

STATE OF MAINE

PROBATE COURT

County: _____

Docket No. _____

DISTRICT COURT

Location: _____

Docket No. _____

IN RE: _____
(Child's Name)

**AUTHORIZATION FOR MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD ABUSE REGISTRY BACKGROUND CHECK**

<p>Instructions for adoptions filed in the District Court:</p> <ol style="list-style-type: none"> 1. Complete and sign the form. Original signatures or use of DocuSign is required. 2. Email the completed form to: ADAMWALSH.DHHS@maine.gov. 3. The Department of Health and Human Services will send the results of the background check directly to the court. 	<p>Instructions for adoptions filed in the Probate Court:</p> <ol style="list-style-type: none"> 1. Complete and sign the form. 2. File this form with your Petition for Adoption and Change of Name or into your pending adoption case. 3. The Department of Health and Human Services will send the results of the background check directly to the court. <p><i>For Register of Probate or designee to complete:</i> The results of the background check must be sent to the following email address: _____</p>
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Full name (first, middle last): _____

Aliases (including maiden name): _____

Date of birth (mm/dd/yyyy): _____

Mailing address: _____

I understand that:

- DHHS can only conduct a search based on the information provided in this form and the results will only be accurate with regard to the name(s) provided. DHHS will not be responsible for any missing information conducted in a search if names are not included or are misspelled on this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details, contact the DHHS Background Check Unit at (207) 624-7965.
- This information is subject to continuing confidentiality as provided by Maine law and will only be released to the Probate Court or District Court in which I have filed a petition to adopt a minor child. See 22 M.R.S. § 4008.
- This release will expire upon the disclosure of the information to the court as authorized.

This background check is being requested in compliance with the Adam Walsh Child Protection and Safety Act of 2006.

Date: _____

Signature of petitioner

Date: _____

Signature and bar number of attorney for petitioner (if applicable)

Address: _____

Phone number: _____