

ADOPTION

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## **TABLEAUX SUR LES COÛTS ASSOCIÉS À L'ADOPTION INTERNATIONALE**

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## **TABLES ON THE COSTS ASSOCIATED WITH INTERCOUNTRY ADOPTION**

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## TABLES ON THE COSTS ASSOCIATED WITH INTERCOUNTRY ADOPTION

The *Tables on costs*<sup>1</sup> are designed to increase transparency by compiling the available information on the costs of intercountry adoption in States of origin and receiving States.

The Tables do not aim to provide prospective adoptive parents (“PAPs”) or other actors with a definitive, “total cost” for an intercountry adoption. Rather, they aim to be a reference point for PAPs and other actors to identify if the costs which they encounter in the State of origin (Table I) and the receiving State (Table II) are of the nature and within the range provided in the Tables. The Experts’ Group will continue its discussions regarding the best method of collecting the data as well as the timeline for providing the data. It will also decide on where and how the tables should be published.

The Tables also include information about the “contributions”<sup>2</sup> which may be demanded from PAPs by certain States of origin or adoption accredited bodies in the context of an intercountry adoption. Such contributions should not be considered as “costs” of an intercountry adoption since they are distinct from the real or actual costs of the adoption procedure (*i.e.*, they are distinct from the cost of providing all the services necessary in the receiving State and the State of origin to complete each particular adoption). Nevertheless, in order to reflect the current practice of some States,<sup>3</sup> they have been included in the tables.

### INSTRUCTIONS FOR COMPLETION OF THE TABLES

Tables I and II may be completed by States to provide information concerning the estimated costs and contributions associated with an intercountry adoption in the particular State of origin or receiving State.

States of origin may complete Table I. Receiving States may complete Table II. States that are both States of origin *and* receiving States may complete both Tables.

#### Column “Purpose”

The “other” category should be used to add any category of costs not previously listed in the column. Please be as specific as possible.

#### Column “Charged by”

For each category of costs, please select the type of authority, body or person that best corresponds.

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<sup>1</sup> For a definition of the term “costs” in the context of intercountry adoption, see the Terminology section of the *Note on the Financial Aspects of Intercountry Adoption*, available on the Hague Conference website at < [www.hcch.net](http://www.hcch.net) > under “Intercountry Adoption Section” (hereinafter, “Note”).

<sup>2</sup> For a definition of the term “contribution” in the context of intercountry adoption, see Note, *supra* note 1. See also Chapter 6 of the Note regarding the problems and recommendations associated with “contributions” and Hague Conference on Private International Law’s, *Accreditation and Adoption Accredited Bodies: General Principles and Guide to Good Practice*, Guide No 2, Family Law (Jordan Publishing Ltd), 2012, Chapter 9, available on the Hague Conference website at < [www.hcch.net](http://www.hcch.net) > under “Intercountry Adoption Section” (hereinafter, “Guide to Good Practice No 2”).

<sup>3</sup> See Guide to Good Practice No 2, *supra* note 2, para. 432.

### Abbreviations used

(CAN)	Central Authority National
(CAR)	Central Authority Regional
(PA)	Public Authority
(CT)	Court or Tribunal
(AB)	Adoption Accredited Body
(AB SO)	Adoption Accredited Body of the State of origin
(AB RS)	Adoption Accredited Body of the receiving State
(AP SO)	Adoption Approved (Non-accredited) Person of the State of origin
(AP RS)	Adoption Approved (Non-accredited) Person of the receiving State
(OP)	Other professionals ( <i>e.g.</i> , lawyer, doctor, translator, interpreter)
(N/A)	Not applicable – if service is not performed

#### Column "Name of the authority, body or person"

Please use the space in this column to specify the name of the authority, body, person or the type of professional whenever possible.

#### Column "Amount"

For each category of costs, please indicate the fixed amount, if applicable, or the range (minimum to maximum) that is charged. You may use "free" when the service is provided free of charge, "not applicable" when the service is not provided, or "unknown" when the information is not yet available.

You may find that some categories of costs are incurred in exceptional cases only (*e.g.*, *translation and/or interpretation costs*). In such a case, please indicate "0 to [estimate price when the prospective adoptive parent(s) select this service]". You may also use the space in each category or use a footnote to specify the conditions under which an amount may be requested.

**TABLE I – STATE OF ORIGIN**

**COSTS AND CONTRIBUTIONS**  
**TO BE PAID IN [NAME OF THE STATE OF ORIGIN]**  
**[YEAR]**

**Date completed:**

This table is designed to provide prospective adoptive parents (“PAPs”) and other adoption actors with an overview of the costs and contributions (see p. 2 on the way to enter the “amount” in the tables) which may need to be paid in the above-mentioned State of origin when undertaking an intercountry adoption from that State. Unless indicated otherwise, the costs listed are for the adoption of ONE child.

Please note: In order to obtain a comprehensive overview of the costs and contributions which may need to be paid by the PAPs, one will need also to refer to Table II (costs and contributions to be paid in the receiving State) as completed by the receiving State in which the PAPs habitually reside.

Additional amounts, such as **travel costs** (which may include airfares and accommodation) may apply (see “travel requirements” section below) but only general information concerning this is requested in this table, not actual costs.

<b>COSTS</b>			
<b>Purpose of the service covered by the cost</b>	<b>Charged by</b>	<b>Name of the authority, body or person</b>	<b>Amount<sup>4</sup> [currency]</b>
Administrative application fee <sup>5</sup>	<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> PA <input checked="" type="checkbox"/> N/A		
Administrative processing fee <sup>6</sup>	<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> PA <input checked="" type="checkbox"/> N/A		
Court fees	<input checked="" type="checkbox"/> CT <input type="checkbox"/> N/A	Relevant courts	
Visa(s) for PAPs to enter the State of origin	<input checked="" type="checkbox"/> PA <input type="checkbox"/> N/A		
Specialised professionals	Legal services (e.g., legal advice and representation in the State of origin)	<input type="checkbox"/> AB SO <input type="checkbox"/> AB RS <sup>7</sup> <input checked="" type="checkbox"/> OP <input type="checkbox"/> N/A	
	Notary's fees	<input type="checkbox"/> OP <input checked="" type="checkbox"/> N/A	
	Medical services (e.g., health examination for the child)	<input checked="" type="checkbox"/> OP <input type="checkbox"/> N/A	Ministry of health
	Psychologists / counselling	<input type="checkbox"/> AB SO <input type="checkbox"/> AB RS <sup>8</sup> <input type="checkbox"/> OP <input checked="" type="checkbox"/> N/A	

<sup>4</sup> For each category of costs, please indicate the currency, fixed amount, if applicable, or the range (minimum to maximum) that is charged for each category. See also p. 2 of this document for more details on the way to enter the “amount” in the tables.

<sup>5</sup> States should use this category to indicate whether they charge a standard fee when PAPs submit an application to adopt.

<sup>6</sup> States should use this category to indicate whether they charge subsequent fees at different stages of the adoption procedure (e.g., when the matching is done).

<sup>7</sup> Only applicable if not included already in the costs for services by a receiving States accredited body mentioned in Table II.

<sup>8</sup> *Ibid.*

Specialised professionals	Interpreter in the State of origin	<input type="checkbox"/> AB SO <input type="checkbox"/> AB RS <sup>9</sup> <input checked="" type="checkbox"/> OP <input type="checkbox"/> N/A		
	Other: [please specify]			
Documentation	Birth certificate(s) of the child	<input type="checkbox"/> PA <input type="checkbox"/> CT <input checked="" type="checkbox"/> N/A		
	Passport from the State of origin	<input checked="" type="checkbox"/> PA <input type="checkbox"/> N/A	Ministry of Interior	
	Legalisation of documents in the State of origin	<input type="checkbox"/> PA <input type="checkbox"/> CT <input checked="" type="checkbox"/> N/A		
	Translation of documents in the State of origin	<input type="checkbox"/> AB SO <input type="checkbox"/> AB RS <sup>10</sup> <input checked="" type="checkbox"/> OP <input type="checkbox"/> N/A		
	Other: [please specify]			
Other costs charged by an AB of the State of origin (not included in other categories) [please specify]		<input type="checkbox"/> AB SO <input checked="" type="checkbox"/> N/A		
Emigration / Exit fees for the child (e.g., fee to exit the State) <sup>11</sup>		<input type="checkbox"/> PA <input type="checkbox"/> N/A		
Other: [please specify]				

### CONTRIBUTIONS

Purpose	Charged by	Name of the authority, body or person	Amount [currency]
Contributions demanded by the State of origin [Please specify for what purpose this money is collected]	<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> PA <input checked="" type="checkbox"/> N/A		
Contributions demanded by an accredited body of the State of origin [Please specify for what purpose this money is collected (e.g. for the care of the child)]	<input type="checkbox"/> AB SO <input checked="" type="checkbox"/> N/A		

### TRAVEL REQUIREMENTS

[Please specify if prospective adoptive parent(s) is / are required to personally travel to the State of origin and the number of compulsory trips <sup>12</sup> as well as the minimum number of days which he / she / they are required to stay in the State of origin].	<b>It is required but any exact number of trip compulsory</b>
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<sup>9</sup> *Ibid.*

<sup>10</sup> *Ibid.*

<sup>11</sup> This category of costs does not refer to costs associated with the immigration of the child *into* the receiving State; instead, it refers to any fees charged by the authorities of the State of origin in order for the child to *exit* the territory.

