

\_\_\_\_\_ COUNTY

\_\_\_\_\_ SP \_\_\_\_\_

\_\_\_\_\_  
(Full name of petitioning father)

### AFFIDAVIT

\_\_\_\_\_  
(Full name of petitioning mother)

### DISCLOSURE OF FEES & EXPENSES

FOR THE ADOPTION OF

\_\_\_\_\_  
(Full name by which adoptee is to be known if adoption granted)

In accordance with G.S. 48-2-602, this Affidavit is being made to account for any payments or disbursements made or agreed to be made by petitioner(s) in connection with this adoption and is being filed with the court at least 10 days before entry of the Final Decree. This Affidavit includes the amount of each payment or disbursement and name and address of each recipient as allowed by G.S. 48-10-103.

Description of Expenses/Fees	Name & Address of Recipient	Amount

\_\_\_\_\_  
Adoptive Father

\_\_\_\_\_  
Adoptive Mother

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(S E A L)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Note:

One DSS-5191 is filled in by the adoptive parent(s) for presentation to the Clerk of Superior Court who then forwards it to the Division of Social Services, State Department of Health and Human Services.