

North Carolina Division of Social Services

Legal Risk Placement Agreement

This Agreement has been entered into by and between the \_\_\_\_\_ County

Department of Social Services, \_\_\_\_\_

Address

\_\_\_\_\_, North Carolina \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ thereafter called the
City Zip a Code Telephone Number

"Agency" and \_\_\_\_\_

Legal Risk Adoptive Parent(s)

Mailing Address

\_\_\_\_\_, North Carolina \_\_\_\_\_, (\_\_\_\_\_) \_\_\_\_\_, hereafter called the
City Zip Code Telephone Number

"Legal Risk Adoptive Parent(s)," for the purpose of facilitating the legal risk placement and possible adoption of

\_\_\_\_\_.
Child's First Name Date of Birth

The above named child is in need of the stability of a permanent home to promote his/her well being.

I/We, the undersigned, understand(s) and agree(s):

- 1. That the child is not and may not become free for adoption.
2. That the home must meet the standards for foster care licensure.
3. That the Agency will pay applicable foster care rates for the child's care.
4. That the Agency is mandated and responsible for working, as appropriate, with the biological family, relatives, or court appointed caregivers up until the time the child is legally freed for adoption and the Legal Risk Adoptive Parent(s) agree to work with the Agency in providing support and cooperation to aid in the child's placement according to the Agency's court approved plan.
4. That the assigned caseworker will make home visits for the purpose of supporting and facilitating the transition of the child into the family unit.
5. That there are legal risks involved in this placement, as discussed by the Agency caseworker, and I/we are willing to have the child placed in the home as a child not legally free for adoption.
6. That sufficient information has been provided on the background, medical history and special needs of the child to make a commitment at this time to adopt the child if/when the child becomes legally cleared for adoption.
7. That the Agency, as legal guardian, reserves the right to move the child from the Legal Risk Adoptive Parent(s) home at any time, if in the judgment or by order of the court, such removal is in the best interest of the child.

I/We, the Legal Risk Adoptive Parent(s), have read, understand and agree to the terms and provision of this agreement.

Print Full Name of Legal Risk Adoptive Mother Signature of Legal Risk Adoptive Mother Date

Print Full Name of Legal Risk Adoptive Father Signature of Legal Risk Adoptive Father Date

Print Full Name of Caseworker Signature of Caseworker Date

Print Full Name of Agency Director/Designee Signature of Agency Director/Designee Date