State)

Name(s) of adoptive parent(s) at time of placement: Mother: _____
(First, Middle, Last)

Father: _____
(First, Middle, Last)

Name – Adoption agency (if known): _____

County of adoption (if known): _____

Yes No Was this a step-parent or relative adoption?

Yes No Were you adopted more than once?

Birth name (if known): _____
(First, Middle, Last)

Names of birth parents (if known): Mother: _____
(First, Middle, Last)

Father: _____
(First, Middle, Last)

2. Information requested – Check each type of information you are requesting.

Non-identifying information – All information leading to the identity of the birth parent(s) will be removed.

- Copy of adoption record – Includes all information concerning circumstances of adoption, and birth parent(s) family medical and social history information collected at the time of placement.
- Updated family health history. A search for birth parent(s) will be conducted in order to obtain requested information. **Attach physician's letter with the application.**
- Information regarding eligibility for tribal enrollment. If eligible, we will assist with the enrollment application process. **Attach a photocopy of your social security card.**

Identifying information – Can only be released with the written consent of the birth parent(s). A search for birth parent(s) will be conducted if consent is not currently on file with DCF.

- Current names and addresses of birth parent(s). Birth fathers can only be contacted if paternity was legally established.
- Impounded birth certificate.

OUTREACH STATEMENT TO BIRTH PARENTS

Complete this section if you have requested identifying information. Birth parent(s) often carefully consider your reasons for searching before they make a decision about your request. Use the space below to tell us what you would like to share with your birth parents about yourself. This statement will be provided to your birth parent(s). Identifying information about you and / or photos **can not** be shared with your birth parent(s) at this time.

PART B

**APPLICATION REQUEST FOR ADOPTIVE PARENTS, GUARDIANS / LEGAL CUSTODIANS
AND OFFSPRING OF WISCONSIN ADOPTEEES**

Instructions: Complete this page if you are requesting information on behalf of a Wisconsin adoptee.

1. **Your relationship to adoptee:** _____

2. **Information to help us locate the adoption record.**

Current name of adopted person: _____
(First, Middle, Last)

Adoptive name: _____
(First, Middle, Last)

Birthdate: _____ Birth place: _____
(mm/dd/yyyy) (City, State)

Name(s) of adoptive parent(s) at time of placement: Mother: _____
(First, Middle, Last)

Father: _____
(First, Middle, Last)

Name – Adoption agency (if known): _____

County of adoption (if known): _____

Yes No Was this a step-parent or relative adoption?

Yes No Is adoptee deceased?

If "Yes", provide date, city and state: _____

Yes No Was this person adopted more than once?

Birth name (if known): _____
(First, Middle, Last)

Names of birth parent(s) (if known): Mother: _____
(First, Middle, Last)

Father: _____
(First, Middle, Last)

3. **Information requested** – Check each type of information you are requesting.

Non-identifying information – All information leading to the identity of the birth parent(s) will be removed.

Copy of adoption record – Includes all information concerning circumstances of adoption, and birth parent(s) family medical and social history information collected at the time of placement.

Updated family health history. A search for birth parent(s) will be conducted in order to obtain requested information. **Attach physician's letter with the application.**

Information regarding eligibility for tribal enrollment – If eligible, we will assist with the enrollment application process. **Attach a photocopy of the adoptee's social security card.**

ADOPTION RECORDS SEARCH PROGRAM FEES

\$25.00 Application Fee

A non-refundable application fee of \$25.00 in the form of a check or money order made payable to the "**Department of Children and Families**" (DCF) must be submitted with the application for all requests. This fee covers the search of Vital Records and the Central Birth Registry which is necessary to confirm your identity, locate the adoption record and search for updated birth family information that may be on file with the Department of Children and Families.

Fee for Non-Identifying Copy of Adoption Record

There is an hourly charge for copying, deleting identifying information, proofreading and recopying the adoption record. The department's charge is \$75.00 / hour. The average adoption record takes about one hour to prepare. **The fee for this service will not exceed \$150.00.**

Fee for Birth Parent Search and Outreach

There is an hourly charge for the time it takes to locate birth parent(s) when a search for identifying information or updated medical / genetic information is requested and affidavits of consent are not already on file with DCF. The department's charge is \$75.00 / hour. Your fees will not exceed \$100.00 per birth parent. A typical search for a birth parent takes approximately one hour.

Tribal Enrollment

There is no fee for determining eligibility for tribal enrollment or for DCF assistance with the enrollment process, however, the \$25 application fee is required. If you are eligible for enrollment and wish to apply, a Vital Records fee will be requested from you at a later date in order to obtain certified documents required by the tribe.

Fee Reductions – Fee reductions are based on the Uniform Fee Schedule, s.46.03(18), Wisconsin Statutes. Complete page 7 if you wish to apply for a fee reduction.

I agree to pay the adoption search fees for my request as stated above.

SIGNATURE – Applicant

Date Signed

APPLICATION FOR FEE REDUCTION

Instructions: Complete this page if you wish to apply for a fee reduction. If eligible your maximum fee will be a one hour charge.

Name – Applicant: _____
 (First, Middle, Last)

INCOME ALLOWANCES FOR FAMILIES OF DIFFERENT SIZES

Family Size	1	2	3	4	5	6	7	8	
Annual Allowance	\$17,496	\$28,284	\$33,660	\$39,084	\$44,460	\$48,840	\$52,212	\$54,564	\$59,268

Above Allowances Based on Uniform Fee System Standard Schedule, 2009

CHARGE BASED ON INCOME

1. Enter family size	
2. Enter total annual family income	\$
3. Enter allowance for family size: If amount of line 2 is less than amount of line 3, STOP! Your maximum fee is the one hour charge.	\$
4. If the amount of line 2 is more than the amount of line 3, subtract line 3 from line 2	\$
5. Multiply line 4 by .05 (5%)	\$
6. This is your maximum fee. a. For private agency cases, there is a minimum one hour charge. b. For DCF cases, the actual charge is based on the amount on line 5 or \$75.00, whichever is greater, except when less than one hour is needed.	

All fee reductions are based on current family size. If you can be claimed as a dependent on someone else's tax return, you must provide a copy of their tax return for verification.

A signed and dated copy of my federal income tax return or W-2's from last year are attached. If you had no family income last year, we must have a statement that explains why, proof of no income, or confirmation of assistance. If you are receiving disability benefits, you must provide documentation.

I am applying for a fee reduction.

SIGNATURE – Applicant

 Date Signed

Office Use: Fee Waiver Eligible
 Not eligible

DID YOU REMEMBER TO . . .

- Enclose the non-refundable application fee of \$25.00. Make the check payable to the "**Department of Children and Families.**"
- Notarize your Confirmation of Identity form (page 2).
- Attach a copy of a current state issued photo ID.
- Attach proof of guardianship if you are the guardian of an adoptee or an individual / person whose birth parent(s) terminated their rights.
- Include a letter from your physician if you are requesting updated medical / genetic information.
- Attach a photocopy of the adoptee's social security card if you have requested tribal enrollment.
- Sign and date page 6 if you are **not** applying for a fee reduction.
- Complete, sign and date page 7 if you are applying for a fee reduction. Include a signed copy of last year's federal income tax return or W-2's.

Mail your application materials to:

Adoption Records Search Program
P.O. Box 8916
Madison, WI 53708-8916

Questions?

Call us at (608) 266-7163, Monday – Friday, 8:00 – 4:30 P.M.

OR

Visit our website at <http://dcf.wisconsin.gov/children>