



**APPLICANT
SERVICE AGREEMENT**

This Agreement is made as of _____ between ACF Adoptions of North Miami Beach, Florida ("ACF"), and _____ of City, State.

This Agreement sets forth the understanding between ACF and _____ regarding the adoption plan of a newborn/infant of _____ gender of _____ ethnic/racial background.

In consideration of the foregoing and the mutual promises set forth below, ACF and _____ agree that the following tasks and responsibilities will be completed by the adoption agency, attorney, adoption professional, and/or client as authorized to the left of the task or responsibility by initialing.

Goals and Desired Outcomes: adoption of a newborn/infant of _____ gender of _____ ethnic/racial background.

Timeframes for Implementation: estimated waiting timeframe is approximately _____ months for match and/or placement

Services for Prospective Applicant(s)

- ACF a. Initial Screening
- ACF b. Interview and consultation
- ACF c. Match with prospective birth parent - ACF does not guarantee placement of a child.
- ACF d. Counseling assessment
- ACF e. Applicants must provide an Adoptive Parent Profile to ACF (requires digital photos and text approved by ACF). Profile will be reviewed by ACF.
- ACF f. Publish website profile
- ACF g. Consultation to review prospective pre-identified placement
- ACF h. Send parent profiles to birth parents who wish to select a family – ACF cannot guarantee return of the profiles.
- ACF i. Send parent profiles to other adoption professionals who are recruiting families for children – ACF cannot guarantee return of the profiles.
- ACF j. Provide intermediary services between applicants and other adoption professionals/agencies.

Joint Responsibilities

1. *Notification of Change:* The prospective adoptive parents will immediately advise the agency of any significant changes in their personal or work life prior to and/or subsequent to a favorable

home study assessment as to the suitability of the prospective adoptive home, and agency will make the appropriate assessment and recommendation as required.

2. *Notification of Problems with Home Study:* Each signatory will report immediately to the other any unforeseen difficulties and approval or disapproval of the home study or any circumstances that might rise to an agency or court not recommending a prospective placement in the prospective adoptive home.

3. *Disruption.* Each signatory will report immediately to the other any unforeseen difficulties that might arise during the pre-placement period that might rise to concern as to the appropriateness of the prospective placement with the prospective adoptive parents.

4. *Mutual Disclosure.* The signatories agree to share new legal, medical or other information pertinent to the service being provided, as it becomes available.

COST OF SERVICES – The applicants agree to pay to ACF ADOPTIONS in United States dollar (USD) – ACF ADOPTIONS WILL NOT BE RESPONSIBLE FOR ANY EXCHANGE RATE THAT MAY APPLY:

Application and Consultation	\$1,000.00
Pre-match case management and advertising	\$1,000.00
IAAME Fee	\$ 500.00
Intercountry Fee	\$2,500.00

This Agreement will be governed by the substantive laws of the State of Florida, and may not be modified except in writing.

By my signature below, I acknowledge that I understand the risks associated with domestic and/or intercountry adoption, as appropriate, and I understand that ACF ADOPTIONS cannot guarantee a particular outcome. This is a contract for services only. As a client, I assume the emotional and financial risks inherent in my adoption plan.

By their signatures below, the signatories agree to hold each other harmless in this matter for all time for any information which may have been falsely given or withheld by any of the child's biological or adoptive family, or other third parties, and for any act or omission not within the control of ACF ADOPTIONS in connection with this placement.

_____ (Initial) - I understand that ACF ADOPTIONS and any of its attorneys and/or employees do not legally represent me in the adoption process and that no attorney-client relationship exists by and between me and ACF, its attorneys and/or employees.

_____ (Initial) - I have been advised that if I wish to have legal representation, I should seek legal counsel and so inform ACF.

_____ (Initial) – I have been advised that I may wish to seek legal counsel before signing this agreement.

_____ (Initial) - I have decided not to seek legal representation at this time
and shall inform ACF immediately upon seeking legal counsel.

CLIENT(S)

Signature of Prospective Applicant

Date

Signature of Prospective Applicant

Date

BY ACF ADOPTIONS:

Signature

Title

Print Name

Date