

**Georgia Department of Human Resources  
BACKGROUND INFORMATION FOR NON-STATE AGENCY CHILD**

Responsible Party		Birth Name of Child		
Telephone Number	Date	Date of Birth of Child	Time of Birth	Sex
Resident County	Placement County		Race/Ethnic	

**ALL RELATIONSHIPS ARE TO THE CHILD** (CHILD'S NAME \_\_\_\_\_ )

CHILD'S	Mother	Grandmother	Grandfather	Father	Grandmother	Grandfather
Date of Birth:						
Race/Ethnic:						
National Descent:						
Hair Color:						
Eye Color:						
Complexion:						
Weight:						
Height:						
Occupation:						
General Health:						
Education:						
If Deceased, Age & Cause:						
Special Characteristics:						

	CHILD'S MATERNAL AUNTS & UNCLES			CHILD'S MATERNAL AUNTS & UNCLES		
Date of Birth:						
Sex:						
Race/Ethnic:						
National Descent:						
Hair Color:						
Eye Color:						
Complexion:						
Weight:						
Height:						
Occupation:						
General Health:						
Education:						
If Deceased, Age & Cause:						
Special Characteristics:						

**REASON BIRTH PARENTS PLACED THIS CHILD FOR ADOPTION:** \_\_\_\_\_

**SIBLINGS OF CHILD**

**MATERNAL**

DATE OF BIRTH:			
FULL OR HALF SIBLING:			
SEX:			
HAIR COLOR:			
EYE COLOR:			
COMPLEXION:			
GENERAL BUILD:			
GENERAL HEALTH:			
SCHOOL GRADE AND ACHIEVEMENT:			
SPECIAL CHARACTERISTICS:			

**PATERNAL**

DATE OF BIRTH:			
FULL OR HALF SIBLING:			
SEX:			
HAIR COLOR:			
EYE COLOR:			
COMPLEXION:			
GENERAL BUILD:			
GENERAL HEALTH:			
SCHOOL GRADE AND ACHIEVEMENT:			
SPECIAL CHARACTERISTICS:			

ALL RELATIONSHIPS ARE TO THE CHILD

**FAMILY OF CHILD'S MOTHER**

CHILD'S	Maternal		Paternal	
	Great Grandmother	Great Grandfather	Great Grandmother	Great Grandfather
DATE OF BIRTH:				
RACE/ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
SPECIAL CHARACTERISTICS:				
IF DECEASED, AGE & CAUSE:				

	Maternal Great Aunts and Uncles		Paternal Great Aunts and Uncles	
DATE OF BIRTH:				
SEX:				
RACE/ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
SPECIAL CHARACTERISTICS:				
IF DECEASED, AGE & CAUSE:				

ALL RELATIONSHIPS ARE TO THE CHILD

**FAMILY OF CHILD'S FATHER**

CHILD'S	Maternal		Paternal	
	Great Grandmother	Great Grandfather	Great Grandmother	Great Grandfather
DATE OF BIRTH:				
RACE/ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
SPECIAL CHARACTERISTICS:				
IF DECEASED, AGE & CAUSE:				

	Maternal Great Aunts and Uncles		Paternal Great Aunts and Uncles	
DATE OF BIRTH:				
SEX:				
RACE/ETHNIC:				
NATIONAL DESCENT:				
HAIR COLOR:				
EYE COLOR:				
COMPLEXION:				
GENERAL BUILD:				
OCCUPATION:				
EDUCATION:				
SPECIAL CHARACTERISTICS:				
IF DECEASED, AGE & CAUSE:				

**ALL RELATIONSHIPS ARE TO THE CHILD**

**FAMILY MEDICAL INFORMATION  
MATERNAL**

Check YES or NO to each of the following diseases or conditions, if the answer is YES give family member, and brief description of disease/condition, its effect, age of onset, age if cause of death, in the space below.

