

COURT OF PROBATE
[Type or print in black ink.]



TO: COURT OF PROBATE, DISTRICT NO.

IN THE MATTER OF _____, AN IDENTIFIED ADOPTION

AFFIANT [Person signing and swearing to this affidavit]	CHILD-PLACING AGENCY OR DEPARTMENT [Include name and address.]
,AN AUTHORIZED REPRESENTATIVE	

DATE OF AFFIDAVIT	DATE OF CHILD'S PLACEMENT IN ADOPTIVE HOME
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This affidavit is the PRELIMINARY AFFIDAVIT FINAL AFFIDAVIT
 [Represents financial status when child is placed with prospective adoptive parents and is submitted to placing agency.] [Represents financial status as of the date of filing the application for adoption with the probate court, and this affidavit is submitted therewith.]

The affiant hereby swears, affirms, or avers that:

I am a duly-authorized representative of the Department of Children and Families or of the agency listed above that is licensed or approved by the Commissioner of Children and Families for the placement of children for the purpose of adoption.

To the best of my knowledge and belief, the agency or department listed above has received is to receive only those payments or gratuities listed herein from the prospective adoptive parent(s), or anyone on their behalf, in connection with the identified adoption as allowed and defined by the Department of Children and Families' Regulations 45a-728-1 et seq. entitled, "Adoption Placement of Children Who Have Been Identified or Located by Prospective Adoptive Parents."

TYPE	RECEIVED OR EXPECTED FROM	DATE	\$
			\$
			\$
			\$
[Use Second Sheet, PC-180, if necessary.]			Total \$

To the best of my knowledge and belief, the agency or department listed above has made will make only the following expenditures on behalf of the birth parent(s), prospective adoptive parent(s), or any other person or group of persons associated in any way with this identified adoption.

AGENCY OR DEPARTMENT EXPENDITURES [Continue on Second Sheet, if necessary.]

Placing Agency Fee to		\$
Other Agency Fee to		\$
Attorney's Fees		\$
Living Expenses of Birth Mother		\$
Transportation, Lodging, and Food Expenses [Regulation 45a-728-8(b)]		
a. For Birth Parent	\$	
	\$	
b. For Agency Representative	\$	
	\$	Total of a & b \$
Counseling Expenses (For Birth Parent)		\$
Foster Care Expenses (For Adoptive Child)		\$
Maternity Home Expenses (Not to exceed sixty days)		
a. For Birth Parent	\$	
	\$	
b. For Adoptive Child	\$	
	\$	Total of a & b \$
Other (Please provide explanation)		\$
		TOTAL \$

.....
Affiant:

Name of Agency or Department:

Authorized Representative:

Static Text

Signature.....

Title _____

Telephone:

SUBSCRIBED AND SWORN TO BEFORE ME	DATE Judge, Ass't Clerk, Notary Public, Comm. Sup. Ct.
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