## SURROGATE CONTRACT CHECKLIST

Statement of purpose and intent

Representations made by Biological parents

- \_\_\_\_\_ Adults
- Capable of producing ovum and sperm
- \_\_\_\_\_ No known reason (legal, psychological or physical) to believe would not be able to parent
- Free of diseases that would cause injury/defect to child
- \_\_\_\_\_ Will provide embryo(s) for implantation of bio mom/bio dad

Representations made by Surrogate

- \_\_\_\_\_ Over 18; is/is not single/married
- \_\_\_\_\_ No desire to add to family
- \_\_\_\_\_ Fully informed decision
- \_\_\_\_\_ Full agreement with purpose and intent
- Capable of bearing children and is medically free from disease that would case injury, etc., to child
- Has full medical and hospitalization insurance coverage
- \_\_\_\_\_ All information she has provided is true and correct

## Definitions

- \_\_\_\_\_ Attending physician
- \_\_\_\_\_ Child
- \_\_\_\_\_ Premature child
- Give notice
- \_\_\_\_\_ Gestational carrier
- \_\_\_\_\_ Gestational carrier surrogacy
- Gestational carrier surrogacy/donor egg
- \_\_\_\_\_ Egg retrieval and In Vitro Fertilization (IVF)
- Genetic mother/biological mother
- \_\_\_\_\_ Genetic father/biological father

Psychological evaluation

Physical evaluation

Background investigation

Duty of confidentiality

Responsibility for child

\_\_\_\_\_ Surrogate agrees to follow physician's instructions – exercise, meds, alcohol, caffeine, out of state travel

Verification of pregnancy

Notice of when labor starts

Pregnancy –

- \_\_\_\_\_ Number of embryos implanted
- \_\_\_\_\_ Selective reduction
- \_\_\_\_\_ Abortion
  - Genetic defects Testing for genetic defects
- Paternity/Maternity Proceedings
- \_\_\_\_\_ Agreement to participate
- \_\_\_\_\_ Submit to genetic testing

Secure cooperation of husband/sexual partner

## Custody

- \_\_\_\_\_ Immediate to intended parents
- Agree best interests of child placed w/intended parents
- Set forth what best interest factors should be presumed

Death of parties

Child's name

Expense Escrow

Gestational fee and expenses

- Legal fees
- \_\_\_\_\_ Medical expenses
- \_\_\_\_\_ Medical insurance premiums
- \_\_\_\_\_ Limitation on medical expenses
- \_\_\_\_\_ Psychological/counseling fees
- \_\_\_\_\_ Paternity testing
- Lost wages
- \_\_\_\_\_ Maternity clothing
- \_\_\_\_\_ Proof of expense/receipts

Miscarriage/Abortion/Stillbirth

- Effect on fees
- Effect on expenses

Premature Delivery/Death

Voluntary Termination of pregnancy (Abortion) Roe v. Wade

Assumption of Risk

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Termination of Agreement \_\_\_\_\_ During pregnancy \_\_\_\_\_ Breach

\_\_\_\_ Consequences

Biological/intended parents remedies upon Surrogate's breach

Surrogate's remedies upon breach by Biological/intended parents

Effect of Breach

Effect of Waiver

Notice

\_\_\_\_\_ When \_\_\_\_\_ To whom

Severability Clause

Parties right to attorney

Disclaimer

Dispute resolution mediation

Execution of agreement Multiple pages/original/copies

Governing law

Entire agreement

Signatures