	Yes	No		Yes	No		Yes	No
<b>1. Allergies</b>			<b>7. Congenial Birth Abnormalities</b>			b) premature births		
a) drugs			<b>8. Cleft Lip</b>			c) still births		
b) foods			<b>9. Cleft Palate</b>			d) incompetent cervix		
c) asthma			<b>10. Cystic Fibrosis</b>			e) ectopic pregnancies		
d) hay fever			<b>11. Diabetes</b>			f) eclamptogenic toxemia		
e) other			<b>12. Dwarfism</b>			g) spontaneous abortion		
<b>2. Alcoholism/ Drug Addiction</b>			<b>13. Epilepsy</b>			h) other		
<b>3. Blood Diseases</b>			<b>14. Hearing Disorders</b>			<b>29. Respiratory</b>		
a) hemophilia			<b>15. Huntington Disease</b>			a) emphysema		
b) Rh disease			<b>16. Hyperactivity (ADHD)</b>			b) bacterial pneumonia		
c) sickle cell disease/trait			<b>17. Immune System Disease</b>			c) tuberculosis		
d) other			a) HIV Positive			d) other		
<b>4. Bone Diseases</b>			b) AIDS			<b>30. Skin</b>		
a) arthritis			<b>18. Learning Disability (specify)</b>			a) psoriasis		
b) curvature of spine						b) other		
c) other structural malformation			<b>19. Liver Disease</b>			<b>31. Speech Disorders</b>		
d) other			<b>20. Mental Illness</b>			a) stuttering		
<b>5. Cancer</b>			a) bi-polar			b) tongue tie		
a) breast			b) schizophrenia			c) sound omissions		
b) bowel			c) other			d) sound distortions		
c) colon			<b>21. Mental Retardation</b>			e) delayed speech		
d) ovarian			a) Downs Syndrome			f) other		
e) skin			b) PKU			<b>32. Sudden Infant Death</b>		
f) stomach			c) Lesch-Nyham syndrome			<b>33. Systemic</b>		
g) lungs			d) Hunters			<b>Erythematosis</b>		
h) leukemia			e) tubercous scierosis			<b>34. Thyroid Disorders</b>		
i) other			f) other			<b>35. Tay-Sachs Disease</b>		
<b>6. Cardiovascular Disease</b>			<b>22. Migraine Headache</b>			<b>36. Tourette Syndrome</b>		
a) Atherosclerosis			<b>23. Multiple Births</b>			<b>37. Visual Disorders</b>		
b) congenial heart disease			<b>24. Multiple Sclerosis</b>			a) cataracts		
c) heart attack			<b>25. Muscular Dystrophy</b>			b) dyslexia		
d) hyperlipdemia			<b>26. Myasthenia Gravis</b>			c) glaucoma		
e) stroke			<b>27. Obesity</b>			d) retinnitis pigmentosa		
f) high blood pressure			<b>28. Pregnancy Complications</b>			e) strabismus		
g) other			a) Drug/alcohol use during pregnancy			f) other		
						<b>38. Any other diseases which have</b>		
						Occurred repeatedly in family. (specify)		

**Biological Mother's age at onset of menses** \_\_\_\_\_

Code number and letter when describing disease/condition. **Attach additional page if needed**

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**ALL RELATIONSHIPS ARE TO THE CHILD**

**FAMILY MEDICAL INFORMATION  
PATERNAL**

Check YES or NO to each of the following diseases or conditions, if the answer is YES give family member, and brief description of disease/condition, its effect, age of onset, age if cause of death, in the space below.

