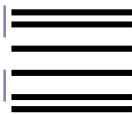
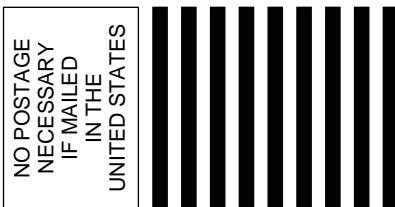


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STATE OF IL DEPT OF CHILDREN & FAMILY SERVICES  
410 S 11TH ST  
SPRINGFIELD IL 62703-9903



### Additional Resources

#### Illinois Department of Children and Family Services

[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)

Advocacy Office for Children and Family Services: 800-232-3798 (weekdays 8:30 a.m. - 5 p.m.)

Hotline: 800-252-2873 (24-hours)

#### Save Abandoned Babies Foundation

[www.saveabandonedbabies.org](http://www.saveabandonedbabies.org)  
312-440-0229

#### Illinois Department of Human Services

[www.dhs.state.il.us](http://www.dhs.state.il.us)  
Help Line: 800-843-6154 (TTY 800-447-6404)

#### Midwest Adoption Center

[www.macadopt.org](http://www.macadopt.org)  
847-298-9096

#### Illinois Adoption Registry and Medical Information Exchange (IARMIE) Program

[www.idph.state.il.us/vitalrecords/index.htm](http://www.idph.state.il.us/vitalrecords/index.htm)  
877-323-5299 (toll-free) or  
217-557-5159

The IARMIE program allows birth parents to authorize or prohibit the release of identifying information. Confidential facts may be released to registrants only after at least two parties to the adoption have filed explicit mutual consents for the exchange of this information. If you register with the IARMIE, you must provide your name and a photocopy of a State-issued ID, but this information will be kept confidential if you wish. The Department of Public Health also provides application forms to register with IARMIE.

Vital medical information may be exchanged anonymously through the Medical Information Exchange. This information can only be exchanged if you and your adult adopted child (or your child's adoptive parent, if the child is under age 21) voluntarily register and agree to exchange these facts.

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# help is here.



and "here" is anywhere  
you see this sign.

You're scared and alone,  
but you're not out of options.

You have come to the  
right place to get help!

This brochure explains  
your rights and what  
happens next.

Illinois Department of  
**DCFS**  
Children & Family Services



**T**hank you for bringing your baby to a Safe Haven. You have made a difficult but responsible decision. Your baby will be adopted by a family that is waiting for the opportunity to love and care for a child. Please provide some background information to us now. It will help your baby have a healthy future. You can do this anonymously. It's OK if you don't know all the answers, but whatever you do know will be a big help to both your baby and his or her adoptive family.

Illinois law (325 ILCS 2/1-70) says:

- You can leave your unharmed baby, who can be up to 30 days old, and
- You can walk away with no questions asked, and
- Remain anonymous and protected from prosecution.
- You must hand the baby to a staff person at a hospital, staffed fire station, police station, or sheriff's office, and
- If you leave the baby with someone at a staffed fire, police, or sheriff station, the baby will be transported to a nearby hospital and seen by a doctor.
- If you leave your baby with a person at a Safe Haven, there is a legal presumption that you are the baby's biological parent, that you consent to the termination of your parental rights and you are relinquishing your baby for adoption.

A check will be done to make sure the baby has not been reported missing. The Illinois Department of Children and Family Services (DCFS) will contact an Illinois adoption agency, which will place the baby with an adoptive family. The adoption agency will go to court to be appointed the baby's legal guardian until the adoption is finalized. During the adoption proceeding, the birthparents' legal rights to the baby will be terminated.

If you leave your baby at a fire, police, or sheriff station and return within 72 hours, the facility must inform you of the name and location of the hospital the baby was taken to. If you change your mind after leaving your baby at a Safe Haven, call DCFS at 800-252-2873.

- When you call DCFS, request the name of the adoption agency your baby was placed with and find out where the adoption proceeding is taking place.
- If you want to try to get your baby back, you must petition the court for a return of custody. This must be done before your parental rights are terminated by the court.
- You have a limited time before your parental rights are terminated. The court can terminate your parental rights 60 days after you abandon your baby.
- If you do petition the court to get your baby back before your parental rights have been terminated, the court may put the adoption on hold for up to 60 more days and require:
  - o genetic testing to see if the baby is yours, and
  - o that DCFS conduct an investigation and home study with recommendations for the court
- If you don't try to get your baby back before your parental rights are terminated, you are barred from any future attempts to get your baby back or assert your rights as a parent.

Please answer these questions and return this form by mail to the DCFS State Central Register, 406 East Monroe Street, Station 30, Springfield, IL 62701. You do not need to give your name unless you wish to do so. It's okay to answer some of the questions and leave others blank. Any information you are able to provide will be helpful. If you do provide identifying information, it will remain confidential. This is an anonymous, safe and legal process. In the future, you and your child (or your child's adoptive parents, if the child is under age 21) may want to exchange information anonymously or have contact. If you do provide identifying information here, it will not be given to anyone else without your consent first.

Date you brought your baby to the Safe Haven: \_\_\_\_\_

Location of Safe Haven: \_\_\_\_\_

Mother's age: \_\_\_\_\_ Father's age: \_\_\_\_\_

Mother's race and ethnicity: \_\_\_\_\_

Father's race and ethnicity: \_\_\_\_\_

Date baby was born: \_\_\_\_\_

Was the baby premature?  Yes  No

Describe any problems with the pregnancy or delivery \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where was the baby born (city/state)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**During the pregnancy did you use any of the following?**

Cigarettes: How much and at what point in the pregnancy? \_\_\_\_\_

Alcohol: How much and at what point in the pregnancy? \_\_\_\_\_

Drugs/Medications: Which and at what point in the pregnancy? \_\_\_\_\_

Did you receive any prenatal care? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other children?  Yes  No  
If so, how old are they? \_\_\_\_\_

**Blood Relatives:** This means the baby's mother, father, sister, brother, grandparents, aunts, uncles, nieces, nephews, or cousins. Please circle if any blood relative has any of these medical conditions:

Allergies	Diabetes	Mental Illness
Asthma	Down Syndrome	Muscular Dystrophy
Cancer	Heart Disease	Seizures
Depression	High Blood Pressure	
Other:	_____	

If you would like to write your child and/or your child's adoptive family a note, please use the space below or attach a separate page. **You may do so even if you do not want to provide your identifying information.** \_\_\_\_\_

**Optional identifying information:**

Today's Date: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_

