

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

STATEWIDE ADOPTION ATTORNEY PANEL APPLICATION

Attorney and law firm name _____

Address _____

Telephone and fax _____

E-mail address _____

Note: If you are included on the Panel, all communication from DCFS will be sent to this email address and your e-mail address will be included on the DCFS website.

Qualifications & Supporting Documentation:

1) Date of admission to Illinois Bar _____ IL ARDC # _____

You must have been licensed to practice for at least the past three years.

2) Law school & date of degree _____

3) Has the Illinois ARDC ever subjected you to professional discipline? _____

4) Please attach a photocopy of your current ARDC card and a letter from the ARDC confirming that you are a licensed attorney in good standing and have not been subjected to discipline within the last five years.

Alternatively, you may have the letter sent directly from the ARDC to Christina Schneider at DCFS at the address listed below.

5) You must have represented petitioners or respondents in at least five adoptions within the last two years. Assisting another attorney does not fulfill this requirement, nor does appointment as a GAL. For attorneys who practice exclusively in rural areas, exceptions may be made. Contact Christina Schneider at 312-814-7298 for consideration of an exception.

6) Include an attachment on your firm’s letterhead detailing at least five cases finalized within the last two years and specific dates of finalization. Note: They need not be DCFS adoptions. Siblings adopted at the same time count as one case. You need not include identifying information.

7) Please specify the limits of your professional malpractice insurance _____

Policy number _____ Attach a copy of the cover sheet of your policy.

8) After all of the above requirements have been fulfilled, you will then need to attend a DCFS seminar/training on DCFS adoptions and the review of adoption assistance agreements.

If you have already attended one of these trainings in the past year, please indicate the approximate date and location _____

Please indicate your home-base county: _____

List any foreign languages you speak fluently _____

List any foreign languages your staff speak fluently _____

Signature of applicant _____ Date _____

Return by mail to: Illinois Dept. of Children & Family Services, Office of the General Counsel, Attn: Christina Schneider, Special Asst. General Counsel, 160 N. LaSalle, Ste. S-600, Chicago, IL 60601, Tel: 312-814-7298, christina.schneider@illinois.gov
(Revised 4-2014)
