



3. The adopting parent(s) must pay following expenses directly to billers and Agency has or will so inform adopting parent(s):

<b>NAME</b>	<b>AMOUNT</b>
Hospital _____	\$ _____
Obstetrician _____	_____
Pediatrician _____	_____
Other Medical Expenses _____	_____
Other Expenses (Specify) _____	_____
_____	_____
Psychologist, Psychiatrist or Therapist _____	_____
_____	_____
_____	_____
Attorneys, other than Attorney of Record for Adoption:	
_____	_____
_____	_____
Travel Expenses _____	_____
Visas, Passports, Foreign Documents _____	_____
Other agency or governmental body _____	_____
Other Expenses: _____	_____
_____	_____
_____	_____

4. This is a subsidized adoption.

**CERTIFICATION**

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedures, the undersigned certify that the statements set forth in this Affidavit are true and correct.

Dated: \_\_\_\_\_ (SIGNED) \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGEMENT**

STATE OF ILLINOIS )  
 )  
County of \_\_\_\_\_ )

\_\_\_\_\_ being duly sworn, on oath and under penalty of perjury says that (s)he has read the foregoing Affidavit of Agency and knows that the contents thereof are true.

SUBSCRIBED AND SWORN to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public