FINANCIAL AGREEMENT

Please initial your understanding and acceptance of each of these statements, then sign below:

_____ I/We understand that the Home Study fee must be paid in full prior to the first meeting with my social worker.

_____ I/We understand that the Case Management fee must be paid in full prior to completion of Home Study. Adoption Resource Associates will not sign or release a Home Study until the Home Study and Case Management fees have been paid in full.

_____I/We understand that annual Home Study Updates are required by the Commonwealth of Massachusetts and must be completed until placement occurs. I/We agree to comply with this state requirement whether or not the international country or placement agency requires it.

_____I/We understand that Adoption Resource Associates requires the Commonwealth of Massachusetts standard of a Post Placement Supervision schedule of three visits. I/We agree to comply with this state requirement whether or not the international country, other state of placement or placement agency requires it.

_____ I/We understand and agree that if additional legal services or newspaper publications are required (i.e. for termination of birth parent rights), I/we will be responsible for hiring an attorney and paying for all legal, advertising, and other related fees. All legal fees for the adoption will be paid by me/us.

_____ I/We understand and agree that we are responsible for hiring an attorney to complete finalization of the adoption in the Commonwealth of Massachusetts or the state where the placement occurred or any other state where the adoption might be finalized.

_____ I/We understand and agree that depending upon my/our family situation and the type of adoption we are completing, Adoption Resource Associates may require that I/we attend additional education and/or counseling sessions, either through the agency or an outside resource. If so, I/we will be required to pay additional fees for these meetings.

_____ My/our social worker has informed me of these fees, and of the additional fees not paid to Adoption Resource Associates (i.e. birthmother living or medical expenses, out of state placement agencies, legal fees, travel, immigration, etc.) that may be required to complete my/our adoption.

_____ I/We have received a copy of this agreement and the more detailed adoption fee schedule. I/We agree to pay for all services provided at the above stated rates, unless other arrangements have been made.

_____ I/We am/are aware that all payments are due at the time services begin or as noted above, unless other arrangements have been made. I understand reports will not be completed or released until the appropriate fees have been paid.

_____ I/We understand all fees are non refundable.

FINANCIAL AGREEMENT
SIGNATURE PAGE

Parent 1: _____ _____

Signature Print Name

Parent 2: _____ _____

Signature Print Name

Date: _____