

STATE OF MAINE

PROBATE COURT

County: \_\_\_\_\_

Docket No. \_\_\_\_\_

DISTRICT COURT

Location: \_\_\_\_\_

Docket No. \_\_\_\_\_

**In the Matter of the Adoption Petition of:**

\_\_\_\_\_  
*Name of Adoptee*

**REPORT OF  
DISBURSEMENTS  
18-C M.R.S. § 9-306(2)**

Petitioner(s) do/does certify under oath that the following disbursements and expenses have been or will be paid by or on behalf of me/us in connection with this adoption, and that this report is a full accounting of all disbursements and payments made in connection with this adoption, including all payments in cash or transfers of anything of value.

For each service provided, include the following: A) name and address of payee; B) amount or value that payee received; and C) date of payment or transfer.

- 1.  Legal services provided to legal parent 1 in connection with surrender and release, consent, or adoption process.

\_\_\_\_\_

- 2.  Legal services provided to legal parent 2 in connection with surrender and release, consent, or adoption process.

\_\_\_\_\_

- 3.  Counseling services provided to legal parent 1 in connection with surrender and release, consent, or adoption process. \_\_\_\_\_

\_\_\_\_\_

- 4.  Counseling services provided to legal parent 2 in connection with surrender and release, consent, or adoption process. \_\_\_\_\_

\_\_\_\_\_

- 5.  Prenatal, birthing, and other related medical expenses for the birth mother.

\_\_\_\_\_

- 6.  Transportation expenses associated with any of the above services.

\_\_\_\_\_

- 7.  Foster care expenses for the child.

\_\_\_\_\_

CONTAINS NONPUBLIC DIGITAL INFORMATION

8.  Living expenses for the birth mother.

\_\_\_\_\_  
\_\_\_\_\_

9. Other (also include here the name and address of any other persons or entities who participated in any way in the handling of funds associated with this adoption, either directly or indirectly.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: Report of Disbursements is not required when one of the petitioners is a blood relative.**

Dated: \_\_\_\_\_

Petitioner

Dated: \_\_\_\_\_

Petitioner

**STATE OF MAINE**

\_\_\_\_\_ COUNTY

Personally appeared the above-named \_\_\_\_\_ and \_\_\_\_\_, and made oath that the foregoing statements are true under penalty of perjury.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney at Law / Notary Public / Register / Clerk