

This is a private record

Name(s)

Address

City, State, Zip

Phone

Check your email. You will receive information and documents at this email address.

Email

I am Petitioner(s)
 Petitioner's Attorney (Utah Bar #: _____)

In the Juvenile Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of the Adoption of

(adoptee's name)

Date of birth

A minor
 under over 18 years of age

Declaration of Adoption Fees and Expenses

(Utah Code 78B-6-140)

Case Number

Judge

1. These legal expenses have been paid or will be paid to the biological or preexisting parents of the child or on their behalf:

Description of Expense	Date of Payment (or indicate if it will be paid in the future)	Paid by	Paid to	Amount

2. These maternal expenses have been paid or will be paid to the biological or preexisting parents of the child or on their behalf:

Description of Expense	Date of Payment (or indicate if it will be paid in the future)	Paid by	Paid to	Amount

3. These medical or hospital expenses have been paid or will be paid to the biological or preexisting parents of the child or on their behalf:

Description of Expense	Date of Payment (or indicate if it will be paid in the future)	Paid by	Paid to	Amount

4. These living expenses have been paid or will be paid to the biological or preexisting parents of the child or on their behalf:

Description of Expense	Date of Payment (or indicate if it will be paid in the future)	Paid by	Paid to	Amount

5. I have paid these fees in connection with the adoption:

Description of Fee	Date of Payment	Paid to	Amount

6. These gifts, property, or other items have been or will be provided to the biological or preexisting parents of the child:

Description of Item, Gift, or Property	Date Provided (or indicate if it will be provided in the future)	Provided by	Approximate Value

7. Public Funds

No public funds were used for medical or hospital costs in connection with the pregnancy, delivery, or care of the child (skip to 8).

These are the public funds used for medical or hospital costs in connection with the pregnancy, delivery, or care of the child:

Description of cost	Type of Public Fund	Paid to	Amount

I have listed amounts in both paragraph 3 (medical or hospital expenses) and paragraph 7. The items listed in paragraph 7 above were not paid for with public funds because:

8. Child Placement Agency (select one)

- I did not use a child placement agency (skip to 9).
- I used a child placement agency. These services were provided to me in connection with the adoption:

These services were provided to the biological or preexisting parents of the child in connection with the adoption:

These are the expenses for matching the petitioners with the biological or preexisting parents of the child:

Description of Expense	Date of Payment	Paid to	Amount

These are the expenses for advertising:

Description of Fee	Date of Payment	Paid to	Amount

These are any other agency fees or expenses paid by the petitioners not listed above:

Description of Fee or Expense	Date of Payment	Reason for Fee or Expense	Amount

9. The biological or preexisting parent of the child (name) _____ resides in (state) _____.

(If there are two parents) The second biological or preexisting parent of the child (name) _____ resides in (state) _____.

10. The petitioners resides in (state) _____.

11. The petitioners and the child placing agency, if any (choose one)

have not violated Utah Code 76-7-203, regarding the sale of a child.

have violated Utah Code 76-7-203, regarding the sale of a child.

Petitioner

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____

Printed Name _____

Co-Petitioner (if applicable)

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____

Printed Name _____

Attorney (if applicable)

Date

Signature ► _____

Printed Name _____

Child Placement Agency (if applicable)

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____

Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Declaration of Adoption Fees and Expenses on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

 Date

 Signature ►

 Printed Name