

CHECK LIST FOR ESTABLISHMENT OF PARENTAGE

<b>INTENDED PARENT INFORMATION</b>	
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?	
<b>CARRIER INFORMATION</b>	
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?	
Does the Carrier have children? If yes, how many and their ages	
Does the Carrier's Spouse have children? If yes, how many and their ages	
<b>EMBRYO INFORMATION</b>	
Whose egg was be used: (intended mother, anonymous, carrier, embryo donor)	
Whose sperm was be used: (intended father, donor, embryo donor)	
Date of egg retrieval	
Name of clinic where the egg retrieval took place	
Date of sperm collection	
Name of clinic who processed/maintained the sperm sample	
Name of the clinic where the embryos were created:	
Clinic Address Phone number Email Contact person (with email)	
When did you engage the services of the Clinic (month/year)	

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 Contact person	
<b>FERTILITY CLINIC INFORMATION</b>	
Name of Doctor who performed the embryo transfer	
Name of the Clinic who performed transfer <i>**If different than clinic who created embryos***</i> Address Phone number Email Contact person (with email)	
When did you engage the services of the Fertility Clinic (month/date)	
<b>TRANSFER INFORMATION</b>	
What is the date of the successful embryo transfer	
How many embryos were transferred	
The Carrier is pregnant with a _____ pregnancy (singleton/twin/triplet, etc)	
What is the date the Surrogacy Contract was fully signed by all parties	
<b>DELIVERY INFORMATION</b>	
What is the due date for the Child	
What is the name of the hospital where the Child will be delivered	
Hospital Address	

Hospital Phone number	
Hospital County	
Contact Person (if applicable)	
What will the child's surname be	

**FEE TO PREPARE BIRTH ORDER:**

**\$3,750**

Fees includes court costs, filing fees, postage, records fees and Attorney fees. Fees do not include travel documents, passport assistance, obtaining records from third party agencies, or payment to third party providers to obtain proper documentation for the birth order process.

Please refer to your engagement.

**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](mailto:emily@hetelaw.com)

Mail Checks and documents to:

**492 Heatherleigh Drive**

**Akron, OH 44333**

Questions? Call 330-666-6400

Or email [emily@hetelaw.com](mailto:emily@hetelaw.com)