	Yes	No		Yes	No		Yes	No
<b>1. Allergies</b>			<b>7 Congenital Birth Abnormalities</b>			b) premature births		
a) drugs			<b>8. Cleft Lip</b>			c) still births		
b) foods			<b>9. Cleft Palate</b>			d) incompetent cervix		
c) asthma			<b>10. Cystic Fibrosis</b>			e) ectopic pregnancies		
d) hay fever			<b>11. Diabetes</b>			f) eclamptogenic toxemia		
e) other			<b>12. Dwarfism</b>			g) spontaneous abortion		
<b>2. Alcoholism/ Drug Addiction</b>			<b>13. Epilepsy</b>			h) other		
<b>3. Blood Diseases</b>			<b>14. Hearing Disorders</b>			<b>29. Respiratory</b>		
a) hemophilia			<b>15. Huntington Disease</b>			a) emphysema		
b) Rh disease			<b>16. Hyperactivity (ADHD)</b>			b) bacterial pneumonia		
c) sickle cell disease/trait			<b>17. Immune System Disease</b>			c) tuberculosis		
d) other			a) HIV Positive			d) other		
<b>4. Bone Diseases</b>			b) AIDS			<b>30. Skin</b>		
a) arthritis			<b>18. Learning Disability (specify)</b>			a) psoriasis		
b) curvature of spine						b) other		
c) other structural malformation			<b>19. Liver Disease</b>			<b>31. Speech Disorders</b>		
d) other			<b>20. Mental Illness</b>			a) stuttering		
<b>5. Cancer</b>			a) bi-polar			b) tongue tie		
a) breast			b) schizophrenia			c) sound omissions		
b) bowel			c) other			d) sound distortions		
c) colon			<b>21. Mental Retardation</b>			e) delayed speech		
d) ovarian			a) Down's Syndrome			f) other		
e) skin			b) PKU			<b>32. Sudden Infant Death</b>		
f) stomach			c) Lesch-Nyham syndrome			<b>33. Systemic</b>		
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h) leukemia			e) tubercous scierosis			<b>34. Thyroid Disorders</b>		
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a) Atherosclerosis			<b>23. Multiple Births</b>			<b>37. Visual Disorders</b>		
b) congenial heart disease			<b>24. Multiple Sclerosis</b>			a) cataracts		
c) heart attack			<b>25. Muscular Dystrophy</b>			b) dyslexia		
d) hyperlipdemia			<b>26. Myasthenia Gravis</b>			c) glaucoma		
e) stroke			<b>27. Obesity</b>			d) retinnitis pigmentosa		
f) high blood pressure			<b>28. Pregnancy Complications</b>			e) strabismus		
g) other			a) Drug/alcohol use during pregnancy			f) other		
						<b>38. Any other diseases which have Occurred repeatedly in family. (specify)</b>		

**Biological Mother's age at onset of menses** \_\_\_\_\_

Code number and letter when describing disease/condition. **Attach additional page if needed**

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**O.C.G.A. §19-8-23.** Where records of adoption kept; examination by parties and attorneys; use of information by agency and department. >>>> ["department" herein means the Georgia Department of Human Resources] <<<<

(a) The original petition, all amendments and exhibits thereto, all motions, documents, affidavits, records, and testimony filed in connection therewith, and all decrees or orders of any kind whatsoever, except the original investigation report and background information referred to in Code Section 19-8-20, shall be recorded in a book kept for that purpose and properly indexed; and the book shall be part of the records of the court in each county which has jurisdiction over matters of adoption in that county. **All of the records, including the docket book, of the court granting the adoption, of the department, and of the child-placing agency that relate in any manner to the adoption shall be kept sealed and locked.** The records may be examined by the parties at interest in the adoption and their attorneys **when, after written petition** has been presented to the court having jurisdiction and after the **department and the appropriate child-placing agency have received at least 30 days' prior written notice** of the filing of such petition, the matter has come on before the court in chambers **and, good cause having been shown** to the court, **the court has entered an order permitting such examination.** Notwithstanding the foregoing, **if the adoptee** who is the subject of the records sought to be examined **is less than 18 years of age** at the time the petition is filed **and the petitioner is someone other than one of the adoptive parents** of the adoptee, then the **department shall provide written notice of such proceedings to the adoptive parents** by certified mail or statutory overnight delivery, return receipt requested, at the last address the department has for such adoptive parents and the court shall continue any hearing on the petition until not less than 60 days after the date the notice was sent. **Each such adoptive parent shall have the right to appear in person or through counsel and show cause why such records should not be examined.** Adoptive parents may provide the department with their current address for purposes of receiving notice under this subsection by mailing that address to:

**Office of Adoptions, Department of Human Resources, Atlanta, Georgia**

(b) The **department or the child-placing agency may**, in its sole discretion, **make use of any information** contained in the records of the respective department or agency relating to the adoptive parents **in connection with a subsequent adoption matter involving the same adoptive parents or to provide notice when required by subsection (a) of this Code section.**

(c) The department or the child-placing agency may, in its sole discretion, make use of any information contained in its records on a child when an adoption disrupts after finalization and when such records are required for the permanent placement of such child, or when the information is required by federal law.

