



DEPARTMENT OF CHILDREN'S SERVICES
**LICENSED CHILD-PLACING AGENCY OR LICENSED CLINICAL SOCIAL
WORKER FEE DISCLOSURE STATEMENT**
TENNESSEE CODE ANNOTATED, § 36-1-120(b)

This affidavit must be filed by the licensed child-placing agency or the licensed clinical social worker with the proposed adoption order prior to entry of the order by the Court. See, T.C.A. 36-1-120(b).

STATE OF TENNESSEE
COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am _____, an authorized representative of _____, (Name of Licensed Child-Placing Agency) [or] _____, (Name of Licensed Clinical Social Worker).
2. My agency [or I] has [have] charged _____ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving the placement of the child(ren):

(Names of Child(ren))
 - a. State first the service(s) rendered in the placement of the child(ren) with the petitioner(s) immediately followed by
 - b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):
3. My agency [or I] has [have] charged _____ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving home studies of the prospective adoptive parent(s):
 - a. State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by
 - b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):
4. My agency [or I] has [have] charged _____ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving supervision of the placement of the child(ren) in the home of the prospective adoptive parent(s):
 - a. State first the service(s) rendered in conducting supervision of the child's (children's') placement in the home of the petitioner(s) immediately followed by
 - b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

This the __ day of _____, 20__.

FURTHER AFFIANT SAITH NOT.

Please Print: _____
Authorized Representative of Licensed
Child-Placing Agency/ or Licensed
Clinical Social Worker

Address: _____

Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires:_____