STATEMENT OF PAYMENTS TO AGENCY OR ATTORNEY IN CONNECTION WITH ADOPTION

STATE OF VERMONT DISTRICT OF IN RE ADOPTION OF: Payments to Agency or Attorney in Connection with Adoption 15A V.S.A. § 3-702		PROBATE COURT DOCKET NO:		
		0 Agency 0 Attorney		
Organization:		Child's name:		
		Birthmother's name (if known):		
Address:		Birthfather's name (if known):		
Telephone #:				
Date Nar	nes of Persons Who Have Paid Fees:	Persons Who Have Agreed to Pay Fees:	Purpose of Payment	TOTALS
	that the expenses listed above are the ce child listed above.	only payments or compensation made or agreed to b	be made to this agency or attorney	in connection with
Signed:	A	gency or Law Firm:	Date:	
Sworn before me	on in	in the County of	, State of	
Notary Public:		My commission expires on		