

Confidential Intermediary Program Finalization Report

CI Name: _____ CI Identification #: _____

Address: _____ Phone Number: _____

Client Information:

Client's Name: _____ DOB: _____

Court Case # (if known): _____ CIP Case # (if any): _____

Address: _____

Phone Number: _____ Social Security #: _____

Search Subject Information:

Adoption Search or SIX Search

Search Subject's Name: _____ DOB: _____

Address: _____

Phone Number: _____ Social Security #: _____

Search Results:

Summary: _____

Date search subject located/contacted: _____ Date case closed: _____

Under A.R.S. §8-134 (C) and (E) and ACJA §7-203(J)(1)(c) an affidavit refusing contact was not found.

Did you utilize:

CI Consultation CI Mentor Name and ID of CI: _____

Under ACJA §7-203(F)(6)(a) documents attached as noted below:

File Review Statement

Summary Report of Search

Copy of Consent or Refusal Documents

Consultation or Mentoring Agreement

Send by mail or deliver only. Do not email this form.

**Arizona Supreme Court
Confidential Intermediary Program
1501 West Washington, Suite 104
Phoenix, Arizona 85007**

Division Line: (602) 452-3378

CIP@courts.az.gov