

ASSISTANCE REQUEST FOR BIOLOGICAL PARENTS SEARCH

Please read carefully:

Given the increasing number and complexity of requests we receive, PRIORITY is given to people who have already taken a DNA test and are looking for immediate family members such as father, mother, brother and/or sister.

IMPORTANT

1. The request for assistance must be completed by the person who took the **DNA test.** If required, Carrefour ADN can assist the person in completing the request.

Exceptionally, volunteer guides (researchers) can work with a relative (brother, sister, child, father, mother, spouse, or any other family member) however if this is the case, then a **Power of Attorney** is required (see last page of this request form).

In the case of a **third person who is not related** to the applicant certain additional **conditions apply.**

- 2. Carrefour ADN does not accept **any assistance request** from a person who was conceived through **assisted procreation** (egg or sperm donation). Legal issues are linked to this situation (*Civil Code of Quebec Article 542*).
- 3. A request has been made to obtain the most <u>recent sociobiological information</u> (*Law 113, 2018*) from your regional CIUSSS and is attached to this request form.

1. Applicant Personal Information

All boxes must be completed:

First and Middle names		Last name		
Date of birth (month and year only)		Telephone		
Email				
	I want to become a member.		15 \$	
	I want to renew my members	ΙΟ Ψ		
	Check (Named to: Carrefour ADN)			
	Cash			
	Desjardins Member only, from your Caisse Desjardins account to our Caisse Desjardins account (Transit: 20202, 815)			
	,			
	☐ Bank transfer to folio: 000261			
	□ Funds Transfer to folio: 0002618			
	Interac: admin@carrefourAD	N.org		
	PayPal			

2.	. Who are you looking for?				
	□ Father	□ Mother	□ Brother	□ Sister	
	□ Other (give details):				
3.	. What DNA test was done (checkmark all that)?				
	□ Ancestry		□ 23andMe		□ MyHeritage
	□ FTDNA		□ FTDNA m	tDNA	□ FTDNA Y
	☐ Family Fir	nder	□ Other (giv	e details):	
	You will subsequently be asked for your access codes so a preliminary assessment of your file can be conducted.				
4.	. Adoption documents				
	Were you adopted?				
	□ Yes □ No				
	If you answered "Yes" to the previous question, have you received your sociobiological information from Quebec Social Services yet? (<i>Lawl</i> 113 (2018) ☐ Yes ☐ No				
	If you have received any sociobiological documents prior to 2018, please attack them as well to your request. Should you still be waiting for additionnal sociobiological information, please provide a copy of them to Carrefour ADN as soon as you receive them.				

5. Information on your biological family

Have you received the identity of your biological parent(s), as provided for in <i>Law 113</i> (2018)?				
□ Yes	□ No			
To your knowledge, has your biological mother signed a refusal of contact?				
□ Yes	□ No			

6. General information about you

Tell us your story. Explain to us the details of your situation: people you are seeking, context of the adoption, current state of your research, biological family members found, known information likely to help the guide during the research, etc.

7. Additional information

During the search, the guide (researcher) may verify and exchange information with other Carrefour ADN guides (researchers) about your matches, your family trees, etc.

You can end the relationship with your guide (researcher) at any time by notifying the Carrefour ADN management. Note that the guide (researcher) may also end this relationship for any reason.

The request will be considered "completed" and the file closed when any or all of these actions have occurred:

- All steps will have been completed, and the hypotheses validated by the potential candidates' DNA tests;
- All steps will have been completed, but you will not have responded within three months to the validation test proposals;
- Within a 12-month period, analysis and research of your file did not produce or identify any viable potential candidates.
- You will have clearly notified to administrators or your guide (researcher), by email, your decision to close your file.

The guide (researcher) is NOT allowed at any time during this whole process to make any financial transactions in your name or use your credit card.

8. Collaboration Agreement

By accepting the supervision of your file by a Carrefour ADN guide (researcher), **you agree to:**

- Share any information (case history, usernames and passwords for DNA testing company accounts, etc.);
- Take into account the guide (researcher)'s advice which is likely to help in the research work;
- Communicate with the guide (researcher) in a respectful manner by following the guide (researcher)'s research pace and recommendations.

Carrefour ADN administrators, the guide (researcher) as well as the resource person, if applicable, undertake to:

- Preserve the confidentiality of information obtained on your file (in accordance with (Law 25 Protection Personal Information);
- If required, communicate (or help you communicate) with your DNA matches;
- If required, assist you with the transfer of your raw DNA file to the sites of other companies;
- Discuss research results with you on a regular basis (at least once a month), as long as you demonstrate an interest in continuing the research;
- Propose potential candidates for hypothesis validation and subsequent DNA testing;
- Provide you with a research report as well as a hypothetical family tree.

By presenting this form, you agree that your personal information will be transmitted to a third person (administrator, guide (researcher), resource person) to process this request in accordance with the provisions of Law 25.

Thank you for your trust and confidence. Rest assured that the guides (researchers) are caring, dedicated volunteers who will do everything possible to help you find members of your biological family.

There are two ways to return this form:

1. By email: demande@carrefouradn.org

2.

3. By mail: Carrefour ADN

1112, rue Picasso

Lévis (Québec), G6Z 1S8

Canada

POWER OF ATTORNEY

This document must be completed **ONLY** if a third party is designated as an agent in the file of the person making this request for assistance.

Consent

I (applicant):				
First and Middle names	Date			
Last name				

- I consent to the following person being able to represent me during the search.
- This power of attorney will terminate at my express request or upon closure of the file.
- I consent and agree that my personal data may be exchanged with the agent identified throughout this search.

Person authorized (agent) by the applicant:			
First and Middle Names	Last Name		
Telephone	Email		
Family relationship to the applicant	Other relationship (if not family)		