

**Georgia Department of Human Resources
STATE ADOPTION UNIT
878 PEACHTREE STREET, N.E.
ATLANTA, GEORGIA 30309-9844**

**PLACEMENT AGREEMENT*
ADOPTIVE HOME**

We (I) _____ and _____ after careful consideration, receive into our (my) home _____ born _____, a child in the legal custody of the Georgia Department of Human Resources. This is a child whom we (I) intend to make permanently ours (mine) through legal adoption.

We (I) will assume full financial responsibility for this child's care, including his/her basic maintenance, education and medical care.

We (I) understand in receiving _____ into our (my) home that the Georgia Department of Human Resources continues to hold legal custody until the adoption is finalized by the Court. A representative of the Department will visit us (me) during this post-placement period.

We (I) further understand that the child we are (I am) accepting into our (my) home is one of a sibling group and that it has been decided by the Georgia Department of Human Resources that it is in the best interest of these children that they be placed for adoption in the same home. We are (I am) committed to making the entire sibling group permanently ours (mine) through legal adoption. Should it be determined that this is not possible, we (I) understand that it is the Georgia Department of Human Resources' right and obligation to make plans for all these children.

The decision about the time for filing the petition to adopt will be made jointly in a timely manner by all parties to this agreement.

Adoptive Parent

Adoptive Parent

Agency Representative

Date

Signed and Sealed before me
_____ day of _____, ____.

Notary Public

Form 37 (Rev. 9-90) *Sibling Placement

ISSUED: September 11, 2001

COWETA COUNTY BOARD OF EDUCATION