



Request for Waiver of Independent Adoption Fees Statement of Household Earnings

Please provide all the following information:

List Names, ages, and relationship to petitioners of all household members. For each household member list before tax cash received from the following sources:

	Yes U	No U	Name of Receiving Person	By Month/Year	Amount
Social Security Benefits (list all types received by each household member)	<input type="checkbox"/>	<input type="checkbox"/>			
Allotments	<input type="checkbox"/>	<input type="checkbox"/>			
Veterans Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Public Assistance Payments (all types)	<input type="checkbox"/>	<input type="checkbox"/>			
Retirements or Pensions (all types)	<input type="checkbox"/>	<input type="checkbox"/>			
Indian Payments	<input type="checkbox"/>	<input type="checkbox"/>			
Union Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
Rent Receipts	<input type="checkbox"/>	<input type="checkbox"/>			
Investments	<input type="checkbox"/>	<input type="checkbox"/>			

**Request for Waiver of Independent Adoption Fees
Statement of Household Earnings Continued**

	Yes U	No U	Name of Receiving Person	By Month/Year	Amount
Annuities	<input type="checkbox"/>	<input type="checkbox"/>			
Insurance Claims	<input type="checkbox"/>	<input type="checkbox"/>			
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>			
Tax Refunds	<input type="checkbox"/>	<input type="checkbox"/>			
Dividends or Interest (all types)	<input type="checkbox"/>	<input type="checkbox"/>			
Wages/ Salary	<input type="checkbox"/>	<input type="checkbox"/>			
Other Income	<input type="checkbox"/>	<input type="checkbox"/>			

Total Number of Household Members _____

Total Income \$ _____

All the information in this request is accurate to the best of my knowledge. I understand that the adoption agency which will prepare reports for the court in my behalf is absorbing any reduction in cost to me. I further understand that if the information I have given is found to be false, I will be responsible for the full cost of any adoption work or reports furnished in my behalf by the adoption agency. I further understand that the court of jurisdiction will be made aware of any inaccurate statements in regards to this fee waiver.

Date _____

Date _____

Signature of petitioner(s)

Subscribed and sworn to before me this _____ day of _____, in the year _____.

Notary Public

My Commission Expires: