



11625 Custer Road, Ste #110-102 | Frisco, TX 75035 | joiedeviesurrogacy@msn.com | 972-369-7091

Intended Parent Questionnaire

This application is shown to potential surrogates that you would like possible contact with. Please be as descriptive and open as you can, it will give the surrogate a better insight into who you are and what type of people/person she may be helping. We will need this form mailed or faxed back to us before initiating ANY contact with potential surrogates.

Wife's Full Name:

Maiden Name:

Birth date:

Husband's Full Name:

Birth date:

Home Address:

Phone Number (incl. area code):

Fax Number (if applicable):

E-mail Address:

Pager/Cell Phone Number:

Are you interested in Gestational Surrogacy or Traditional?

Explain your answer:

Do you have a preference in the Surrogate's marital status or in a certain age group?

Yes / No

If yes, what are your preferences?

Intended Mother's Profile

Social Security Number:

Driver's License Number:

Age:

Birthplace:

Blood Type:

Rh:

U.S. Citizen:

Yes /

No (check one)

If not, green card-visa #

Height:

Weight: Hair Color:

Eye Color:

Ethnic Background:

Religious Background:

Work address:

Phone #:

Current Yearly Income: (Please check the one that applies to you personally)

\$ 0 - \$ 25,000

\$ 25,000 - \$ 50,000

\$ 50,000 - \$ 75,000

\$ 75,000 - \$ 100,000

\$ 100,000 +

Employment Information:

Employer:

Position:

Date Employed:

Intended Fathers's Profile

Social Security Number:

Driver's License Number:

Age:

Birthplace:

Blood Type:

Rh:

U.S. Citizen:

Yes /

No (check one)

If not, green card-visa #

Height:

Weight: Hair Color:

Eye Color:

Ethnic Background:

Religious Background:

Work address:

Phone #:

Current Yearly Income: (Please check the one that applies to you personally)

\$ 0 - \$ 25,000

\$ 25,000 - \$ 50,000

\$ 50,000 - \$ 75,000

\$ 75,000 - \$ 100,000

\$ 100,000 +

Employment Information:

Employer:

Position:

Date Employed:



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Intended Mother Health Information

Do you know what is causing your infertility: Yes / No (Check one)

If yes, please explain:

Have you tried any procedures or taken infertility medications? Yes / No (Check one)

If yes, please explain:

Have you ever thought about adoption? Yes / No (Check one)

If not, why?

Do you currently have any children? Yes / No (Check one) How many: Ages:

Do you have legal and physical custody of all the above children?

If no, please explain?

Have you talked to them about having another baby? Yes / No (Check one)

Do you have any children from a previous marriage or relationship? Yes / No (Check one)

Do you have any preferences in looking for a Surrogate?

Intended Mother Health Information

What is your educational background?

What is your overall health like?

How many siblings do you have?

What order were you born? (Youngest, eldest, only child?):

Is your mother living?

Is your father living?

Are all your siblings living?

If not, at what age did they pass away?

Do you or have you ever:

Drink?

Smoke?

Use narcotics or marijuana?

Have you ever been incarcerated for any reason? Yes / No (Check one)

If yes, when and why?

Have you ever been in the military, if yes what branch and rank?

Have you ever, or are you now, under the care of a psychiatrist or counselor?

Have you ever been hospitalized for psychiatric care?

Do you have any medical problems that are life threatening? Yes / No (Check one)

If yes, explain:

Are you currently taking any prescribed medication? Yes / No (Check one)

If yes, list the names and reason for each:

Do you have health problems (such as diabetes, high blood pressure, etc...?) Yes / No (Check one)

If yes, which conditions do you have?

Intended Father Health Information

What is your educational background?

What is your overall health like?

How many siblings do you have?

What order were you born? (Youngest, eldest, only child?):

Is your mother living?

Is your father living?

Are all your siblings living?

If not, at what age did they pass away?

Do you or have you ever:

Drink?

Smoke?

Use narcotics or marijuana?

Have you ever been incarcerated for any reason? Yes / No (Check one)

If yes, when and why?

Have you ever been in the military, if yes what branch and rank?

Have you ever, or are you now, under the care of a psychiatrist or counselor?

Have you ever been hospitalized for psychiatric care?

Do you have any medical problems that are life threatening? Yes / No (Check one)

If yes, explain:

Are you currently taking any prescribed medication? Yes / No (Check one)

If yes, list the names and reason for each:

Do you have health problems (such as diabetes, high blood pressure, etc...?) Yes / No (Check one)

If yes, which conditions do you have?

General Questions

How long have you been together / married?

How did you meet each other?

