## **STATE OF MAINE**

PROI	BATE COURT	DISTRICT COURT
Coun	ty:	Location:
Dock	et No	Docket No
In the l	Matter of the Adoption Petition of:	
		REPORT OF
Name o	of Adoptee	<b>DISBURSEMENTS</b> 18-C M.R.S. § 9-306(2)
be pa of all	id by or on behalf of me/us in connection	he following disbursements and expenses have been or will n with this adoption, and that this report is a full accounting onnection with this adoption, including all payments in cash
	ach service provided, include the following received; and C) date of payment or tra	ing: A) name and address of payee; B) amount or value that nsfer.
1.		arent 1 in connection with surrender and release, consent, or
2.		arent 2 in connection with surrender and release, consent, or
3.	_	legal parent 1 in connection with surrender and release,
4.		legal parent 2 in connection with surrender and release,
5.	Prenatal, birthing, and other related	d medical expenses for the birth mother.
6.	. Transportation expenses associated	with any of the above services.
7.	Foster care expenses for the child.	
8.	Living expenses for the birth moth	er

	ne and address of any other persons or entities who participated in
any way in the handling of fund	s associated with this adoption, either directly or indirectly.)
PLEASE NOTE: Report of Disburse	ements is not required when one of the petitioners is a blood
relative.	
D . 1	
Dated:	Petitioner
Data	
Dated:	Petitioner
	STATE OF MAINE
COUNTY	
Parsonally appeared the above named	and
	, and made oath that the foregoing statements are true under
penalty of perjury.	
Data	
Date:	Attorney at Law / Notary Public / Register / Clerk