

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:

ITEM	AMOUNT
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 _____	\$ _____
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.

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 /S/ _____

Name: _____

Atty. for: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____