INDEPENDENT ADOPTION FEE REDUCTION REQUEST FORM

LAST, FIRST	LAST, FIRST
STREET, CITY, STATE, ZIP CODE	AREA CODE/PHONE NUMBER ( )
COUNTY OF RESIDENCE	

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:

✓ Copy of current filed 1040 Tax Statements/Returns

✓ Employment Verification (if employed)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

✓ *TOTAL ANNUAL INCOME FROM **ALL** 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
SIGNATURE OF REQUESTING PERSON	DATE

FOR CDSS/COUNTY USE ONLY:

State/County Office: _____   Completed by: _____

Date Petition Filed: _____   Court Petition #:_____   Worksheet Attached: ☐ Yes ☐ No

☐ Approved Fee Reduction Amount $ _____   ☐ Denied

Rational for Adoption Fee/Reason for Denial:

Signature of State/County Office Manager/Supervisor	Printed Name	Date