

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 AGENCY (2808)

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

Table with 2 columns: NAME, AMOUNT. Rows include Hospital, Obstetrician, Pediatrician, Other Medical Expenses, Other Expenses (Specify), and TOTAL.

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

Table with 2 columns: DESCRIPTION, AMOUNT. Rows include Contribution promised by adoptive parents, Fees billed to adoptive parent(s), Compensation received from other sources, and Compensation or contribution promised by other sources.

(OVER)

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

NAME	AMOUNT
Hospital _____	\$ _____
Obstetrician _____	_____
Pediatrician _____	_____
Other Medical Expenses _____	_____
_____	_____
_____	_____
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) (is not) a subsidized adoption. (Strike inapplicable)

**CERTIFICATION**

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

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

(Signed) \_\_\_\_\_