



**Request for Confidential Intermediary Appointment**

Confidential Intermediary Program  
Arizona Supreme Court  
1501 West Washington, Suite 104  
Phoenix, AZ 85007-3327

**PERSON REQUESTING SEARCH (Applicant)**

Name (Last, First, Middle, Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you ever requested the services of a Confidential Intermediary or used a search consultant previously?  
 No  Yes If "Yes" please indicate when and with whom: \_\_\_\_\_

How did you find out about the Confidential Intermediary Program? \_\_\_\_\_ Other: \_\_\_\_\_

**MY RELATIONSHIP TO THE ADOPTION (Check only ONE please.)**

- Adoptive parents of the adoptee who is at least eighteen (18) years of age, or if the adoptive parents are deceased, the adoptee's guardian.
- The adoptee, if the adoptee is at least eighteen (18) years of age.
- Spouse of deceased adoptee, and legal parent or guardian of at least one child of the adoptee.
- Progeny, at least eighteen (18) years of age, of the deceased adoptee.
- Birth father of adoptee.  Birth mother of adoptee.  Parent of the deceased birth parent.
- Biological sibling, at least eighteen (18) years of age.

Adoptee's date of birth (if applicant is other than adoptee): \_\_\_\_\_ County adoption was finalized: \_\_\_\_\_

**PERSON I AM SEEKING (Check only ONE per form please.)** \*Note: A CI shall not contact persons under (21) years of age.

- Birth mother  Birth father  Male adoptee  Female adoptee  Adoptee, gender unknown  Adoptive Parent
- Sibling Name (if known) \_\_\_\_\_

Signature of Person Requesting Search \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL INTERMEDIARY REQUESTING APPOINTMENT (FOR C.I. USE ONLY):**

Name \_\_\_\_\_ ID Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Hourly research fee to be charged? \$ \_\_\_\_\_ Hourly bookkeeping/travel fee to be charged? \$ \_\_\_\_\_

Is this a reappointment?  No  Yes If reappointment, CI Program Case Number: \_\_\_\_\_

Court Ordered Medical Search  CI Mentor Name and ID of Mentor CI \_\_\_\_\_

Comments: \_\_\_\_\_

I have obtained reasonable proof of identification and age of the person requesting the search. I hereby affirm I do not perceive any conflict of interest, or any other reason I should not be appointed. I hereby request appointment as the Confidential Intermediary in the above case.

Signature of Confidential Intermediary \_\_\_\_\_ Date \_\_\_\_\_

**CASE APPOINTMENT AND RECORD ACCESS AUTHORIZATION (FOR STATE USE ONLY):**

Yes  No Comments: \_\_\_\_\_

This case appointment hereby authorizes the above named \_\_\_\_\_ Case Number \_\_\_\_\_

Confidential Intermediary and/or mentor access to records pertaining to this case.

Authorized Confidential Intermediary Program Signature \_\_\_\_\_ Date \_\_\_\_\_