

State of Illinois
Department of Children and Family Services

PAYMENT TO ATTORNEY

Date: _____

Name of the Child: _____

ID #: _____

Name of Proposed Adoptive Parent(s)/Guardian(s): _____

Attorney's Name: _____

RE: Adoption Assistance/Subsidized Guardianship Assistance

1 A) The attorney I/we have hired **is a member of the DCFS Statewide Adoption Attorney Panel** and I/we understand that direct payment to our attorney for attorney's fees and court costs will not be made until the court has entered a Final Judgment of Adoption/Transfer of Guardianship order and will only be made directly to the attorney if she/he is a member of the DCFS Statewide Adoption Attorney Panel.

or

B) The attorney I/we have hired **is not a member of the DCFS Statewide Adoption Attorney Panel** and I/we understand that the Department will not pay our attorney directly, but instead will reimburse me/us after the court has entered an order of adoption/guardianship and I/we have paid my/our attorney and applicable court costs and presented the required documents to the DCFS Post Adoption/Guardianship Unit.

2 A) **Adoption Assistance**

One-time only payment for reasonable and necessary adoption fees, court costs, attorney fees and other expenses (such as travel for visitation, transportation, etc.) that are directly related to the legal adoption of a child with special needs subject to the maximum, set by the Department of \$1,500 per adopted child.

or

B) **Subsidized Guardianship Assistance**

One-time only payment for reasonable and necessary miscellaneous costs, and legal fees related to subsidy review, that are directly related to the transfer of guardianship of a child, subject to the maximum set by the Department of \$2000 per child. The non-recurring cost limit is \$500 for cases of a subsequent guardianship after the death/incapacitation of a guardian in which the initial guardianship was established under the IDCFS Subsidized Guardianship Waiver.

and

3) **Attorney Review of the Subsidy**

My/Our attorney and/or their staff has reviewed with me/us the subsidy forms including the Eligibility Determination form, the Application form and the Adoption Assistance Agreement or Guardianship Assistance Agreement form (for adoption cases - CFS 1800 A-A or A-1, 1800-B-A, and 1800-C-A; for guardianship cases - CFS 1800-A-G, 1800-B-G and 1800-C-G).

Signature of Adoptive Parent/ Guardian

Date

Signature of Adoptive Parent/ Guardian

Date

Signature of Attorney

Date