

INDEPENDENT ADOPTION FEE REDUCTION REQUEST FORM

LAST, FIRST		LAST, FIRST	
STREET, CITY, STATE, ZIP CODE		AREA CODE/PHONE NUMBER ()	
COUNTY OF RESIDENCE			
<p>In order to be considered for a fee reduction the following information MUST be attached to this request and received within 30 days, otherwise your request will be denied:</p> <ul style="list-style-type: none"> ✓ Copy of current filed 1040 Tax Statements>Returns ✓ Employment Verification (if employed) <p>PLEASE PROVIDE THE FOLLOWING INFORMATION:</p> <ul style="list-style-type: none"> ✓ TOTAL ANNUAL INCOME FROM <u>ALL</u> SOURCES: \$_____ ✓ NUMBER OF DEPENDENTS: _____ (include yourself, children under age 18 and child(ren) to be adopted) ✓ FINANCIAL ASSETS (if available within 30 days): Checking: \$_____ Savings: \$_____ Stocks & Bonds: \$_____ Accounts Receivables: \$_____ Real Estate Total Equity: \$_____ Life Insurance (cash value): \$_____ Other Assets/Resources: \$_____ ✓ EXPLANATION OF WHY PAYING THE FULL FEE WOULD CAUSE ECONOMIC HARDSHIP TO YOU AND WOULD BE A DETRIMENT TO THE CHILD BEING ADOPTED (ATTACH PAGES, IF NECESSARY): 			
SIGNATURE OF REQUESTING PERSON		DATE	
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FOR CDSS/COUNTY USE ONLY:			
State/County Office _____		Completed by: _____	
Date Petition Filed: _____		Court Petition #: _____ Worksheet Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Approved Fee Reduction Amount \$ _____		<input type="checkbox"/> Denied	
Rationale for Adoption Fee/Reason for Denial:			
Signature of State/County Office Manager/Supervisor		Printed Name	Date