(d) (1) **Upon the request of a party at interest** in the adoption **or of a provider of medical services** to such a party when certain information is necessary because of a **medical emergency or for medical diagnosis or treatment**, the **department or child-placing agency may**, in its sole discretion, access its own records on finalized adoptions for the purpose of **adding subsequently obtained medical information or releasing nonidentifying medical information** contained in its records on such adopted persons.

(2) **Upon receipt** by the Office of Adoptions of the department or by a child-placing agency **of documented medical information relevant to an adoptee**, the **office or child-placing agency shall use reasonable efforts to contact the adoptive parents of the adoptee or the adoptee** if he or she is 18 years of age or older **and provide such documented medical information to the adoptive parents or the adoptee.** **The office or child-placing agency shall be entitled to reimbursement of reasonable costs** for postage and photocopying incurred in the delivery of such documented medical information to the adoptive parents or adoptee.

(e) **Records relating in any manner to adoption shall not be open to the general public for inspection.**

(f)(1) Notwithstanding Code Section 19-8-1, for purposes of this subsection, the term:

(A) 'Biological parent' means the biological mother or biological father who surrendered that person's rights or had such rights terminated by court order giving rise to the adoption of the child.

(B) 'Commissioner' means the commissioner of human resources or that person's designee.

(C) 'Department' means the Department of Human Resources or, when the Department of Human Resources so designates, the county department of family and children services which placed for adoption the person seeking, or on whose behalf is sought, information under this subsection.



(D) 'Placement agency' means the child-placing agency, as defined in paragraph (3) of Code Section 19-8-1, which placed for adoption the person seeking or on whose behalf is sought information under this subsection.

(f)(2) The **department or a placement agency, upon the written request of an adopted person** who has reached 18 years of age **or upon the written request of an adoptive parent** on behalf of that parent's adopted child, **shall release** to such adopted person or to the adoptive parent on the child's behalf **nonidentifying information** regarding such adopted person's biological parents and information regarding such adopted person's birth. Such information may include the **date and place of birth** of the adopted person and the **genetic, social, and health history of the biological parents**. No information released pursuant to this paragraph shall include the name or address of either biological parent or the name or address of any relative by birth or marriage of either biological parent.

(f)(3) (A) The department or a placement agency **upon written request of an adopted person who has reached 21** years of age **shall release** to such adopted person the **name of** such person's **biological parent if [3 conditions]:**

- (i) The **biological parent** whose name is to be released **has submitted unrevoked written permission** to the department or the placement agency for the release of that parent's name to the adopted person;
- (ii) The **identity** of the biological parent submitting permission for the release of that parent's name **has been verified** by the department or the placement agency; **AND**
- (iii) The **department or the placement agency has records pertaining to the finalized adoption and to the identity of the biological parent** whose name is to be released.

(B) **If the adopted person is deceased and leaves a child, such child, upon reaching 21 years of age, may seek the name and other identifying information** concerning his or her grandparents **in the same manner** as the deceased adopted person and subject to the same procedures contained in this Code section.

(f)(4) (A) **If a biological parent has not filed written unrevoked permission** for the release of that parent's name to the adopted child, **the department or the placement agency, within six months** of receipt of the written request of the adopted person who has reached 21 years of age, **shall make diligent effort to notify each biological parent** identified in the original adoption proceedings or in other records of the department or the placement agency relative to the adopted person. For purposes of this subparagraph, **'notify' means a personal and confidential contact** with each biological parent of the adopted person. The contact shall be by an employee or agent of the placement agency which processed the pertinent adoption or by other agents or employees of the department. The contact shall be evidenced by the person who notified each parent **certifying to the department that each parent was given the following information:**

- (i) The **nature of the information requested** by the adopted person;
- (ii) The **date of the request** of the adopted person;
- (iii) The **right of each biological parent to file an affidavit** with the placement agency or the department **stating that such parent's identity should not be disclosed;**
- (iv) The **right of each biological parent to file a consent to disclosure** with the placement agency or the department; and
- (v) The **effect of a failure** of each biological parent **to file either a consent to disclosure or an affidavit stating that the information in the sealed adoption file should not be disclosed.**

(B) **If a biological parent files an unrevoked consent** to the disclosure of that parent's identity, **such parent's name shall be released** to the adopted person who has requested such information as authorized by this paragraph.

