

Adoption Search, Contact and Reunion Services

Search Outcome Report

Date of Request: _____ Date Search Completed: _____ Investigation No: _____

Name of Confidential Intermediary _____
Agency: _____
Address: _____
Telephone Number: _____ Fax Number: _____

Client (the person searching):

Name: _____ Adoptee _____ Birthparent: _____
Address: _____
Home Phone Number: _____ Work Phone Number: _____

Search Subject: Adult Adoptee Birth Mother Birth Father Other _____

Name: _____
Address: _____
Home Phone Number: _____ Work Phone Number: _____

Search Results (*check one*):

- The individual being sought consented to disclosure of specified information using a CI as the intermediary
- The individual being sought consented to full disclosure and contact. The method of contact:
 Phone Letter In-person Email
- The individual being sought did not consent to disclosure of any information or to have any contact and they were informed of their right to file a Disclosure Veto
- The individual being sought was not located
- The individual being sought is deceased
- If deceased, other relatives were contacted and agreed to:
 - Disclosure of information using the CI as an Intermediary
 - Full disclosure and contact
- If deceased, other relatives were contacted and did not agree to contact and they were informed of their right to file a disclosure veto
- The client initiating the inquiry withdrew the request
- The client was referred to the Mutual Consent Voluntary Adoption Registry
- Other (see comments below)

Comments(*optional*): _____

The client (person searching) was notified of the search outcome on: _____
_____ by phone _____ by letter (DATE)

Total Number of hours to complete the search: _____ Total cost for the search services: _____
Date Satisfaction Survey sent: _____

This client was not charged a fee greater than the State of Maryland (DHR) fee schedule allows.

Confidential Intermediary's Signature

(DATE)