To the wife: Please describe your husband. Describe his personality, what you like about him the most, what you might not like about him. (If anything):

To the husband: Please describe your wife. Describe her personality, what you like best about her, and what you might not like about her (if anything):

Wife: Describe what your husband looks like to you:

Husband: Describe what your wife looks like to you:

Wife: What kind of a parent will your husband be?

Husband: What kind of a parent will your wife be?

General Questions

Where is your home located? (I.e., city, the suburbs, or the country?):

How long have you lived there?

Do you own or rent?

Please describe in detail what your home looks like. Describe size, a short description of the lay out, how many bedrooms it has, and how your home makes you feel.

Is your home located in reasonable distance from schools, parks, and locations that children would enjoy?

If you have a faith or religious belief system, please describe here:

How active are you in your faith or religious belief system (I.e., church, bible-studies, etc..)?

What are your family traditions for holidays and birthdays? (I.e., which ones you celebrate, what you do to celebrate, how involved extended family is):

How does your family handle conflict or disagreements?

General Questions

Why did you decide to choose Surrogacy as your fertility choice?

How do you feel about the surrogate staying in your home during conception and the pregnancy?

Is your family able to meet the financial needs of covering the surrogacy costs such as medical, legal, living expenses?

What expectations do you have regarding coverage of medical care, conception, legal expenses, clothing, and room & board for your surrogate?

If your doctor recommended an amniocentesis, how would you feel about this and would you want the SM to consent?

How many attempts would you be willing to try in order to conceive a child?

Do you want to have gender selection performed? Yes / No (Check one)

If yes, which gender would you prefer, and why?

Please explain your perception of how a surrogate arrangement works:

General Questions

How will the following people in your life, react to you using a Surrogate to carry your child?

Siblings:

Children:

Parents:

Friends / Co-workers:

Would you like to attend the obstetrical appointments with your Surrogate? Yes / No (Check one)

If not, explain why?

If it were a multiple pregnancy, would you want selective reduction performed? Yes / No (Check one)

If you discover the fetus has physical abnormalities, would you want to abort the pregnancy? Yes / No (Check one)

If yes, explain:

What type of relationship, would you like with the Surrogate, during the pregnancy?

Please rate 1 -10: (1 no contact at all, 10 being frequent contact)

What type of relationship would you like with the Surrogate, after the delivery?

Please rate 1- 10: (1 no contact at all, 10 being frequent contact)

Do you want to be in the delivery room when your child is born? Yes / No (Check one)

If you cannot be there for the birth, would you like it videotaped? Yes / No (Check one)

If you cannot be there for the birth, would you like photos to be taken? Yes / No (Check one)

Will you tell the child about the surrogate, and what role she played in their life? Yes / No (Check one)

If no, please explain:

If the child asks to meet the Surrogate one day, how will you feel?

General Questions

What reassurance can you give the Surrogate, that once the child is born; you will not change your mind:

What message would you like to tell the prospective Surrogate about yourselves (you may add an additional page if you would like):

Intended Mother Pregnancy History

Please list all pregnancies you have had - (including miscarriages and abortions)

Number of Ectopic pregnancies:

Number of years trying to conceive:

Number of still births:

Number of live births:

Number of pregnancies:

Number of vaginal births:

Number of miscarriages:

Number of abortions:

Number of Cesarean births:

Have you been advised that trying to get pregnant can damage your health? Yes / No (Check one)

if so, explain:

What do you like to do in your spare time?

What do you want to accomplish in your life?

What do you do as an occupation (Intended Mother), please be descriptive:

What do you do as an occupation (Intended Father), please be descriptive:

How will having a baby change your life?

Intended Mother Information

What is your favorite food?

What is your favorite color?

What is your favorite movie?

What is your favorite television series?

What is your favorite book?

Intended Mother Information

What is your favorite food?

What is your favorite color?

What is your favorite movie?

What is your favorite television series?

What is your favorite book?



Retainer Agreement

This signed agreement confirms that "Joie de Vie" Surrogacy, Inc. (JDVS) has been retained as a surrogacy Agency by the undersigned to provide consulting services in the matter of gestational surrogacy for the undersigned and JDVS will do, but not be limited to the following:

- Locate and pre-screen Gestational Surrogates (GS)
- Introductions between Intended Parents and Gestational Surrogates
- Assist attorney's with determining state laws and required legal proceedings in the GS's state
- Confirm GS's health insurance and arrange for coverage if there are any exclusions
- Locate fertility clinics, arrange appointments, make hotel accommodations, and travel arrangements if necessary
- Locate separate legal counsel for IP's and GS if necessary
- Arrange for Escrow accounts as necessary
- Maintain constant communication and support with IP's and GS throughout the surrogacy process

The undersigned hereby acknowledges that he or she has the authority to retain JDVS to provide the aforementioned services and this retention has been made with his or her full consent

The nature and scope of the services to be provided by JDVS shall be agreed upon between the parties prior to and upon execution of this retainer. All services provided by JDVS shall be charged on a one-time all inclusive fee basis in accordance with the JDVS rate provided during the initial consultation and in effect on the date of execution of this document, a copy of the fee or fee schedule is attached.

