

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF THE ADOPTION PETITION OF: <p style="text-align: center;"><i>(Names of adopting parents or parent)</i></p>	
ACCOUNTING REPORT—ADOPTIONS <i>(Form not required if petitioner is stepparent of child)</i>	ADOPTION CASE NUMBER: _____

(THE ACCOUNTING MUST BE ITEMIZED IN DETAIL AND SHALL INCLUDE THE FOLLOWING: (1) A list of services received by the petitioner(s), the birth parent(s), the child, or any other person relating to the adoption or the placement of the child for adoption; (2) the dates of each payment; (3) the names and addresses of each person or agency or organization receiving funds, either directly or indirectly; and (4) the amount of each payment or the value of goods or services provided. In the table below, provide an accounting summary and attach additional pages if necessary.)

Service	Payment Date	Name and Address of Recipient	Payment Amount
1.			
2.			
3.			
4.			
5.			

I, the undersigned petitioner, declare under penalty of perjury under the laws of the State of California that I have provided a full accounting of all disbursements of anything of value made or agreed to be made by me or on my behalf in connection with the birth of the child who is the subject of the adoption petition, the placement of the child with me, any medical or hospital care received by the child's birth mother or by the child in connection with the child's birth, and any other expenses of either birth parent, or of the adoption.

Date: _____

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Date: _____

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Number of pages attached: _____