ADOPT-230   Adoption Expenses

If you are adopting your stepchild, do not fill out this form.

① Your name (adopting parent):

    a. _____

    b. _____

Relationship to child: _____

Address *(skip this if you have a lawyer):*

Street: _____

City: _____ State: _____ Zip: _____

Telephone number: (___)_____

Lawyer *(if any): (Name, address, telephone number, and State Bar number):* _____

_____

_____

_____

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

② Name of child after adoption:

_____

③ *List the services you received that were related to the adoption of the child listed in* **②** *:*

Service	Name and address of service provider	How much paid, or value of service	Payment date
a. Hospital	_____ _____	$ _____	_____
b. Prenatal care	_____ _____	$ _____	_____
c. Legal fees paid	_____ _____	$ _____	_____
d. Adoption agency fee paid	_____ _____	$ _____	_____
e. Transportation	_____ _____	$ _____	_____
f. Adoption facilitator fees paid	_____ _____	$ _____	_____

Service	Name and address of service provider	How much paid, or value of service	Payment date
g. Counseling fees paid		$ _____	_____
h. Adoption service provider		$ _____	_____
i. Pregnancy expenses paid		$ _____	_____
j. Court filing fees paid		$ _____	_____
k. Fingerprinting fees paid		$ _____	_____
l. Other		$ _____	_____

If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3—Payment for Services" at the top.
Number of pages attached: _____

4 I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means that if I lie on this form, I am guilty of a crime.

Date: _____   _____   ▶ _____
                     Type or print your name   *Signature of adopting parent*

Date: _____   _____   ▶ _____
                     Type or print your name   *Signature of adopting parent*