NEW YORK STATE UNIFIED COURT SYSTEM ATTORNEY'S AFFIDAVIT
Agency and Private Placement Adoptions

**Names or other information likely to identify the birth or adoptive parents or the adoptive child
are to be omitted from the information to be supplied in the attorney's statement**

Pursuant to 22 NYCRR 603.23; 691.23; 806.14; 1022.33

(a) Every attorney appearing for an adoptive parent, a natural parent, or an adoption agency in an adoption proceeding in the courts within this judicial department, shall, prior to the entry of an adoption decree, file with the Office of Court Administration of the State of New York and with the Court in which the adoption proceeding has been initiated, a signed statement under oath setting forth the following information (please type or print, use additional pages where necessary):

1.   **Name of Attorney:** Last Name: _____ First Name_____ Initial_____

2.   **Association with firm:** (if any)_____

3.   **Business Address:** Street_____

     City_____ State_____ Zip _____

4.   **Telephone Number:** _____

5.   **Docket Number of Adoption proceeding:** _____

6.   **Court where adoption has been filed:** (include county) _____

7.   **The date and terms of every agreement,** written or otherwise, between the attorney and the adoptive parents, the birth parents, or anyone else on their behalf, pertaining to any compensation or thing of value paid or given, or to be paid or given by or on behalf of the adoptive parents or the birth parents, including but not limited to retainer fees. (Indicate whether the agreement is in writing or oral by checking the appropriate box).

     Date of Agreement: ___mm / dd / yyyy___ ☐ Written Agreement   ☐ Oral Agreement

     Terms of Agreement: _____

     _____

     _____

8.   **The date and amount of any compensation paid or thing of value given,** and the amount of total compensation to be paid or thing of value to be given to the attorney by the adoptive parents, the birth parents, or by anyone else on account of or incidental to any assistance or service in connection with the proposed adoption. (If the source of compensation or thing of value is the birth parents or the adoptive parents check appropriate box only; if other, specify name).

     Date: ___mm / dd / yyyy___ Compensation paid or thing of value given: _____

     Source of compensation or thing of value given: ☐ Birth parents $_____ ☐ Adoptive parents $_____

     ☐ Other $_____ (specify name) _____

     <u>Total compensation</u> to be paid or thing of value to be given: _____

     Source of compensation to be paid or thing of value to be given: ☐ Birth parents $_____ ☐ Adoptive parents $_____

     ☐ Other $_____ (specify name) _____

9.   **A brief statement of the nature of the services rendered:** _____

     _____

Complete items 10-11 if another attorney or attorneys will share in the fees received in connection with the proposed adoption:

10. The name and address of any other attorney or attorneys, who shared in the fees received in connection with the services or to whom any compensation or thing of value was paid or is to be paid, directly or indirectly, **by the attorney**. Include the amount of such compensation or thing of value.

     Name: _____

     Address: _____

     Compensation paid or thing of value given: _____ Date paid: ___mm / dd / yyyy___

     Compensation to be paid or thing of value to be given: _____

11. The name and address of any other attorney or attorneys, if known, who received or will receive any compensation or thing of value, directly or indirectly, **from the adoptive parents, birth parents, agency or other source,** on account of or incidental to any assistance or service in connection with the proposed adoption. Include the amount of such compensation or thing of value, if known. If the source of compensation or thing of value is the birth or adoptive parents, check appropriate box only; if other, specify name.

     Name: _____

     Address: _____

     Compensation paid or thing of value given: _____ Date paid: ___mm / dd / yyyy___

     Source of compensation: ☐ Birth parents $_____ ☐ Adoptive parents $_____

     ☐ Other $_____ Specify name and address: _____

     Compensation to be paid or thing of value to be given: _____

     Source of compensation: ☐ Birth parents $_____ ☐ Adoptive parents $_____

     ☐ Other $_____ Specify name and address: _____

Complete items 12-13 if another person, agency, association, corporation, institution, society or organization will share in the fees received in connection with the proposed adoption:

12. The name and address of any other person, agency, association, corporation, institution, society or organization who received or will receive any compensation or thing of value **from the attorney**, directly or indirectly, on account of or incidental to any assistance or service in connection with the proposed adoption. The amount of such compensation or thing of value.

Name: _____

Address: _____

Compensation paid or thing of value received: $ _____ Date paid: _mm / dd / yyyy_

Compensation or thing of value to be received: _____

13. The name and address, if known, of any person, agency, association, corporation, institution, society or organization to whom compensation or thing of value has been paid or given or is to be paid or given **by any source** for the placing out of or on account of or incidental to assistance in arrangements for the placement or adoption of the adoptive child. The amount of such compensation or thing of value and the services performed or the purpose for which the payment was made. If the source of compensation or thing of value is the birth parents or the adoptive parents, check appropriate box only; if other, specify name. If additional space is needed, attach separate page.

Name: _____

Address: _____

Compensation paid or thing of value given: _____ Date paid: _mm / dd / yyyy_

Source of Compensation: ❏ Birth parents $_____ ❏ Adoptive parents $_____

❏ Other $_____ Specify name and address: _____

Compensation to be paid or thing of value to be given: _____

Source of Compensation to be paid or thing of value to be given: ❏ Birth parents $_____ ❏ Adoptive parents $_____

❏ Other $_____ Specify name and address: _____

Service performed or purpose of payment: _____

_____

14. **A brief statement** as to the date and manner in which the initial contact occurred between the attorney and the adoptive parents or birth parents with respect to the proposed adoption.

Date: _mm / dd / yyyy_

_____

_____

_____

_____

_____

I affirm that I have read this form, (including any attachments), in its entirety and that all statements I have made are true, to the best of my knowledge. False statements made in this affidavit are punishable under the penal law (§ 210.45).

Signature: _____ Date: _mm / dd / yyyy_

Department: _____ District: _____

Note:
Statements may be filed personally by the attorney or his/her representative at the main office of the Office of Court Administration in the City of New York, and upon such filing he/she shall receive a date stamped receipt containing the code number assigned to the original so filed. Statements may also be filed by ordinary mail, enclosing a self addressed stamped postcard.

Mail to: / All Inquiries should be directed to:

ADOPTION AFFIDAVITS
Office of Court Administration
P.O. Box 2016
New York, N.Y. 10008

212-428-2796

For Office of Court Administration Use Only

All statements filed by attorneys shall be deemed to be confidential, and the information therein contained shall not be divulged or made available for inspection or examination to any person other than the client of the attorney in the adoption proceeding, except upon written order of the Presiding Justice of the Appellate Division.