

State of Illinois  
Department of Children and Family Services

**SPECIAL NEEDS CERTIFICATION**

Adoptive Parents' Names: \_\_\_\_\_

To Adopt: \_\_\_\_\_ No: \_\_\_\_\_

I, \_\_\_\_\_, an authorized agent of the Department of Children and Family Services Guardianship Administrator, state and certify as follows:

1. The child/ren who is/are sought to be adopted in this proceeding have been placed for adoption with the Petitioners by the Illinois Department of Children and Family Services.
2. This is a special needs adoption, as that term is defined by the Illinois Department of Children and Family Services.
3. It is in the best interests of the child/ren who is/are the subject of this proceeding that this court waive the adoption filing fee in this cause.

\_\_\_\_\_  
D. Jean Ortega-Piron  
Guardianship Administrator

**Certification**

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, I, the undersigned, certify that the statements set forth in this document are true and correct.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_