

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, COUNTY DIVISION

IN THE MATTER OF THE PETITION OF:

and

To Adopt

No. \_\_\_\_\_

AFFIDAVIT OF ADOPTING PARENTS
ORIGINAL / AMENDED (2819)

A. The following are all the costs, expenses, contribution, fees, compensation, gifts or other things of value either paid, given or promised to be paid or given in this matter:

Table with 2 columns: ITEM and AMOUNT. Rows include Hospital, Obstetrician, Pediatrician, Other medical expenses, Guardian ad Litem for child, Guardian ad Litem for minor biological parent(s), Funds paid to biological parent(s), Reimbursement for medical expenses, \*\*Other payments or gifts already made, \*\*Other payments or gifts promised but not yet paid, Agency (state name), Amount of fee, promised or already paid, Amount of voluntary contribution, promised or already paid, Other (specify), Court costs, paid or anticipated, Attorney's fees, and TOTAL.

\*\*NOTE WELL. Persons who sign this Affidavit should be made familiar with the ADOPTION COMPENSATION PROHIBITION ACT, 720 ILCS 525/0.01.

(OVER)

**B. State in specific detail how you learned of the availability of this child.**

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**CERTIFICATION**

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

**Dated:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Petitioner(s)**

**CERTIFICATION OF ATTORNEY OF RECORD**

**Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that s/he has read and reviewed the AFFIDAVIT OF ADOPTING PARENTS, and that the contents thereof are true and correct to the best of his or her knowledge, information and belief.**

**Atty. No.:** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Atty. for:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_