

STATE OF ILLINOIS

IN THE CIRCUIT COURT OF _____ JUDICIAL CIRCUIT

_____ COUNTY

IN THE MATTER OF THE PETITION OF _____)

AND _____)

TO ADOPT _____)

No. _____)

AFFIDAVIT OF AGENCY

1. The following is a statement of expenses incurred or to be incurred by Agency in the above-captioned adoption:

NAME	AMOUNT
Hospital _____	\$ _____
Obstetrician _____	_____
Pediatrician _____	_____
Other Medical Expenses _____	_____
Other Expenses (Specify) _____	_____
TOTAL	_____

2. The following is a statement of contributions, fees, or other compensation received by or promised to Agency:

DESCRIPTION	AMOUNT
Contribution promised by adoptive parents	\$ _____
Amount of contribution paid to date	_____
Fees billed to adoptive parents(s)	_____
Amount of fees paid to date	_____
Compensation received from other sources:	
Identify _____	_____
Compensation promised by other sources:	
Identify _____	_____

(OVER)

3. The adopting parent(s) must pay following expenses directly to billers and Agency has or will so inform adopting parent(s):

NAME	AMOUNT
Hospital _____	\$ _____
Obstetrician _____	_____
Pediatrician _____	_____
Other Medical Expenses _____	_____
Other Expenses (Specify) _____	_____
_____	_____
Psychologist, Psychiatrist or Therapist _____	_____
_____	_____
_____	_____
Attorneys, other than Attorney of Record for Adoption:	
_____	_____
_____	_____
Travel Expenses _____	_____
Visas, Passports, Foreign Documents _____	_____
Other agency or governmental body _____	_____
Other Expenses: _____	_____
_____	_____
_____	_____

4. This is a subsidized adoption.

CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedures, the undersigned certify that the statements set forth in this Affidavit are true and correct.

Dated: _____ (SIGNED) _____

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF ILLINOIS)
)
County of _____)

_____ being duly sworn, on oath and under penalty of perjury says that (s)he has read the foregoing Affidavit of Agency and knows that the contents thereof are true.

SUBSCRIBED AND SWORN to before me
this _____ day of _____, _____

(SEAL)

Notary Public