<sup>12</sup> States should be aware of the psychological trauma to the child which could occur when several trips are made to meet the child before he or she is finally entrusted to the adoptive parents.

**TABLE II - RECEIVING STATE**  
**COSTS AND CONTRIBUTIONS**  
**TO BE PAID IN [NAME OF THE RECEIVING STATE]**  
**[YEAR]**

**Date completed:**

This table is designed to provide prospective adoptive parents ("PAPs") and other adoption actors with an overview of the costs and contributions (see p. 2 on the way to enter the "amount" in the tables) which may need to be paid in the above-mentioned receiving State when undertaking an intercountry adoption to that State. Unless indicated otherwise, the costs listed are for the adoption of ONE child.

Please note: In order to obtain a comprehensive overview of the costs and contributions which may need to be paid by the PAPs, one will need also to refer to Table I (costs and contributions to be paid in the State of origin) as completed by the State of origin in which the child habitually resides.

Additional amounts, such as **travel costs** (which may include airfares and accommodation) may apply but are not included in this table.

**SECTION I: GENERAL FIXED COSTS**  
**TO BE PAID IN THE RECEIVING STATE**  
**(regardless of the State of origin from which the adoptable child comes)**

COSTS					
Purpose of the service covered by the cost		Charged by		Name of the authority, body or person	Amount <sup>13</sup> [currency]
Charged by an authority					
Administrative application fee <sup>14</sup>		<input type="checkbox"/> CAN	<input type="checkbox"/> CAR		
		<input type="checkbox"/> PA	x N/A		
Administrative processing fee <sup>15</sup>		<input type="checkbox"/> CAN	<input type="checkbox"/> CAR		
		<input type="checkbox"/> PA	x N/A		
Court fees		x CT	<input type="checkbox"/> N/A	Relevant courts	
Documentation	Certificates issued in the receiving State (e.g., birth, marriage, criminal records)	<input type="checkbox"/> PA	<input type="checkbox"/> CT		
	Passports (for PAPs and child)	x PA	<input type="checkbox"/> N/A		

<sup>13</sup> For each category of costs, please indicate the currency, fixed amount, if applicable, or the range (minimum to maximum) that is charged for each category. See also p. 2 of this document for more details on the way to enter the "amount" in the tables.

<sup>14</sup> States should use this category to indicate whether they charge a standard fee when PAPs submit an application to adopt.

<sup>15</sup> States should use this category to indicate whether they charge subsequent fees at different stages of the adoption procedure (e.g., when the matching is done).

Documentation	Immigration procedures for the child in the receiving State (e.g., visa or other entry requirement)	<input checked="" type="checkbox"/> PA <input type="checkbox"/> N/A		
	Other: [please specify]			
Charged by an AB in the RS <sup>16</sup>				
Purpose of the service covered by the cost		Charged by	Name of AB	Amount [currency]
Opening of the adoption case file		<input type="checkbox"/> AB RS <input type="checkbox"/> N/A		
Administration and file processing costs		<input type="checkbox"/> AB RS <input type="checkbox"/> N/A		
Membership of the AB		<input type="checkbox"/> AB RS <input type="checkbox"/> N/A		
Other administrative costs / fee for overhead [please explain what fees cover]		<input type="checkbox"/> AB RS <input type="checkbox"/> N/A		

Please note: add as many rows to the table as required, according to the number of ABs present in your State.

Charged by an authority, an AB or other person				
Purpose of the service covered by the cost		Charged by	Name of the authority, body or person	Amount [currency]
Home study (preparation of the psychosocial evaluation on suitability to adopt of PAPs)		<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> AB RS <input type="checkbox"/> AP RS <input type="checkbox"/> PA <input checked="" type="checkbox"/> N/A		
General preparation, education and training programs for PAPs <sup>17</sup>		<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> AB RS <input type="checkbox"/> AP RS <input type="checkbox"/> PA <input type="checkbox"/> OP <input checked="" type="checkbox"/> N/A		
Medical services and related certificates (e.g., health examination for PAPs)		<input type="checkbox"/> AB RS <input type="checkbox"/> AP RS <input checked="" type="checkbox"/> PA <input type="checkbox"/> OP <input type="checkbox"/> N/A	Ministry of health	
Legal advice and representation		<input type="checkbox"/> AB RS <input type="checkbox"/> AP RS <input checked="" type="checkbox"/> OP <input type="checkbox"/> N/A		

<sup>16</sup> See Section II for specific costs according to each State of origin.

