

## FAMILY FORMATION INTAKE - SURROGACY AGREEMENT

### SURROGATE INFORMATION

Please provide surrogate's current, full legal name as it appears on her driver's license and other IDs.

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Please provide her **maiden name** as it currently appears on her birth certificate, if different than above.

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Please provide the following demographic information, which is required for your child's birth certificates

Date of Birth:

State (if US) or Country of birth:

Social Security number, if any:

Race/Ethnicity:

Phone:

Email Address:

Permanent Home Address (incl. Apt#):

City, State Zip:

If surrogate will be **LEGALLY** married at the time the contract is signed or the time of birth, please provide the following info for her spouse:

Spouse's full legal name:

Address, if different:

City, State Zip (if different):

Gender:

### SURROGATE'S COUNSEL, IF APPLICABLE

Attorney Name:

Firm Name:

Attorney Address:

City, State Zip:

Phone:

Email Address:

## IVF PHYSICIAN & FACILITY

Doctor Name:

Practice/Clinic Name:

Address (incl. suite):

City, State Zip:

Phone:

Email Address:

## OBSTETRICIAN INFORMATION

Name of OB-GYN:

Address (incl. suite):

City, State Zip:

Phone:

## HOSPITAL WHERE EXPECTED TO DELIVER

Hospital Name:

Hospital Address:

City, State Zip:

Hospital Contact Name:

Phone:

Email Address:

## ESCROW FUNDING

Escrow Holder:

Address (incl. suite):

City, State Zip:

Phone:

Email Address:

Amount of Initial Funding and date required:

Additional funding details:

## AGREEMENT TERMS - MEDICAL

Whose eggs will be used?

Whose sperm will be used?

Maximum number of embryos per transfer:

Maximum number of transfers to attempt:

Maximum number of children to carry to term:

Would the parties want selective reduction as an option?

Would the parties want termination for birth defects to be an option?

Would the parents want amniocentesis to be performed?

## AGREEMENT TERMS - Financial

Base Compensation			
Instructions for payment schedule, if any			
Start of Meds			
Embryo Transfer			
Maternity Clothing Allowance	1:	2+:	Payable:
Amnio, D&C, Cerclage, other invasive			Payable:
Selective Reduction			Payable:
C-Section			Payable:
Carrying multiple fetus			Payable:
Termination at IP's request			Payable:
Loss of Uterus/Reproductive Organs			Payable:
Life Insurance Premium			
Health Insurance Premiums			
Attorney Allowance			
Lost Wages			Max:
Housekeeping			Max:
Child care			Max:
Bed Rest			Max:
Local Travel - Mileage			
Out of town travel – per diem food allowance			
Out of town travel – other expenses such as airfare, hotel, rentals cars, tolls, gas, etc.			