

(Copy Receipt)

(Clerk's Date Stamp)

**SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE**

In the matter of the Adoption of:

CASE NO. _____

A person under the age of eighteen

**DECLARATION REGARDING
ADOPTION FEES AND COSTS**

NOTICE: Every payment in cash or in kind which is made incident to the adoption must be disclosed prior to the court's approval of a Temporary Custody Order and entry of the Decree of Adoption. This form must be completed even if there are no such expenses paid; and it must be updated and a new copy filed if additional expenses are paid or obligations are made or incurred subsequent to the filing of the previous form.

I. The Only Expenses to be Paid or Assumed by Adoptive Petitioner(s) are as follows:

A. Attorney's Fees: (to be disclosed only if this is a subsidized adoption or fees exceed \$5,000.00) \$ _____

B. Adoption Counseling: (if not offered through an agency) \$ _____

C. Medical Fees: (other than for OB; prenatal, delivery services) \$ _____

D. Expenses of Birthmother:

1. Rent/Mortgage Payment: \$ _____

2. Utilities: \$ _____

3. Tuition/Educational Expenses \$ _____

4. Payment for Surrogate Services: \$ _____

5. Wage Loss Compensation: \$ _____

6. Food: \$ _____

7. Other Expenses: \$ _____

E. Travel Expenses:

1. For Birthmother or others to meet adoptive family: \$ _____

2. To deliver child to Adoptive Parents or for them to pick up child: \$ _____

F. Other:
(Specify) _____ \$ _____

II. Is a licensed child placement agency assisting you? Yes No
If "yes" state the following:

- (a) Name of agency: _____
- (b) Whether the agency has legal custody of the child: _____
- (c) Whether the agency has provided a written disclosure to you of its schedule of fees and services provided in handling the adoption: _____

III. Has anybody other than the adoptive parents paid or become obligated to pay any of the above expenses? Yes No
For each, identify the name, the amount and the purpose of each expense:

IV. Has an agreement been made by any party for the reimbursement or repayment of any such expenses, in the event that the consent is revoked, or the adoption is not completed? Yes No: _____
If so, name the parties and describe the terms and conditions of each agreement:

V. Has any written contract (other than those to which a licensed agency is a party) been entered into relating to the adoption of this child? If so, attach copies of any such contracts. Yes No: _____

VI. Certification: As Petitioner, attorney, or representative, I certify upon penalty of perjury according to the laws of the Washington State, that I have reviewed the information set forth above and that it is true, correct, and complete to the best of my knowledge.

Dated on _____, 20____ at _____, Washington.

Petitioner

Petitioner

Signature of Adoption Service
Representative or Agency Counselor