

PREPLANNED ADOPTION INTAKE

Client (Husband and Wife)

File No.:

Address:

County:

Home phone:

Work phone (Husband):

Work phone (Wife):

Fax:

e-mail:

Husband

Name:

Social Security No.:

Birth date:

Birthplace:

No. of years in state:

Date and place of marriage:

Prior marriages:

Sperm: Husband's Donor's

Wife

Name:

Maiden name:

Social Security No.:

Birth date:

Birthplace:

No. of years in state:

Prior marriages:

Eggs: Wife's Surrogate's 3d Party Donor's

Psychological and medical testing conducted?

Surrogate

Name:

Address:

Phone:

Birth date:

Marital status:

Husband's name:

Prior live births:

Private insurance or Medicaid:
Psychological and medical testing conducted:

Fertility

Doctor: _____ Phone: _____
Address: _____ Fax: _____

_____ Hospital: _____

Number of total cycles artificial insemination expected to be attempted: _____

Anticipated transfer date (if IVF): _____

Mental Health Professional: _____

Address: _____ Phone: _____
_____ Fax: _____

Willing to provide counseling/serve as mediator? Yes No

Direct expenses (payable by Intended Parents):

(including OB/GYN, surrogate's hospital, child's hospital and any physician or third party provider bills incurred in connection with fertility, pregnancy, labor, delivery and birth)

Living expenses

Total Stipulated Amount: \$ _____
Schedule of payments: _____ Monthly / Trimester (circle one)

First Payment (at confirmation of pregnancy): \$ _____

Monthly/Trimester payment amount: \$ _____

Balance: \$ _____ due after delivery: _____ days postpartum

Extra for additional child? \$ _____

Travel / lodging for procedure / pregnancy: \$ _____ one-time/
monthly or _____¢ per mile

Maternity clothes: \$ _____ disbursed:
Or: As needed

Psychological counseling: payment of deductible or cap: \$ _____
(up to 6 wks. after birth)

Lost wages: \$ _____/week (or disability insurance, see below)
(in event of physician-required bedrest)

Child care: \$ _____/week
(in event of physician-required bedrest)

Housekeeping, etc.: \$ _____/week
(in event of physician-required bedrest)

Insurance:

Medical paid by Intended Parents:
(extending up to six weeks after birth)

Term life insurance: Amount:
(extending up to six weeks after birth)

Disability insurance (in lieu of lost wages, etc.):
(extending up to six weeks after birth)

Selective Reduction:

Attorneys' Fees of Surrogate:

For review/negotiation of contract: cap: \$ _____

For will/codicil/living will: cap: \$ _____

Identities confidential?