

<b>Adoptee Information</b>	
Name:	Social Security #:
Haitian Name:	Date of Birth:
Mailing Address:	
Home Phone:	Cell Phone:
Work Phone:	
Email Address:	
How do you prefer to be contacted during the search process? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	
<b>Adoptive Parents' Information</b> (If you are 18 or older, this information is optional to update the Dillon International database. If you are an adult, Dillon International will NOT contact your adoptive parents without your permission.)	
Adoptive Parent's Names:	
Complete Address:	
Home Phone:	Email:
<b>I would like to request the following services from Dillon International:</b>	
<input type="checkbox"/> Initial Search Inquiry (\$80) <i>Fee covers initial review of the adoption file to determine possibility of locating the birth family and any additional information surrounding the adoption. Also includes initial counseling session regarding search request.</i>	
<input type="checkbox"/> Duplication Fee (\$10) Duplicate copy of adoption documents from the adoption file at Dillon International, if available.	
<b>Signature</b>	
Signature (Adoptee): _____ Date: _____	
<b>Documents</b>	
Please check and return the following to Dillon International:	
<input type="checkbox"/> Initial Request for Search Services form	
<input type="checkbox"/> Questionnaire for Those Initiating the Search Process	
<input type="checkbox"/> Complete copy of adoption documents from Haiti	
<input type="checkbox"/> Waiver form	
<input type="checkbox"/> Check made payable to Dillon International (denote "Search" in the memo field)	







9. Have you thought about life after the reunion? What are your thoughts?

10. Is this your choice? Please explain.

After answering the questions above, please specify below any guidelines you want to set regarding the information you are seeking and the type of contact you desire. Please use another piece of paper if you wish to further explain any of these questions or guidelines. Thank you!



# Search Waiver and Authorization

## Waiver of Confidentiality and Authorization to Release Information for a Search of Records

I, \_\_\_\_\_, give permission for the disclosure of confidential information by Dillon International, Inc., a non-profit licensed intercounty adoption agency and the Foundation for the Children of Haiti (FCH), a in Port-au-Prince, Haiti.

I authorize Dillon International and FCH, to disclose information about my identity, for the purpose of a search of records. The information disclosed will include, but is not limited to my birth country name and current legal name.

For good and valuable consideration, the receipt of which hereby acknowledged, I release, Dillon International, FCH, its directors, officers, employees, or successors, and assigns, from any liability whatsoever, now existing or arising in the future, that results from the disclosure of information as authorized herein, and I agree to hold them harmless from any and all claims, which result from the disclosure of information as authorized herein.

I understand that to withdraw this WAIVER AND AUTHORIZATION, I must notify Dillon International, Inc. in writing by certified mail, return receipt requested. Unless I withdraw this WAIVER AND AUTHORIZATION, as described, I understand that the agreements contained herein are binding upon my executors, administrators, heirs, assigns, and personal representatives. I also acknowledge that the following is not intended, nor constitutes the practice of law or the rendering of legal aid or council.

\_\_\_\_\_  
Adoptee's Signature

\_\_\_\_\_  
Parent's Signature  
(Required only if adoptee is under 18.)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone number

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_