FORM 138. STATEMENT OF PAYMENTS TO AGENCY OF ATTORNEY IN CONNECTION WITH ADOPTION

STATE OF VERMONT
DISTRICT OF _____
IN RE ADOPTION OF:_____

PROBATE COURT
DOCKET NO:_____

Payments to Agency or Attorney in Connection with Adoption **15A V.S.A. § 3-702**	*Agency* *Attorney*		
Organization:	*Child's name:*		
	Birthmother's name (if known):		
Address:	*Birthfather's name (if known):*		
Telephone #:			

Date	Names of Persons Who Have Paid Fees:	Persons Who Have Agreed to Pay Fees:	Purpose of Payment	TOTALS

I swear and affirm that the expenses listed above are the only payments or compensation made or agreed to be made to this agency or attorney in connection with the adoption of the child listed above.

Signed: _____ _____ _____
Agency or Law Firm Date

Sworn before me on _____ in _____ in the County of _____, State of _____.

_____ My commission expires on _____.

Notary Public