



Statements of Understanding

Purpose

The purpose of this form is for the birth mother to understand all her rights and the rights of A Guardian Angel Adoptions, LLC through the adoption process.

Please initial each statement only after you have thoroughly read each statement.

Statements

Statements	Statements' Purpose or Explanation	Initial here
R501-7-7(8)	A child placing agency shall inform pre-existing parent(s) of their information that will be shared with adoptive parent(s) including their detailed health history and a genetic and social history in accordance with section 788-6-143	_____
Right to Parent:	As the birth parent of my child, I have the primary right to parent my child if I so choose, even if I am a minor. I will make sure that it is my wish to place my child for adoption before I begin working with A Guardian Angel Adoptions, LLC. If I choose at any time I do not want an adoption plan for my baby I will be open and honest with A Guardian Angel Adoptions and discontinue services with them. I understand that remaining in the care of A Guardian Angel Adoptions while not planning on placing my baby for adoption is fraud and I may be prosecuted.	_____
Application for Services:	I, at my own discretion, have decided to apply with A Guardian Angel Adoptions, LLC for assistance with my adoption plans. All information I have supplied throughout the application process is true and correct to the best of my knowledge.	_____
Fraud Statement:	I understand that misrepresenting my pregnancy or my desire to place for adoption is considered fraud. I also understand that receiving assistance and support from more than one adoption agency at the same time is fraud. A Guardian Angel Adoptions, LLC may choose to prosecute me if I have committed a fraudulent act. I also understand that adoption agencies may share information about me with other agencies on the national scam board in an effort to prevent fraud.	_____
Policies and Procedures:	I understand that there are Policies & Procedures of A Guardian Angel Adoptions, LLC that I must follow, such as completing all paperwork in a timely manner, seeing my doctor regularly and meeting with my adoption counselor for a minimum of 3 visits as required by law. If I decide not to follow these policies, I understand that A Guardian Angel Adoptions, LLC has the right and responsibility to discontinue their services. Before accepting any services from A Guardian Angel Adoptions, LLC, I agree to follow those Policies and Procedures.	_____
Drug / HIV Testing:	I understand that A Guardian Angel Adoptions, LLC will request that I participate in drug and STD testing. These tests are done automatically for all birth parents working with A Guardian Angel Adoptions, LLC. This testing is only to help you and your baby have the healthiest pregnancy and delivery as possible with no judgment.	_____
Jurisdiction:	Each state has different adoption laws with different sign times and birth father laws as well as differing financial allowances. If I choose to travel to Utah, I expressly submit to the jurisdiction of the courts of the state of Utah and agree to be bound by laws of Utah.	_____
Choice to Travel:	I understand that A Guardian Angel Adoptions does not give medical or travel advice. If I choose to travel to Utah at any time during my pregnancy I take full responsibility for that decision and for any consequences resulting from the trip, be they physical, financial, emotional, or otherwise, for myself and for any of my children traveling with me. I willingly and knowingly choose to leave the state in which I have been residing, and release A Guardian Angel Adoptions, LLC from responsibility for the choice to travel.	_____
Statement of Liability:	I acknowledge that A Guardian Angel Adoptions, LLC is providing services to me, helping me create an adoption plan that suits my desires for my baby and are caring for me in good faith with best and ethical adoption practices and according to their licensing regulations in good faith, and I do not hold them responsible or liable in any way for any harm or accident that may come to me during my association with them.	_____

