Arkansas Department of Human Services
Division of Children and Family Services
Adoption Services

LEGAL RISK ADOPTION PLACEMENT AGREEMENT

The undersigned, having been approved as an adoptive placement for

_____ born: _____

, by the Division of Children and Family Services of the Arkansas Department of Human Services, fully understand that this placement is being made prior to this/these child(ren) being legally free for adoption. It is also understood that after full disclosure made by _____, as representative(s) of The Division of Children and Family Services, that should the child(ren) not be legally available for adoption, the placement may terminate and the child(ren) be returned to the legal custodian, the Arkansas Department of Human Services. The Division of Children and Family Services will make all the arrangements for the return.

_____	_____
Adoptive Parent 1's Name Printed	Adoptive Parent 2's Name Printed
_____	_____
Adoptive Parent 1's Signature	Adoptive Parent 2's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Notary's Name Printed

_____
Notary's Signature

My Commission Expires _____.