

**LICENSED CHILD-PLACING AGENCY OR LICENSED CLINICAL SOCIAL
WORKER FEE DISCLOSURE STATEMENT
TENNESSEE CODE ANNOTATED, § 36-1-120(b)**

This affidavit must be filed by the licensed child-placing agency or the licensed clinical social worker with the proposed adoption order prior to entry of the Order by the Court.
See, T.C.A. 36-1-120(b).

STATE OF _____
COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am _____, an authorized representative of _____, (Name of Licensed Child-Placing Agency) [or] _____, (Name of Licensed Clinical Social Worker).

2. My agency [or I] has [have] charged _____ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving the placement of the child (ren):
_____(Names of Child (ren):

a. State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by

b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

3. My agency [or I] has [have] charged _____(Names of Prospective Adoptive Parent(s) the following fees or other charges involving home studies of the prospective adoptive parent(s):

a. State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by

b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

4. My agency [or I] has [have] charged _____ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving supervision of the placement of the child (ren) in the home of the prospective adoptive parent(s):

a. State first the service(s) rendered in conducting supervision of the child's (children's') placement in the home of the petitioner(s) immediately followed by

b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

This the ___ day of _____, 20__

FURTHER AFFIANT SAITH NOT. Please Print: _____
Authorized Representative of Licensed Child-Placing Agency/ or Licensed Clinical Social Worker

Address: _____

Signature: _____

Sworn to and subscribed before me this ___ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____