(C) **If, within 60 days of being notified** by the department or the placement agency pursuant to subparagraph (A) of this paragraph, **a biological parent has filed** with the department or placement agency an **affidavit objecting** to such release, **information regarding that biological parent shall not be released.**

(D)(i) **If six months after receipt** of the adopted person's written request the placement agency or the department has **either been unable to notify** a biological parent identified in the original adoption record **or** has been able to notify a biological parent identified in the original adoption record but **has not obtained a consent** to disclosure from the notified biological parent, then the **identity** of a biological parent **may only be disclosed as provided in division (ii) or (iii)** of this subparagraph.

(ii) The adopted person who has reached 21 years of age may **petition the Superior Court of Fulton County to seek the release of the identity of each of that person's biological parents** from the department or placement agency. The **court shall grant the petition if the court finds** that the department or placement agency has made **diligent efforts to locate each biological parent** pursuant to this subparagraph **either without success or upon locating a biological parent has not obtained a consent to disclosure** from the notified biological parent **and that failure to release the identity of each biological parent would have an adverse impact upon the physical, mental, or emotional health of the adopted person.**

(iii) **If it is verified that a biological parent of the adopted person is deceased, the department or placement agency shall be authorized to disclose the name and place of burial of the deceased biological parent, if known, to the adopted person seeking such information without the necessity of obtaining a court order.**

**(f)(5) (A) Upon written request of an adopted person who has reached 21 years of age or a person who has reached 21 years of age and who is the sibling of an adopted person, the department or a placement agency shall attempt to identify and notify the siblings of the requesting party, if such siblings are at least 18 years of age. Upon locating the requesting party's sibling, the department or the placement agency shall notify the sibling of the inquiry. Upon the written consent of a sibling so notified, the department or the placement agency shall forward the requesting party's name and address to the sibling and, upon further written consent of the sibling, shall divulge to the requesting party the present name and address of the sibling. If a sibling cannot be identified or located, the department or placement agency shall notify the requesting party of such circumstances but shall not disclose any names or other information which would tend to identify the sibling. If a sibling is deceased, the department or placement agency shall be authorized to disclose the name and place of burial of the deceased sibling, if known, to the requesting party without the necessity of obtaining a court order.**

**(B)(i) If six months after receipt of the written request from an adopted person who has reached 21 years of age or a person who has reached 21 years of age and who is the sibling of an adopted person, the placement agency or the department has either been unable to notify one or more of the siblings of the requesting party or has been able to notify a sibling of the requesting party but has not obtained a consent to disclosure from the notified sibling, then the identity of the siblings may only be disclosed as provided in division (ii) of this subparagraph.**

**(ii) The adopted person who has reached 21 years of age or a person who has reached 21 years of age and who is the sibling of an adopted person may petition the Superior Court of Fulton County to seek the release of the last known name and address of each of the siblings of the petitioning sibling, that are at least 18 years of age, from the department or placement agency. The court shall grant the petition if the court finds that the department or placement agency has made diligent efforts to locate such siblings pursuant to subparagraph (A) of this paragraph either without success or upon locating one or more of the siblings has not obtained a consent to disclosure from all the notified siblings and that failure to release the identity and last known address of said siblings would have an adverse impact upon the physical, mental, or emotional health of the petitioning sibling.**

**(C) If the adopted person is deceased and leaves a child, such child, upon reaching 21 years of age, may obtain the name and other identifying information concerning the siblings of his or her deceased parent in the same manner that the deceased adopted person would be entitled to obtain such information pursuant to the procedures contained in this Code section.**

**(f)(6) (A) Upon written request of a biological parent of an adopted person who has reached 21 years of age, the department or a placement agency shall attempt to identify and notify the adopted person. Upon locating the adopted person, the department or the placement agency shall notify the adopted person of the inquiry. Upon the written consent of the adopted person so notified, the department or the placement agency shall forward the biological parent's name and address to the adopted person and, upon further written consent of the adopted person, shall divulge to the requesting biological parent the present name and address of the adopted person. If the adopted person is deceased, the department or placement agency shall be authorized to disclose the name and place of burial of the deceased adopted person, if known, to the requesting biological parent without the necessity of obtaining a court order.**

