

INDEPENDENT ADOPTION CHECKLIST

BIRTH MOTHER:

Full Name: _____ Maiden Name: _____

Date of Birth: _____ State of Birth: _____

Current Address & Telephone Number: _____

Marital Status: _____ Date/Place of Marriage: _____

Conception Marital Status: _____

Occupation: _____

Am. Indian/Ak. Native: Yes ___ No ___

If Yes, what Tribe/Band: _____

Relationship with Birth Father: _____

Filed Joint Declaration of Paternity with Birth Father: _____

BIRTH FATHER:

Full Name: _____

Current Address & Telephone Number: _____

Support: _____

Filiation Proceedings: _____

Am. Indian/Ak. Native: Yes ___ No ___

If Yes, what Tribe/Band: _____

CHILD/CHILDREN

Full Name(s): _____

Date(s) of Birth: _____

Place(s) of Birth (**Hospital/City/State**): _____

Lived in Oregon 6 Months or More: Yes ___ No ___

Addresses/Duration Child/Children Lived at each Address (**Past 5 Years Required**):

Current Custody Disputes: Yes ___ No ___

If yes, Court/Case No.: _____

Parental Right Termination Proceedings: Yes ___ No ___

If yes, Court/Case No.: _____

Adoptive Child Name Change: Yes ___ No ___

If yes, **New Name**: _____

ADOPTIVE PARENTS

Full Names: _____

Adoptive Mother's Maiden Name: _____

Birth Dates: _____

Social Security No.: _____

Place of Birth: _____

Marital Status/**Date & Location**: _____

Current Address: _____

Telephone No.: _____

Adoptive Mother's Residence Time of Child's Birth (Street Address): _____

Lived in Oregon 6 Months or More: Yes ___ No ___

How long lived in Oregon: _____

Occupations: _____

Agency: _____

How many children in your care: _____

COSTS:

Circuit Court Filing Fee for Adoptions: \$265.00
Amended Birth Certificate after Adoption: \$65.00*

*This is the cost for an **Oregon** born Birth Certificate. Prices vary by state. Please be advised that we have no control over the time frame to obtain the amended Birth Certificate. Each state is different and each Department of Vital Records works differently and can take anywhere from 6 weeks - 9 months.

FLAT FEES FOR INDEPENDENT ADOPTIONS:

Oregon Born: \$2,500.00
Out of State w/out ICPC: \$3,000.00
Out of State w/ ICPC: \$3,500.00

Additionally, **ATTORNEY FEES** are billed at an hourly rate, in the event there is the necessity of a trial or hearing.

CLIENT AGREEMENT

Payment of your account is due in full within thirty (30) days of billing. If an amount is not paid within sixty (60) days of the billing date, we reserve the right to terminate representation of you without notice, unless acceptable, written payment arrangements are made before the 60th day, and are strictly abided by. In such a situation, Client agrees that the matter can be turned over to collections.

NOTE: If our work is complete and you have not come in to sign documents within a thirty (30) day period, a bill for Attorney fees will be sent as though the matter has been completed.

SIGNING BELOW MEANS YOU HAVE READ, FULLY UNDERSTOOD AND AGREED TO THE ABOVE.

DATE

SIGNATURE

DATE

SIGNATURE