

STATE OF ILLINOIS**UNITED STATES OF AMERICA****COUNTY OF DU PAGE****IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT**

IN THE MATTER OF THE PETITION OF

AND

TO ADOPT

CASE NUMBER

**AFFIDAVIT
OF PERSON MAKING PLACEMENT**

File Stamp Here

This affidavit is **NOT** to be completed by personnel of a child welfare agency of the biological parents. If the attorney of record for the adoption proceedings made the placement, such attorney must also complete this affidavit.

I, _____ reside at _____,
am ☐ affiliated with ☐ employed by _____ and arranged the placement in the home of the petitioners.

1. How did you learn about the availability of the child?

2. What is your relationship to the adopting parents? (friend, relative, client, patient?) If none, how did you learn about them?

3. How did you learn that the adopting parents wanted a child?

4. What expenses have you incurred or do you anticipate incurring?

Amount

<input type="checkbox"/> Incurred	<input type="checkbox"/> Anticipate	_____	\$ _____
<input type="checkbox"/> Incurred	<input type="checkbox"/> Anticipate	_____	\$ _____
<input type="checkbox"/> Incurred	<input type="checkbox"/> Anticipate	_____	\$ _____
<input type="checkbox"/> Incurred	<input type="checkbox"/> Anticipate	_____	\$ _____

5. Name any person or organization, including yourself, who has or expects to receive any fees, gifts, donations or reimbursements, directly or indirectly from the adopting parent(s) for placing the child and the reason for payment.

<input type="checkbox"/> Received	<input type="checkbox"/> Expected	_____	\$ _____
<input type="checkbox"/> Received	<input type="checkbox"/> Expected	_____	\$ _____
<input type="checkbox"/> Received	<input type="checkbox"/> Expected	_____	\$ _____
<input type="checkbox"/> Received	<input type="checkbox"/> Expected	_____	\$ _____

Case Number _____

6. Money gifts, donations or reimbursements paid or promised to be paid to the biological parents, whether by the adopting parents any other persons:

<input type="checkbox"/> Paid	<input type="checkbox"/> Promised	_____	\$ _____
<input type="checkbox"/> Paid	<input type="checkbox"/> Promised	_____	\$ _____
<input type="checkbox"/> Paid	<input type="checkbox"/> Promised	_____	\$ _____
<input type="checkbox"/> Paid	<input type="checkbox"/> Promised	_____	\$ _____

CERTIFICATIONS

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

Dated: _____ (Signed) _____

CERTIFICATION OF ATTORNEY OF RECORD

Under penalties as provided by law pursuant to Section 1-109 of the code of Civil Procedure, the undersigned certifies that s/he has read and reviewed the AFFIDAVIT OF PERSON MAKING PLACEMENT, and that the contents thereof are true and correct to the best of his/her knowledge, information and belief.

Dated: _____ (Signed) _____

Name: _____ ☐ Pro Se

DuPage Attorney Number: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____