



Supplemental Fee Agreement

Name:
Country:
Date Original Fee Agreement Signed:

The fees named within this agreement have been agreed to by all parties and are noted in the original Fee Agreement as “fees [that] will be stipulated in an amended fee agreement to be provided as the information becomes available.” Any changes or additions to these fees will be noted and again agreed upon by all parties, should such changes/additions occur.

**all invoices are due within 30 days; any late payments will be charged a 5% late fee*

Description of Service: In-country/Legal (as specified in FSP Agreement)	
Paid To: Name (FSP)	Amount:
Payment Details: Payment will be made upon completion of dossier. FAC will wire payment directly to FSP.	
Date Invoiced (FAC to client): Invoice will be sent once dossier is complete.	

Foreign country program expenses: This fee encompasses the expected total fees and estimated expenses for all adoption services that will be provided in the child's country of origin. This category includes, but is not limited to, costs for personnel, administrative overhead, training, education, legal services, and communications, and any other costs related to providing adoption services in the child's country. 96.40(b)(3).

Adopting Parent(s) Initials: _____ Date: _____

Description of Service: Care of the child (if applicable)	
Paid To: Name (FSP)	Amount:
Payment Details: Payment will be made upon acceptance of referral. FAC will wire payment directly to FSP.	
Date Invoiced (FAC to client): Invoice will be sent once referral is accepted.	

Care of the child: This expected total fee and estimated expenses charged to prospective adoptive parent(s) for the care of the child in the country of origin prior to adoption, including, but not limited to, costs for food, clothing, shelter and medical care; foster care services; orphanage care; and any other services provided directly to the child. 96.40(b)(4).

Adopting Parent(s) Initials: _____ Date: _____

Description of Service: Contribution (if applicable)	
Paid To: Name (FSP)	Amount:
Payment Details: Payment will be made upon acceptance of referral. FAC will wire payment directly to FSP.	
Date Invoiced (FAC to client): Invoice will be sent once referral is accepted.	

Contributions: This is a fee for any fixed contribution amount or percentage that the family will be expected or required to make to child protection or child welfare service programs in the child's country of origin country or

in the United States. If this fee is applicable it will be provided along with an explanation of the intended use of the contribution and the manner in which the transaction will be recorded and accounted for. 96.40(b)(6).

Adopting Parent(s) Initials: _____ Date: _____

Description of Service: Translation and additional document expenses (if applicable)	
Paid To: Name (FSP)	Amount:
Payment Details: Payment will be made upon completion of dossier. FAC will wire payment directly to FSP.	
Date Invoiced (FAC to client): Invoice will be sent once referral is accepted.	

Translation and document expenses: The fee is for the expected total fees and estimated expenses for obtaining any necessary documents and for any translation of documents related to the adoption, along with information on whether the family will be expected to pay such costs directly or to third parties, either in the United States or in the child's country of origin, or through the agency or person. This category includes, but is not limited to, costs for obtaining, translating, or copying records or documents required to complete the adoption, costs for the child's court documents, passport, adoption certificate and other documents related to the adoption, and costs for notarizations and certifications. The family will pay this fee to Frank Adoption Center for distribution to FSP. 96.40(b)(5).

Adopting Parent(s) Initials: _____ Date: _____

Description of Service: Third Party Fees in Country	
Paid To:	Amount:
Payment Details: Payments made to children's center, court, or any other entity in country in relation to the adoption process. Ikram will pay directly and will obtain receipts to be shared with FAC whenever possible.	
Date Amount/Info originally provided to client:	

Third party fees: These fees are the expected total fees and estimated expenses for services that the family will be responsible to pay directly to a third party that are not otherwise disclosed in the other categories listed above. Such third-party fees include, but are not limited to, fees to competent authorities for services rendered or Central Authority processing fees. 96.40(c)(1).

Adopting Parent(s) Initials: _____ Date: _____

Description of Service: Travel and Accommodation Expenses	
Paid To: Various	Amount:
Payment Details:	

Travel and accommodation expenses: The fee is the expected total fees and estimated expenses for any travel, transportation, and accommodation services arranged by the agency or person for the family. These fees and expenses can vary greatly depending on when travel occurs, length of stay in country, preferences of the family. The country specific fees estimate are provided to the family prior to application in the family-specific supplement. 96.40(c)(2).

Adopting Parent(s) Initials: _____ Date: _____

Description of Service: Post-Adoption Reporting	
Paid To: Exempt/Supervised provider of Frank	Amount:
Payment Details:	

Post-placement and post-adoption reports: This is a fee for the expected total fees and estimated expenses for any post-placement or post-adoption reports that the agency or person or parent(s) must prepare in light of any requirements of the expected country of origin. *96.40(b)(6)*.

Adopting Parent(s) Initials: _____ Date: _____

By signing this Fee Agreement, I/we acknowledge having received this Fee Agreement prior to submitting my/our application to Frank Adoption Center. I/we understand the expected total fees and estimated expenses and the conditions under which fees or expenses may be charged, waived, reduced, or refunded and of when and how the fees and expenses must be paid. *96.40(a)*.

All parties have read and agreed to the conditions named in this document.

Signature

Signature

Print Name

Print Name

Date

