

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)
ADOPTION PLACEMENT FEE DISCLOSURE – STATEMENT

THIS STATEMENT APPLIES TO AGENCY AND PRIVATE (INDEPENDENT) ADOPTIONS

Instructions: This form must be completed and properly executed as a condition for the New York State Office of Children and Family Services to review and approve an ICPC request. Pursuant to Section 374-a(11)(a) of the Social Services Law (SSL), this form must contain a full statement setting forth ALL fees, including the categories of such fees paid and to be paid by the adoptive parent to any agency or person in exchange for the adoptive placement. The affidavit attesting to the truth and accuracy of the information contained in this form must be executed by either: a) the agency which placed the child; b) the attorney for the adoptive parent(s); or c) an adoptive parent, if not represented by an attorney. IT IS THE RESPONSIBILITY OF THE PERSON OR AGENCY WHICH EXECUTES THIS STATEMENT TO INCLUDE ALL FEES PAID OR TO BE PAID IRRESPECTIVE OF WHETHER SUCH FEES ARE PAID THROUGH OR OTHERWISE ADMINISTERED BY SUCH PERSON OR AGENCY.

INTRODUCTION

An authorized agency defined by Sections 371(10)(a) and (c) of the SSL and an out-of-state (non-New York) agency authorized under Article 13 of the Not-for-Profit Corporation Law may charge or accept a fee or other compensation to or from another person or persons with whom it placed out a child. **An out-of-state (non-New York) agency not approved by the State of New York or any other person or entity (hereinafter referred to as “unauthorized out of state agency”) may not charge or accept a placement fee or other compensation or thing of value in connection with the placing out or adoption of a child or assisting a parent, relative or guardian in arranging for the placement of the child for the purpose of adoption.**

THE FOLLOWING CATEGORIES OF FEES ARE ALLOWABLE BY NEW YORK STATE LAW IN ADOPTIVE PLACEMENTS BY UNAUTHORIZED OUT-OF-STATE AGENCIES:

- a) REASONABLE AND ACTUAL MEDICAL FEES
- b) REASONABLE AND ACTUAL HOSPITAL CHARGES
- c) NECESSARY EXPENSES INCURRED BY BIRTH MOTHER IN CONNECTION WITH OR AS A RESULT OF HER PREGNANCY OR THE BIRTH OF THE CHILD
- d) ACTUAL NURSING, MEDICAL OR HOSPITAL FEES FOR THE CHILD
- e) REASONABLE AND ACTUAL LEGAL FEES CHARGED FOR CONSULTATION AND LEGAL ADVICE, PREPARATION OF PAPERS, REPRESENTATION AND OTHER LEGAL SERVICES RENDERED IN CONNECTION WITH THE ADOPTION PROCEEDING.

ALL OTHER FEES WILL BE DISALLOWED, RESULTING IN ICPC DISAPPROVAL

<p style="text-align: center;">CATEGORY OF EXPENSES</p>	<p style="text-align: center;">AMOUNT OF FEE (Enter Actual or Estimated Amount or state not applicable)</p>	<p style="text-align: center;">ENTITY OR PERSON To whom payment was made</p>
<p>A. PLACEMENT 1) Application, registration and orientation</p>		
<p>2) Matching and placement service to adoptive parent(s)</p>		
<p>3) Matching and placement service to birth parent(s)</p>		
<p>4) Other services related to the arranging for the placement of a child for the purpose of adoption</p>		
<p>B. HOME STUDY 1) Home study process, write-up, and/or update</p>		
<p>C. MEDICAL 1) Medical fees in connection with the prenatal care and birth of the child</p>		
<p>2) Hospital charges in connection with prenatal care and birth of the child</p>		
<p>3) Nursing, fees in connection with prenatal care and care of the child</p>		
<p>4) Other medical costs in connection with prenatal care and birth of the child.</p>		
<p>D. NECESSARIES 1) Necessary expenses incurred by the birth mother in connection with or as a result of her pregnancy or the birth of the child (<i>specify category</i>)</p>		

(Attach additional information if required)

E. LEGAL

Only reasonable and actual legal fees charged for consultation and legal advice, preparation of papers and representation and other legal services rendered in commencing with the adoption proceeding or of necessary disbursements incurred for or in an adoption proceeding are allowable.

FEES

1) Legal Services to birth parent(s)

[Name(s) and address(es) of Attorney(s) or Firm(s) providing legal services]

2) Legal Services to adoptive parent(s)

[Name(s) and address(es) of Attorney(s) or Firm(s) providing legal services]

NOTE: Section 374(6) of the SSL provides that no attorney or law firm shall serve as the attorney for, or provide any legal services to both the birth parents and adoptive parents. In addition, effective June 1, 2007, Section 374(6) of the SSL provides that no attorney or law firm may serve as the attorney for or provide any legal services to both an authorized agency and to the birth parent or adoptive parent where the authorized agency provides adoption services to the birth parent or adoptive parent, provides foster care for the child or where the authorized agency is directly or indirectly involved in the placement of the child for adoption.

F. OTHER

Please include all categories of fees paid, or to be paid, and the corresponding dollar amount of the fee which are to listed above. This must include a description of any payment, compensation or thing of any value given by a third party or adoptive parent to a birth parent, in relation to the adoptive placement.

FEES

Total Fees Paid or to be Paid by Adoptive Parents

NOTE: All payments made or to be made by the adoptive parent(s) must be disclosed. If more space is required, please add an addendum and mark this box if an addendum is attached.

COUNSELING

Fees for birthparent counseling are allowable where required by the sending state. The activities that are allowable are restricted to those authorized by the applicable law of such state. **WHERE COUNSELING IS PROVIDED, THE SENDING AGENCY MUST INCLUDE A COPY OF THE APPLICABLE LAW OF THE STATE THAT REQUIRES COUNSELING, ALONG WITH A DETAILED DESCRIPTION OF THE COUNSELING SERVICES PROVIDED.**

“Counseling” is **NOT** administrative or logistical efforts directed to birthparent support, such as identifying, arranging for, or providing housing, food, utilities, clothing or transportation or other needs. “Counseling” must be conducted and performed by social workers licensed and credentialed by the state in which the counseling occurs, or a person employed by an adoption agency licensed in the state where the counseling occurs; who regularly performs birthparent counseling in the normal course of his/her regular duties with that agency.

The name, address, telephone number of the individual providing the counseling must be entered on this form under **F. Other** (above). The case notes of any and all counseling sessions must be provided to the NY ICPC office, **upon request**. Case notes must include the topic(s) discussed and the date and duration of each counseling session. The normal hourly rate for professional birthparent counseling performed by the social workers or adoption agency employee must be disclosed on the Adoptive Placement Fee Disclosure form.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

In the Matter of the Adoptive
Placement of

**AFFIRMATION OF
FINANCIAL
DISCLOSURE**

STATE OF _____)
_____)ss
COUNTY OF _____)

_____ being duly sworn, deposes and says:

That deponent is (a duly authorized employee of an agency)(attorney for the adoptive parent[s]) (adoptive parent) involved in the adoptive placement of the above-named child.

That (upon information and belief) deponent hereby affirms and attests that the information contained in the Adoptive Placement Fee Disclosure Statement and any attachments is true and accurate. The Deponent understands that false statements made in this affidavit are punishable under the Penal Law of the State of New York, and may be punishable under the laws of the State in which this affidavit is executed.

Sworn to before me this _____ day
of _____,

Notary Public
State of _____
My commission expires _____