



LETTER OF UNDERSTANDING

This is a letter of understanding between Family to Family Adoptions, Inc. and _____ . This letter authorizes the agency to expend agency funds on a birth mother on our behalf. It is understood that all money expended for the birth parent(s) living expenses are at risk. Birthparent(s) cannot sign relinquishment documents until after the birth of the child. Should either birthparent change their mind and not execute relinquishment documents, in all probability the monies spent for support will be lost. If the birthparent(s) change their mind about placement, we have not forfeited our agency fee, only those monies that the agency has expended on our behalf for living expenses for our birth mother.

It is understood: (1) the agency cannot control a birth parent's decision (2) we may experience some emotional trauma, and (3) we are prepared to accept the foregoing risks and proceed with the adoption plan.

At the time of matching with birthparent(s), an estimated amount of living expenses required by the birth mother will be discussed verbally with the prospective family. These estimates will be sent to the family in writing, usually via e-mail. Because of the time constraints and the fact that many of our clients are out of state, a deposit of two (2) months estimated costs will be required before the match is considered complete. Detailed invoices including receipts for money expended on the birthparent(s) will be sent each month to the prospective adoptive family. These should be paid upon receipt and in good faith. Any payments not made within 30 days of invoice date are subject to a 5% late charge.

In the event a birth mother should change her mind and decide not to place, the Adoptive Family understands that their birth mother support money will be lost. However, until you are successfully placed with a baby, your agency fee is intact.

I/We fully understand the financial and emotional risks involved in adoption planning. I/We have discussed the impact of these potential losses with our Social Worker and any other person we felt was necessary. Please allow my signature below to indicate my understanding and acceptance of the risks involved.

DATE: _____

Adoptive Parent

Adoptive Parent

Before me the undersigned authority on this date personally appeared _____ and _____, who stated to me upon his/her/their oaths that the foregoing was signed for the purposes and intentions therein stated.

Notary Public

My commission expires _____ IN AND FOR THE STATE OF _____