



The  
Children's  
Home Society

O F N E W J E R S E Y®

635 South Clinton Avenue  
Trenton, NJ 08611-1831  
**609-695-6274**  
[www.chsofnj.org](http://www.chsofnj.org)

*We've been building healthy families since 1894*

Dear CHS of NJ Adoptee:

We have received your request for background/search information. In order to proceed, please send us a copy of your identification, either a birth certificate or driver's license.

We are enclosing an explanation of the services available and the appropriate fees. If you are requesting a basic background profile, please attach your payment to the copy of your identification. Allow at least six weeks for background information to be received, or a search to be initiated. If you are interested in further services, please complete and return the appropriate application form and payment. Feel free to contact us if you have any questions. We look forward to hearing from you.

Sincerely,

Patricia Faiola  
Social Worker

## Background/Search Information

### 1. BASIC BACKGROUND PROFILE

This will give physical descriptions, ages, educational backgrounds, occupations, health and special interests of birth family members as told to our agency by the birth parents at the time of adoption placement.

### 2. COMPLETE BACKGROUND REPORT

A complete background report will be compiled from the case record. This is a social history, which will include all available information such as the circumstances, which led to adoption placement. According to New Jersey law, we cannot release any identifying information concerning birth family members. All non-identifying details will be included. The fee includes an in-person counseling session regarding the background information if desired.

### 3. SEARCH

At the request of an adoptee or birth parent, an agency social worker will make all reasonable efforts to locate and contact the appropriate members of the adoption triad. The agency will conduct the search with respect for the right to privacy of the person being sought. We do not guarantee success in finding the person sought, nor is there any assurance that the person will agree to contact. If all parties are in agreement, a reunion will be facilitated through telephone, mail or in person. A counseling interview, in person or by telephone if the adoptee lives too far away, to discuss ramifications of a search is required. This includes receiving basic background information which will be provided at the time of the interview. If the searcher is unable to come to our office, he/she may go to any agency which has experience in adoption. The search fee only covers the initial search. There will be a \$100 fee for each additional search requested. The adoptee must be 21 years old to search, or 18 years old with parental support.

### 4. POST REUNION COUNSELING

In many reunions, issues arise after the first contact regarding the development of the new relationship. It is often helpful to have the social worker act as facilitator in the relationship. This help can take the form of acting as an intermediary, or providing individual or family counseling in person or on the telephone. A social worker will be available to provide this service as long as necessary.

#### All fees paid to the agency are non-refundable.

1.	Basic Background Profile	\$ 50
2.	Complete Background Report	\$ 200
3.	Search (includes basic background)	\$ 400
	Each additional search (other family member)	\$ 100
4.	Pre-Search Counseling Fee (may be applied to search fee)	\$ 50 per hour
5.	Post Reunion Counseling	\$ 50 per hour

#### **Please return the appropriate form with payment and proof of identification to:**

The Children's Home Society of New Jersey,  
635 South Clinton Avenue  
Trenton, New Jersey 08611.

Check should be made to The Children's Home Society of New Jersey.

**Basic Background Report Application**

Please return this form with **\$50 non-refundable** fee to: The Children's Home Society of New Jersey, 635 S. Clinton Ave., Trenton, NJ 08611. Check should be made to The Children's Home Society of New Jersey.

Name \_\_\_\_\_

Maiden Name, other name previously used \_\_\_\_\_

Address \_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birthplace \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Adoptive Parents \_\_\_\_\_

Current Address of Adoptive Parents \_\_\_\_\_

\_\_\_\_\_

My adoptive Parents do \_\_\_\_\_ do not \_\_\_\_\_ know of my background request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Fees may be paid by:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Please print your Visa/Mastercard number below.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Expiration Date:

\_\_\_\_/\_\_\_\_

Month    Year                      Signature

I understand that if I am dissatisfied with the services provided, I have the right of review with the Director of Child Welfare Services of the agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete Background Report Application**

Please return this form with **\$200 non-refundable** fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue Trenton, New Jersey 08611. Check should be made to The Children's Home Society of New Jersey.

