

CHECK LIST FOR GESTATIONAL CARRIER AGREEMENT

INTENDED PARENT INFORMATION	
Intended Parent #1 Name:	
Intended Parent #1 gender:	
Intended Parent #1 date of birth:	
Intended Parent #2 Name (if applicable):	
Intended Parent #2 gender:	
Intended Parent #2 date of birth:	
Intended Parent(s) Address: Including County Country	
Intended Parent #1 Phone Number:	
Intended Parent #2 Phone Number:	
Intended Parent #1 email address:	
Intended Parent #2 email address	
Are Intended Parents married:	
If not: do they plan to marry, and if yes, when?	
CARRIER INFORMATION	
Carrier's Name	
Carrier's Spouse/Partner's Name: (if applicable)	
Is Carrier married:	
Carrier's Address: Including County	
Carrier's Phone Number:	
Carrier's email address:	
Carrier's Spouse/Partner's Phone Number	
Carrier's Spouse/Partner's email address:	
Is Carrier represented by an attorney?	
If yes, name, address, phone number and email:	
Is Carrier related to Intended Parents:	

If yes, describe the relationship.	
Has Carrier been a surrogate before?	
If yes, how many times and what was the result each time?	
EMBRYO INFORMATION	
Whose egg will be used: (intended mother, anonymous, carrier, embryo donor)	
Whose sperm will be used: (intended father, donor, embryo donor)	
Are there embryos available?	
If yes, how many	
Name of the clinic where the embryos were created:	
Clinic Address Phone number Email Contact person (with email)	
Name of Doctor who created embryos	
Name of Doctor who performed egg retrieval if using Intended Mother's eggs	
If you are using donor embryos, egg or sperm, please provide the following: Name of Donor Facility Address of Donor Facility	
Do you have legal ownership of any donor gametes?	
In order to have ownership of donor gametes, you would have signed a contract for the property, or you would have been provided a donor consent form. Please provide that to Attorney Hete	
FERTILITY CLINIC INFORMATION	
Name of clinic who will perform transfer Address Phone number Email	

Contact person (with email)	
Name of Doctor who will be performing the transfer	
TRANSFER INFORMATION	
How many total transfer attempts do you want to try to achieve a successful pregnancy	
How many embryos will be transferred for each attempt	
How many months do you want to continue to attempt transfers if any transfer fails	
PREGNANCY CARE INFORMATION	
Where will the child be delivered Name of Hospital Address Phone Number County	
Name of Carrier's OBGYN Address Phone Number Email for contact person	
What is the Carrier's vaccination status	
Will Carrier receive additional vaccines during the pregnancy or in anticipation of pregnancy	
COMPENSATION INFORMATION	
Base compensation amount Paid at what rate	
Amount for multiple pregnancy	
Maternity clothing allowance	
Will you pay Carrier's lost wages	
Will you pay housekeeping for Carrier	

Please provide a compensation schedule	
INSURANCE INFORMATION	
Does the Carrier have health insurance that covers a surrogate pregnancy	
If yes, what is the name of Carrier's insurance provider	
Is Carrier's insurance provided through her employer (or her spouse's employer)	
What is Carrier's annual deductible and copays	
Have you had the insurance evaluated by an agency	
If yes, what agency did the insurance evaluation	
Will you provide life insurance or an accidental death policy during the contract for Carrier	
If yes, in what amount	
Will you attach riders to the insurance policy for lost organs or other loss If yes, what riders	
TERMINATION OF PREGNANCY	
Under what circumstances, if any, would you ask the Carrier to terminate a pregnancy	
Will the Carrier terminate the pregnancy for the reasons you have identified	
Will you request a termination of the pregnancy if the child has Down Syndrome	
Will the Carrier accept a termination of a pregnancy if the child has Down Syndrome	
Under what circumstances would you ask for a reduction of the pregnancy	
Will the Carrier reduce the pregnancy for the reasons you have identified	

PAYMENT TO CARRIER	
Will you be using an escrow company to manage payments to the Carrier	
If yes, what Escrow company will you use	
What is the required funding for the escrow	
What is the minimum balance for escrow	
When do you want to terminate escrow (typically 3 months after termination of the contract)	

FEE TO PURCHASE CONTRACT:

\$2,500

Fees include negotiation, clearance letters, copies to all necessary parties, and all necessary paperwork for medical authorization to commence procedures. Fees are for contract construction only and are not applied to any pre-birth or post-birth litigation if required.

PAYMENT CAN BE MADE AS FOLLOWS:

Checks payable to: Emily M. Hete, Esq., LLC

Electronic Payments via Zellepay

Please complete this form and return it via FAX or EMAIL
to Attorney Emily M. Hete

330-666-6400 fax

emily@hetelaw.com

492 Heatherleigh Drive
Akron, OH 44333

Questions? Call 330-666-6400