**(B) (i) If six months after receipt of the written request from a biological parent of an adopted person who has reached 21 years of age the placement agency or the department has either been unable to notify the adopted person or has been able to notify the adopted person but has not obtained a consent to disclosure from the notified adopted person, then the identity of the adopted person may only be disclosed as provided in division (ii) of this subparagraph.**

**(ii) The biological parent of an adopted person who has reached 21 years of age may petition the Superior Court of Fulton County to seek the release of the last known name and address of the adopted person from the department or placement agency. The court shall grant the petition if the court finds that the department or placement agency has made diligent efforts to locate such adopted person pursuant to subparagraph (A) of this paragraph either without success or upon locating the adopted person has not obtained a consent to disclosure from the adopted person and that failure to release the identity and last known address of said adopted person would have an adverse impact upon the physical, mental, or emotional health of the petitioning biological parent.**

**(C) If the biological parent is deceased, a parent or sibling of the deceased biological parent, or both, may obtain the name and other identifying information concerning the adopted person in the same manner that the deceased biological parent would be entitled to obtain such information pursuant to the procedures contained in this Code section.**

**(f)(7) If an adoptive parent or the sibling of an adopted person notifies the department or placement agency of the death of an adopted person, the department or placement agency shall add information regarding the date and circumstances of the death to its records so as to enable it to share such information with a biological parent or sibling of the adopted person if they make an inquiry pursuant to the provisions of this Code section.**

**(f)(8) If a biological parent or parent or sibling of a biological parent notifies the department or placement agency of the death of a biological parent or a sibling of an adopted person, the department or placement agency shall add information regarding the date and circumstances of the death to its records so as to enable it to share such information with an adopted person or sibling of the adopted person if he or she makes an inquiry pursuant to the provisions of the Code section.**

**(f)(9) The Office of Adoptions within the department shall maintain a registry for the recording of requests by adopted persons for the name of any biological parent, for the recording of the written consent or the written objections of any biological parent to the release of that parent's identity to an adopted person upon the adopted person's request, and for nonidentifying information regarding any biological parent which may be released pursuant to paragraph (2) of this subsection. The department and any placement agency which receives such requests, consents, or objections shall file a copy thereof with that office.**

**(f)(10) The department or placement agency may charge a reasonable fee to be determined by the department for the cost of conducting any search pursuant to this subsection.**

**(f)(11) Nothing in this subsection shall be construed to require the department or placement agency to disclose to any party at interest, including but not limited to an adopted person who has reached 21 years of age, any information which is not kept by the department or the placement agency in its normal course of operations relating to adoption.**

**(f)(12) Any department employee or employee of any placement agency who releases information or makes authorized contacts in good faith and in compliance with this subsection shall be immune from civil or criminal liability for such release of information or authorized contacts.**

**(f)(13) Information authorized to be released pursuant to this subsection may be released under the conditions specified in this subsection notwithstanding any other provisions of law to the contrary.**

**(f)(14) A placement agency which demonstrates to the department by clear and convincing evidence that the requirement that such agency search for or notify any biological parent, sibling, or adopted person under subparagraph (A) of paragraph (4) of this subsection or subparagraph (A) of paragraph (5) of this subsection or subparagraph (A) of paragraph (6) of this subsection will impose an undue hardship upon that agency shall be relieved from that responsibility, and the department shall assume that responsibility upon such finding by the department of undue hardship. The department's determination under this subsection shall be a contested case within the meaning of Chapter 13 of Title 50, the 'Georgia Administrative Procedure Act.'**

**(f)(15) Whenever this subsection authorizes both the department and a placement agency to perform any function or requires the placement agency to perform any function which the department is also required to perform, the department or agency may designate an agent to perform that function and in so performing it the agent shall have the same authority, powers, duties, and immunities as an employee of the department or placement agency has with respect to performing that function.**

(Code 1981, § 19-8-23, enacted by Ga. L. 1990, p. 1572, § 5; Ga. L. 1991, p. 1640, §§9-10; Ga. L. 1997, p. 1686, § 7; Ga. L. 1999, p. 252, § 9; Ga. L. 2000, p. 1589, § 3; Ga. L. 2003, p. \_\_, § \_\_.)