<sup>17</sup> *Ibid.*

Additional psychological services (e.g., for special needs children and other services provided to the child)	<input type="checkbox"/> AB RS <input type="checkbox"/> AP RS <input type="checkbox"/> PA <input type="checkbox"/> OP x N/A		
Post-adoption counselling	<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> AB RS <input type="checkbox"/> AP RS <input type="checkbox"/> PA <input type="checkbox"/> OP x N/A		

Others costs			
Purpose of the service covered by the cost	Charged by	Name of the authority, body or person	Amount [currency]
[please specify]			

### **SECTION II: OTHER POSSIBLE COSTS**

(Which may or may not be incurred by PAPs, depending upon the State of origin from which the adoptable child comes. Please ensure that the same costs are reported either in Table I (State of origin) or Table II (receiving State) but not in both)

Purpose of the service covered by the cost	Charged by	State of origin <sup>18</sup>	Amount [currency]
Legalisation of documents in the receiving State	<input type="checkbox"/> PA <input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 1]	
	<input type="checkbox"/> PA <input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 2]	
	<input type="checkbox"/> PA <input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 3]	
Translation of documents in the receiving State	<input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 1]	
	<input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 2]	
	<input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 3]	
Other (e.g., in the case of adoptions not mediated in the SO by an AB <sup>19</sup> )	<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> PA <input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 1]	
	<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> PA <input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 2]	
	<input type="checkbox"/> CAN <input type="checkbox"/> CAR <input type="checkbox"/> PA <input type="checkbox"/> OP <input type="checkbox"/> N/A	[NAME OF SO 3]	

[NAME OF THE STATE OF ORIGIN 1]	Charged by AB	Amount [currency]
Programme costs (e.g., costs to pay the representative in the State of origin, administrative / rental costs if applicable)	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
Communication costs (e.g., telephone, internet, video-conferencing associated with a particular country)	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	

<sup>18</sup> Please note that the number of documents to be translated will depend on each State of origin. However, the price of the translation will be according to professionals' fees in the receiving State.

<sup>19</sup> These adoptions are not considered a good practice although they are permitted under the 1993 Hague Convention.



Specific preparation, education and training programmes for PAPs	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
Preparation of post-adoption reports	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
Other	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	

[NAME OF THE STATE OF ORIGIN 2]	Charged by AB	Amount [currency]
Programme costs (e.g., costs to pay the representative in the State of origin, administrative / rental costs if applicable)	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
Communication costs (e.g., telephone, internet, video-conferencing associated with a particular country)	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
Specific preparation, education and training programmes for PAPs	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
Preparation of post-adoption reports	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
Other	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	

Please note: please complete one table for each State of origin with which your State works. Every table should contain one row for each accredited body authorised to work in the particular State of origin.

**SECTION III: CONTRIBUTIONS DEMANDED BY AN AB  
FOR A SPECIFIC STATE**

<b>[NAME OF THE STATE OF ORIGIN 1]</b>	<b>Charged by AB</b>	<b>Amount [currency]</b>
Contributions demanded by the accredited body of the receiving State [Please specify for what purpose the money is collected]	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
	[NAME OF AB 4]	
	[NAME OF AB 5]	

<b>[NAME OF THE STATE OF ORIGIN 2]</b>	<b>Charged by AB</b>	<b>Amount [currency]</b>
Contributions demanded by the accredited body of the receiving State [Please specify for what purpose the money is collected]	[NAME OF AB 1]	
	[NAME OF AB 2]	
	[NAME OF AB 3]	
	[NAME OF AB 4]	
	[NAME OF AB 5]	

Please note: please complete one table for each State of origin with which your State works. Every table should contain one row for each accredited body authorised to work in the particular State of origin.

**SECTION IV: FINANCIAL ASSISTANCE**

<b>FINANCIAL ASSISTANCE AVAILABLE TO PAPs (e.g., tax benefits or other allowances)</b>			
<b>Purpose</b>	<b>Applicable to all PAPs?</b>	<b>Name of authority, body or person providing assistance</b>	<b>Amount [currency]</b>

<b>FINANCIAL ASSISTANCE AVAILABLE TO ABs (e.g., subsidies, tax benefits or other assistance)</b>			
<b>Purpose</b>	<b>Applicable to all ABs?</b>	<b>Name of authority, body or person providing assistance</b>	<b>Amount [currency]</b>