Name \_\_\_\_\_

Maiden Name, other name previously used \_\_\_\_\_

Address \_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birthplace \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Adoptive Parents \_\_\_\_\_

Current Address of Adoptive Parents \_\_\_\_\_

My adoptive Parents do \_\_\_\_\_ do not \_\_\_\_\_ know of my background request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Fees may be paid by:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Please print your Visa/Mastercard number below.

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Expiration Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Year Signature

I understand that if I am dissatisfied with the services provided, I have the right of review with the Director of Child Welfare Services of the agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**CHS of NJ Adoptee Search Request Registration**

Please return this form with **\$400 non-refundable** fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, New Jersey 08611. Check should be made to The Children's Home Society of New Jersey.

Name \_\_\_\_\_ Adoptee \_\_\_\_\_ Birth Parent \_\_\_\_\_

Maiden Name, other name previously used \_\_\_\_\_

Address \_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birthplace \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If you prefer not to be contacted directly at home or at work regarding your search, please list any instructions for contacting you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADOPTTEES ONLY:**

Name of Adoptive Parents \_\_\_\_\_

Current Address of Adoptive Parents \_\_\_\_\_

\_\_\_\_\_

My adoptive Parents do \_\_\_\_\_ do not \_\_\_\_\_ know of my search.

The person I wish to establish contact with is my:  
**(\$400 for first search, \$100 for each additional search)**

Birth Mother \_\_\_\_\_ Birth Father \_\_\_\_\_ Brother or Sister \_\_\_\_\_

Son or Daughter placed for adoption \_\_\_\_\_

Original Name and Birth date: \_\_\_\_\_

Information that may help in locating this person: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for wanting to locate this person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I request and authorize The Children's Home Society of New Jersey to make all reasonable efforts to locate and contact on my behalf the person(s) indicated above. I understand that the Agency will conduct the search with respect for the right to privacy of the person I am seeking. I understand that if I am dissatisfied with the services provided, I have the right of review with the Director of Child Welfare Services of the Agency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Fees may be paid by:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Please print your Visa/MasterCard number below:

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Expiration Date:

\_\_\_\_\_/\_\_\_\_\_  
Month Year Signature

**COMPLETE THIS DOCUMENT FOR SEARCH REQUEST ONLY**

**RELEASE OF LIABILITY AND AGREEMENT TO HOLD HARMLESS**

In consideration of the services provided and to be provided to me or on my behalf by The Children's Home Society of NJ in connection with my efforts to obtain information about and/or contact with:

- (a) my biological child
- (b) my biological relatives; or
- (c) my child's biological relatives

I do hereby release The Children's Home Society of NJ, from any liability whatsoever now existing or arising in the future, in connection with its efforts on my behalf.

Further, I agree to hold The Children's Home Society of NJ harmless from any and all claims, which may be made as a result of the services and efforts, rendered by The Children's Home Society of NJ.

I intend this agreement to be binding upon my executors, administrators, heirs, devisees, assigns, and personal representatives.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number

WITNESSED:

1. \_\_\_\_\_ 2. \_\_\_\_\_

SWORN TO, SUBSCRIBED AND ACKNOWLEDGE before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name of Notary

My Commission Expires: \_\_\_\_\_

**COMPLETE THIS DOCUMENT FOR SEARCH REQUEST ONLY**

**WAIVER OF CONFIDENTIALITY & AUTHORIZATION TO RELEASE INFORMATION**

In consideration of the services provided and to be provided to me or on my behalf by The Children's Home Society of NJ in connection with my efforts to obtain information about and/or contact with:

- (d) my biological child
- (e) my biological relatives; or
- (f) my child's biological relatives

I authorize The Children's Home Society of NJ, its directors, officers, employees, successors and assigns, to disclose information about my identity (including my name, address and telephone number) and/or any other circumstances concerning the adoptive placement to which I was party.

For good and valuable consideration, the receipt of which hereby acknowledged, I release The Children's Home Society of NJ, its directions, officers, employees, 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 The Children's Home Society of NJ 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, devisees, assigns, and personal representatives.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number

WITNESSED:

1. \_\_\_\_\_

2. \_\_\_\_\_

SWORN TO, SUBSCRIBED AND ACKNOWLEDGE before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name of Notary

My Commission Expires: \_\_\_\_\_