Living Expenses:	I understand that A Guardian Angel Adoptions, LLC may assist me with necessary living expenses during my pregnancy including rent, food, and utility payments if allowable in the state of services. A Guardian Angel Adoptions, LLC will also assist me in accessing any local resources that may be available to me during my pregnancy or following the delivery of my child. I understand the agency is limited by law regarding the assistance offered. I understand A Guardian Angel Adoptions, LLC is unable to pay for past bills or deposits.	_____
Living Arrangements:	I understand that I may be living in an apartment complex or hotel in close proximity to other people and understand the need for respect to others living near me. Noise, fighting and other disturbances may result in police being called by other tenants and having to move myself and my family out of the apartment complex. I understand it is my choice to choose one person to support me through my pregnancy and the adoption process, but at any time should my support person be found physically or mentally abusive to me, my children, or any member of A Guardian Angel Adoptions, LLC, he/she will be IMMEDIATELY escorted to the nearest bus station to return home. There are no exceptions to this rule.	_____
Release of Information:	I understand that in signing the "Release of Information" form that I am authorizing any and all psychological, psychiatric, and/or birth certificate records relating to this pregnancy, and medical records pertaining to me to be released to A Guardian Angel Adoptions, LLC.	_____
Counseling:	I understand I will have an adoption counselor to help me make an adoption plan that best suits me and my child. I agree to meet with my adoption counselor at least three times as required by Utah law.	_____
Other Services:	I understand that services are rendered on a case-by-case basis and that services provided to another birth mother may not be the same as those provided to me. A Guardian Angel Adoptions is proud to give every expectant/birth mother an individualized experience and adoption plan best suited to her and her baby.	_____
Privacy Statement:	I understand that A Guardian Angel Adoptions, LLC will not disclose my last name, address, phone number, or any other identifying information to the adoptive family without my permission; however, we cannot guarantee privacy in any adoption.	_____
Selection and Information Sharing:	If I place my child with A Guardian Angel Adoptions, LLC I may be involved in the selection of an adoptive family if I choose. I understand that non-identifying information about the pregnancy, birth father, and myself will be shared with any family I may be considering as potential parents for my child. I have signed or will sign a release of information, allowing information specifically for this purpose. I also understand that only non-identifying information may be shared with me about the family.	_____
Adoptive Placement:	A Guardian Angel Adoptions, LLC will assist me in selecting the adoptive parents who match my request and will try to meet as many of the qualifications as possible. However, they cannot guarantee all my preferences will be met. Also some families may want to be shown that do not meet my qualifications and they may show them to give me the biggest selection possible. All adoptive parents have been thoroughly screened by A Guardian Angel Adoptions, LLC and found appropriate for the placement of my child.	_____
Religion Statement:	I acknowledge that A Guardian Angel does not discriminate based on religion and may present families who do not practice religion as I do. I understand that the adoptive parents will raise my child in the faith of their choice.	_____
Elective Post Operative Surgery:	I understand that if I choose to have an elective post operative surgery, I will be responsible for all associated charges incurred. Elective post operative surgery is not considered an adoption-related expense, and therefore, CANNOT be reimbursed.	_____
Services Provided:	I understand that staff members of A Guardian Angel Adoptions, LLC who are providing me services may also be providing services to the adoptive family. I also understand that such an arrangement might create a conflict of interest between my concerns and the concerns of the adoptive family. However, this will likely only happen in an emergency with extenuating circumstances. Each party is always assigned their own case manager who advocates for them and helps with every step of the adoption process. A Guardian Angel Adoptions will always work to serve all parties in the best way possible.	_____

Irrevocable Relinquishment:	If I decide on an adoption plan for my child, I will sign the legally-necessary relinquishment papers. I understand that in Utah I must wait at least 24 hours following the delivery of my child to sign the relinquishment papers. I realize that when I sign the relinquishment and consent paperwork, all my rights and responsibilities to this child will end and that my consent to adoption will be final, irrevocable and legally binding.	_____
Openness Agreement:	I understand that A Guardian Angel Adoptions, LLC will assist in working with the adoptive family in regard to the openness agreement by setting up a post-placement plan that meets my specific needs. A Guardian Angel Adoptions, LLC will facilitate the exchange of pictures, letters, and phones calls for the birth mothers and adoptive families. I understand that in Utah, openness agreements are not legally binding. However A Guardian Angel Adoptions is very strict about adoptive families keeping promises of openness and will always be there to make sure I receive the contact promised.	_____
Post-Placement Arrangements:	I understand A Guardian Angel Adoptions, LLC will provide housing for up to ten days after I place my child for adoption. I will also be given a reasonable amount of financial assistance to help me for up to six weeks following my placement. Additionally, I understand that A Guardian Angel Adoptions, LLC will provide me with transportation back to my home. Other post-placement services include facilitation of openness agreement and/or appropriate counseling and community referrals and ongoing help with contact with my adoptive family. They will also provide me with referrals in my community for counseling and can help pay for those visits.	_____
Utah Mutual Consent Registry:	I understand the Utah Mutual Consent Registry makes it possible for the birth parents and adoptee to be reunited when the adoptee is 18 years of age. I understand that contact will be possible through this resource only if both adoptee and birth parent register. I understand it is my responsibility to initiate my desire to be listed with the registry, which is administered by Utah Vital Records. Yes - No (please circle one)	_____
Legal Advice:	I understand that I have the legal right to consult with an attorney of my own choice and to seek independent legal counsel prior to making the decision to place my child for adoption.	_____
Information Provided:	I understand A Guardian Angel Adoptions, LLC reserves the right to discontinue services if for any reason the information provided, is not consistent with fact or actions.	_____
Information on Marriage:	I understand A Guardian Angel Adoptions, LLC reserves the right to discontinue services if the information provided about any marriages I am in, or have been in, is not consistent with the facts.	_____
Medical Expenses:	I understand that if I decide not to place my child for adoption, I will be responsible for all medical expenses incurred for me and my child.	_____
Other Expenses:	If for any reason, I choose to parent my baby, I will be responsible for all expenses related to caring for myself, my baby, and any other individual that accompanied me to Utah. This includes, but is not limited to, housing and living expenses, baby necessities, and previous, current, and future medical care. I agree to find housing/hotel until I leave Utah. Transportation to the city I came from will be provided after I have been medically cleared to travel. No exception to this policy is permitted.	_____
<p>I certify that to the best of my knowledge this information I have provided here is true and correct. I am not under the influence of any drugs, alcohol, or medication that may influence my reasoning or judgment and am signing this document of my own free will and choice.</p>		
<p>_____</p> <p>Birth Mother's Name</p>		<p>_____</p> <p>Birth Mother's Signature</p>
		<p>_____</p> <p>Date</p>