RESPONSIBILITY AGREEMENT

I/We, the undersigned, agree to assume responsibility for the adoptive placement that I/we are initiating at this time. I/We understand that I/we are pursuing this adoption at my/our own risk and will not hold Adoption Resource Associates liable in the event that I/we encounter problems or difficulties in obtaining a child for adoption, or should there be problems with the health or condition of the child obtained.

CONTRACT

I/We, the undersigned, have read, understood, and agree to pay Adoption Resource Associates the fee designated in the Fee Schedule that has been provided to me/us. The amount in this case is $ _____for the following services:

_____

_____

_____

I/We understand that this fee does not cover any services that might be required in the course of this adoption other than the services, stipulated above, to be provided by Adoption Resource Associates.

Assignment of a child for the purpose of adoption will be the result of a direct agreement between me/us and an adoption agency other than Adoption Resource Associates. All financial arrangements for this adoption, other than the fee and service arrangement specified in the prior paragraph, will be the result of that direct agreement with another agency.

I/We understand that we will not directly compensate a birth mother for any expenses that she might claim or request. I/We understand that it is our responsibility to send a copy of the final adoption decree to Adoption Resource Associates. Without the decree Adoption Resource Associates is unable to complete our adoption. I/We also understand that if the decree is not sent in a timely fashion by me/us, Adoption Resource Associates will make of surcharge of $500 to us.

Once a child is placed in our home for the purpose of adoption, I/we agree to assume all financial responsibility for that child. This includes responsibility for medical expenses not covered by our health insurance, whether or not the child's medical condition was present and diagnosed at the time of placement. In the unlikely event that the child must be

removed from my/our home prior to legal finalization of adoption in Probate Court in the United States, I/we agree to assume the costs of the child's care, including medical costs, until financial responsibility is assumed by other persons or another organization.

I/We will in no event hold Adoption Resource Associates responsible for the cost of care or support of a child following our acceptance of such child for the purpose of adoption.

Signed: _____Date: _____

Signed:_____Date:_____

Signed: _____Date:_____
For ARA