



FAMILIES THRU INTERNATIONAL ADOPTION

(a state licensed not-for-profit child placement agency)

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ACKNOWLEDGMENT & AGREEMENT – GUATEMALAN ADOPTION

We, ADOPTIVE PARENTS NAMES, the undersigned, hereby acknowledge receipt of our picture(s) and medical information on ADOPT CHILD NAME . We understand that we have been provided all the medical information that was provided to Families Thru International Adoption (FTIA) by the attorney in Guatemala. FTIA has very clearly stated that they do not guarantee the accuracy of any medical information provided from Guatemala. We understand, and with full knowledge, that we are not certain of the medical, social, developmental, or emotional condition of ADOPT CHILD NAME . By our signatures below, we are agreeing to complete the adoption of ADOPT CHILD NAME through FTIA by traveling to Guatemala when permitted by Guatemalan and U.S. authorities. We further agree that upon our decision to accept the referral of ADOPT CHILD NAME to send the last part of our FTIA agency fee along with this Acknowledgment and Agreement to FTIA.

We understand that FTIA requires two (2) post-placement reports after our return from Guatemala. The first post-placement report is to be submitted no later than six (6) months after our return home. The second post-placement report is to be submitted no later than twelve (12) months after our return. The post-placement reports are to be performed by the person who completed our original home study or another licensed home study agency. By our signatures below, we are agreeing to complete the post-placement reports as required by FTIA, although this may present additional costs. We also agree that if FTIA or Guatemala changes their post-placement requirements to require additional post-placements, we will comply with the FTIA regulations even though it will result in additional costs to us.

We agree that we will not hold FTIA legally liable and that we will not pursue any legal action against FTIA in the event there is a medical, social, developmental, or emotional condition present which is not indicated on the medical information provided to us, whether detected, observed, and/or diagnosed in Guatemala or after our return to the United States after adopting in Guatemala. We affirm that we have had the opportunity to ask any questions or request additional information prior to our travel to Guatemala and that we have relied on the medical reports from Guatemala in deciding to adopt ADOPT CHILD NAME .

We agree to obtain our child's Certificate of Citizenship within one year of our return and to send FTIA a copy of the Certificate of Citizenship when received from the CIS.

We understand and agree to incorporate into this Acknowledgement and Agreement all the terms and conditions of the Adoption Services Agreement we signed earlier in this adoption process.

ADOPTING PARENT

Date

ADOPTING PARENT

Date