

(ODHS) PLACEMENT/ADOPTION RELATED EXPENDITURES SUMMARY

1. County Probate Court		2. Docket or Case Number			
3. Date of Hearing (MM/YY)		4. Report Type			
		a. Preliminary Report		b. Final Report	
5. Prepared By:		6. child(ren) and Petitioner:			
Name: _____ Phone: _____ Fax: _____		a. Related		b. Not Related	

1. County Probate Court	
Type of Placement	Number of Children
a. CDHS / PCSA	
b. Private Agency	
c. Foreign or Out-Of-State	
d. Placed by Court	
e. Independent with Prior Court Approval	
E Independent without Prior Court Approval	
g. Not in Home	
h. Refused	

Comments:

County Probate Court	Docket or Case Number

8 Accounting Summary	
Category of Summary Disbursements	Value (\$)
a. Medical Expenses	
i. Physician Expenses	
ii. Hospital/Medical Facility Expenses	
b. Legal Expenses	
i. Attorney Fees	
ii. Actual Costs to Attorney	
iii. Court Costs	
c. Agency Expenses	
i. Agency Fees	
ii. Actual Costs to Agency	
d. Temporary Maintenance and Medical Care (Petitioner Refuses Placement)	
e. Foster Care	
f. Guardian Ad Litem Fees	
g. All Other Disbursements	
ll. Total Value of Payments Made or to be Made	

Comments: