



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 Birth Parent:

We have received your request for search information. We are enclosing an explanation of the services available and the appropriate fees. If you are interested in a search, please complete and return the application form and payment and include a copy of your identification, either a birth certificate or driver's license. Allow six weeks for the search to be initiated. Feel free to contact us if you have any questions. We look forward to hearing from you.

Sincerely,  
Patricia Faiola  
Social Worker

## CHS of NJ Search Request Information

1. 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/birth parent lives too far away, to discuss ramifications of a search is required. 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 before a birth parent can search.

### 2. 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.

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|----|---|----------------|
| 1. | Search  | \$ 400         |
| 2. | Pre-Search Counseling Fee<br>(may be applied to search fee) | \$ 50 per hour |
| 3. | 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.

## CHS of NJ Birth Parent 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: \_\_\_\_\_

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The person I wish to establish contact with is my:

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

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

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

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

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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 Operations of the Agency.

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

Fees may be paid by:

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

Please print your Visa/MasterCard number below:

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

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: \_\_\_\_\_