The undersigned, as a duly authorized representative of the firm, guarantees payments of all fees and expenses for the services to be provided by JDVS. The undersigned further acknowledges that payment shall be made in a timely manner in accordance with the following terms and conditions:

1. An initial retainer fee of _____ will be due immediately with this signed agreement from the client, as set forth in the Fee Schedule attached to this agreement. Thereafter, the client agrees to pay the remainder of the Agency Fee as set forth in the Fee Schedule attached to this agreement. The shown retainer fee and this signed agreement should be submitted to JDVS'S office in Frisco, TX promptly in order that work might continue on this matter. *Agency fees are non-refundable. If the Intended Parents match with a Surrogate and she decides not to go forward before the transfer has taken place—or if, during medical or psychological screening it is determined there is a problem that disqualifies her from becoming a Surrogate—"Joie de Vie" Surrogacy will match the Intended Parents with another Surrogate at no additional charge. If Intended Parents cancels this agreement in between payments, Intended Parents shall not be liable for any future payments to the agency that were not otherwise due and Intended Parents and Joie de Vie shall bear no further obligations to one another.*
2. JDVS will submit to the undersigned client or other authorized representative service invoices on or about the end of each calendar month in the event there is a balance due after the initial retainer is paid i.e. should you decide to schedule 3 installment payments. *All service invoices are due and payable immediately upon receipt and no later than 30 days calendar days from the date of issue, or the client's bill will be subject to an applied Late Payment fee of \$25.00 per whole or partial month the payment is late in being received by JDVS.*
3. The undersigned hereby guarantees payment of any service invoice charges for services provided by the Agency on behalf of Intended Parent/s and due, pursuant to this agreement and the Fee Agreement attached hereto, mutually agreed upon expenses incurred by the Agency on Intended Parent/s behalf and late fees accrued on any past due service invoice, as set forth in this agreement.
4. JDVS reserves the right to submit any invoices, which are sixty (60) days, or more past due to a collection agency or an attorney for collection. In the event it becomes necessary to retain a collection agency or an attorney to collect any past due invoices, the undersigned will be held responsible for any collection agency or attorney fees and court costs related to collection
5. JDVS reserves the right to submit any invoices, which are sixty (60) days, or more past due to a collection agency or an attorney for collection. In the event it becomes necessary to retain a collection agency or an attorney to collect any past due invoices, the undersigned will be held responsible for any collection agency or attorney fees and court costs related to collection efforts in addition to any amounts past due. If it becomes necessary, the proper venue for any suit for collection will be in the location of JDVS'S home office, COLLIN COUNTY, TEXAS.
6. Intended Parent/s acknowledge(s) that the Agency is not liable to the surrogate for any fees, expenses or compensation. The Intended Parent/s agree(s) to pay all fees, expenses and compensation due to the surrogate as set forth in the Gestational Agreement entered into between Intended Parent/s and the surrogate and to reimburse Joie de Vie for any fees or expenses the Agency pays to the surrogate that are the responsibility of Intended Parent/s pursuant to the Gestational Agreement.
7. JDVS may receive and otherwise be exposed to confidential and proprietary information relating to its clients and their cases. JDVS acknowledges the confidential and secret character of client information, and agrees that the information shall remain confidential and proprietary information.

By my signature below, I confirm that I have read and understood the above Service Retainer Agreement and that I agree to abide by the stated and implied conditions for retaining JDVS'S services in the above matter.

Home Address _____	City _____	State _____	Zip Code _____
Phone No. _____	Fax No. _____		
Intended Parent _____	Signature _____	Date Signed _____	
Intended Parent _____	Signature _____	Date Signed _____	



Fee Schedule

1. _____ due upon signing our Agency agreement.
2. _____ due the day after you and your Gestational Surrogate sign your Surrogacy Contract
3. _____ due the day before the Gestational Surrogate's first embryo transfer.

Agency fees are non-refundable. If the Intended Parents match with a Surrogate and she decides not to go forward before the transfer has taken place—or if, during medical or psychological screening it is determined there is a problem that disqualifies her from becoming a Surrogate—“Joie de Vie” Surrogacy will match the Intended Parents with another Surrogate at no additional charge.

Indented Parent Signature _____ **Date:** _____

Name Printed _____

Indented Parent Signature _____ **Date:** _____

Name Printed _____

Agency Representative Signature _____ **Date:** _____

Name Printed _____