Colorado Christian Services
ADOPTION PLANNING

Post-Adoption Search Application

Name _____ Maiden Name _____
First Middle Last

_____
Street Address City State Zip Code
Home Phone _____ Cell Phone _____
Is it okay to leave a message? YES NO

E-mail address _____

Best way to contact you: (circle one) PHONE E-MAIL MAIL
You are the: (circle one) ADOPTEE BIRTH PARENT ADOPTIVE PARENT

Adoptee Date of Birth _____ Name of Adoptee _____
Names of Adoptive Parents _____
Names of Birth Parents _____

Services requested (please check below):
_____I would like my de-identified social and medical history and agree to pay the $50.00 fee.
_____ I would like to search for members of the adoption triad and agree to pay the $75.00 fee.
Please list those you are interested in reuniting with _____

- How long have you been interested in starting the reunification process? _____
- Who knows that you are starting this process and what is their relationship to you? _____
- Why are you interested in starting the reunification process? _____

I agree to pay the above mentioned fees. I understand that if I choose to only obtain my social and medical information the fee is $50.00. If I decide to start the reunification process after obtaining my social and medical information, I agree to pay the remainder fee of $25.00, totaling $75.00. I understand that the fees are due prior to services being provided, and they do not guarantee an outcome of said services. I understand that no one can guarantee the outcome of initiating a process such as this. I will not hold Colorado Christian Services or its agents responsible for the outcome of this process or truths that are revealed after this process has begun.

_____ _____
Signature Date

Subscribed and affirmed before me in the county of _____, State of _____,
this _____day of _____, 20____.

(State of)
(County of)
My Commission Expires:

_____
Notary Public

_____

SEAL

_____
Address