

ADOPTION BENEFIT PROGRAM Affidavit of Expenses

Comes the Affiant, and being duly cautioned and sworn, for his/her Affidavit in support of this Adoption Benefit Reimbursement Application, deposes and states as follows:

1. That my name is	, and I	work for
2. That on	_ I traveled to	for adoption purposes.
3. That I have adopted		
	[Insert name(s) of ac	dopted child(ren)]
4. That I have incurred	l expenses of \$	during the adoption process.
5. That I incurred trav	el expenses of \$	·
That I incurred cour	rt costs and attorney f	fees of \$
	_	fit Reimbursement Application to the
	•	ent and record that I submitted to the
	•	urate representation of the expenses that I
incurred during the	adoption process.	
Further, Affiant sayeth na	ught.	
Name of Affiant		
COMMONWEALTH OF	,	
COUNTY OF) SS:	
COUNTI OF		
Sworn to and subscribed l		Public, Commonwealth of Kentucky by, 2025
Name of Affiant	•	
		_
Notary Public		
My Commission Expires:		

