



Confidential Intermediary Program

Finalization Report

This form can be filled out online and printed.

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: _____

Pursuant to A.R.S. §8-134 (C, E) and §7-203(F)(4)(E-F), an affidavit refusing contact was not found.

Did you utilize:

CI Consultation CI Mentor Name and ID of CI: _____

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

File Review Statement Summary Report of Search

Copy of Consent or Refusal Documents Original Documents

Consultation or Mentoring Agreement

Arizona Supreme Court
Confidential Intermediary Program

1501 West Washington, Suite 104

Phoenix, Arizona 85007

Division Line: (602) 452-3378, Fax: (602) 452-3958

CIP@courts.az.gov