ADOPTION HORIZONS
A California Licensed Adoption Agency
10 West 7th Street, Suite F, Eureka, CA 95501 ~ Phone: (707) 444-9909 ~ Fax: (707) 442-6672 ~ Web: www.adoption-horizons.org

Statement of Financial Responsibilities

1. I/We have read and understood the schedule of fees charged by Adoption Horizons.

2. I/We agree to pay specified fees for my/our adoption services provided by Adoption Horizons and by schedule as outlined by the "Contract for Adoption Services". I/We acknowledge that there will be in addition to Adoption Horizons fees, fees for items such as transportation, INS, the child's agency/liaison agency, legal preparation of documents, medical examinations, telephone, escort expenses or anything else required to bring our child home.

3. I/We also understand and agree that we may be financially responsible for the child expenses upon assignment for adoption.

4. I/We agree to pay all expenses in connection with his/her care and support, including costs relating to undiagnosed or unforeseen medical conditions which are not covered by my insurance.

5. In the event that it should become necessary for the child to be removed from my/our home, I/We agree to continue to be responsible for the cost of his/her support until it is assumed by other persons or entities.

6. I/We understand that in no event will Adoption Horizons be held responsible for the care and support of said child following his/her assignment to me/us.

I/We attest that all the information I/We have stated in the application and supporting documents is true and accurate to the best of my/our knowledge.

_____ _____

Prospective Parent Date Prospective Parent Date

State of California }
}s.s.
County of Humboldt }

Sworn and subscribed to before me, _____, Notary Public, this _____ day

of _____, year_____, in _____, _____.
City State

_____
Signature

My Commission Expires: _____