

S.S.L. §374(6);
22 NYCRR 205.53(b)(8)
Financial

Form 9-B
(Affirmation of
Disclosure - Parents
Private-Placement)
1/24

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of the Adoption of
A Child whose First Name is

(Docket)(File) No.

OF

AFFIRMATION
FINANCIAL
DISCLOSURE -
PARENTS
(Private Placement)

.....
being duly affirmed, depose(s) and say(s): (and)

1. That deponent(s) reside(s) at
and (is)(are)
the (petitioning adoptive parent(s) (birth or legal parent(s)) of the above-named adoptive
child; and

2. That deponent(s) (has)(have) paid or given or caused to be paid or given or
undertaken to pay or give the following expenses, contributions, compensation or things
of value, either directly or indirectly, to any person, agency, association, corporation,
institution, society or organization, in connection with the placing out of said adoptive
child with deponent(s) or with the adoption of said child by deponent(s):

[Specify recipient, amount, form,
and purpose of each payment. If
none, so state.]

;

3. That deponent(s) (has)(have) requested, received, or accepted, either directly or
indirectly, the following compensation or things or value from any person, agency,
association, corporation, institution, society or other organization in connection with the
placing out of said adoptive child with deponent(s) or with the adoption of said child by
deponent(s).

[Specify source, amount, form, and purpose of each payment requested or received.
If none, so state.]

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

*(Adoptive)(Birth)(Legal) Parent: typed or printed name/ signature

*(Adoptive) (Birth)(Legal) Parent: typed or printed name / signature

*Attorney if any: typed or printed name/signature

*Attorney's Address and Telephone number