

GESTATIONAL CARRIER APPLICATION

ALL INFORMATION ON THIS APPLICATION WILL BE KEPT **CONFIDENTIAL**, HOWEVER THIS INFORMATION WILL BE SHOWN TO THE INTENDED PARENTS, PSYCHOLOGISTS AND THE INTENDED PARENT'S PHYSICIANS.

1. Name:

2. Maiden name (*if different*):

3. Address: City:

State:

Zip:

Name of **County** in which you live (*not country*):

4. How long have you lived at your current address?

5. If less than two years please list prior addresses for the last two years:

Address:

Address:

City:

City:

State:

State:

Zip:

Zip:

Please list all the states you have lived in for the past 10 years:

6. Telephone Number (*include area code*):

Daytime:

Evening:

Cell:

7. Do you have a voicemail, answering machine, or a place where we can leave messages? Yes No
If so, where?

*(Please note, if you do not have a voicemail, answering machine, or a place where we can leave messages, you will **be required** to get one for the program.)*

E-mail address:

Best time to contact you:

8. Where did you hear about Reproductive Possibilities, LLC? (*If newspaper or website, please provide us with the actual source you used – we like to know where our ads are successful!*)

1. Name you would like to be called:
2. Age:
3. Date of birth:
4. Height:
5. Weight:
6. Race/ethnic background: Caucasian African American Asian Latin American
Other (*Please specify*):
7. U.S. citizen: Yes No
8. Check One: Married Single Divorced Widowed Separated Engaged
9. How long have you been married?
10. Have you ever experienced any marital problems? Yes No If yes, explain:
11. If not married, first name of partner:
Do you live together: Yes No If yes, how long?
Do you have any children together? Yes No
12. Spouse's/Partner's Name: Age: Date of birth:
13. Sex and Number of Children: Males: _____ Ages: _____ Females: _____ Ages: _____
14. Are children biologically related to your husband/partner? Yes No
15. Would you like to have any more children of your own in the future? Yes No
16. If divorced, when did it occur? Yes No
17. What was the cause of the breakup?
18. Have you remarried? Yes No
19. How long ago?
20. Religious background:
Practicing: Yes No
21. Preference for the religious background of the intended parents:
 Yes _____ No

22. Would you be willing to work with:

- Same sex couple: Yes No
- Single male: Yes No
- Single female: Yes No
- Couple using an egg donor: Yes No
- Couple using a sperm donor: Yes No
- An older couple: Yes No
- A couple with children: Yes No
- An African American couple: Yes No
- A Jewish couple: Yes No
- A Caucasian couple: Yes No
- An Indian couple: Yes No
- A Hispanic couple: Yes No
- An international couple (*Living outside of the US*): Yes No
- A non-English speaking couple with a translator: Yes No

23. Please list the couples you would not be interested in working with, if not listed above.

24. Have you applied or are you currently applying to be a gestational carrier at any other medical facility, law firm and/or agency? Yes No If yes, please list.

25. Have you ever applied to be a gestational carrier at any other medical facility, law firm and/ or agency and been told that you do not meet the facilities' criteria to be a gestational carrier? Yes No
If yes, please explain.

26. What is the name of the nearest airport to your home: _____
Is this an international airport? Yes No How far is the airport from your home? _____

27. Do you have any pets? Yes No If yes, please list.

HEALTH INFORMATION

NOTE: Many clinics will require you to send your labor and delivery records from the hospital and your prenatal records from your OB/GYN for all births. Please start gathering those records now.

1. Do you have health insurance? Yes No

If so, does it have maternity coverage? Yes No

Health insurance company (*Provide name, address and phone*):

Name:

Address:

City:

State:

Zip:

Phone:

Is your health insurance provided through a state agency or program? Yes No

2. Allergies:

3. Do you have any medical problems? Yes No If you answered yes, please explain:

4. Have you ever had an abnormal pap smear? Yes No If you answered yes, please explain:

5. Number of pregnancies:
6. Dates of each pregnancy:
7. Number of miscarriages:
8. Dates of each miscarriage:
9. Number of abortions:
10. Dates of each abortion:
11. Number of stillbirths:
12. Dates of each stillbirth:
13. Are your menstrual periods regular? Yes No
14. How long is your monthly cycle?
15. Do you have any bleeding between periods? Yes No
16. How would you describe any cramping you have during your period?
17. Is there anything unusual about your monthly cycle? Yes No If yes, please explain:

18. How many days does your period last: _____ Days
19. How was each of your children conceived? Naturally With medical intervention
20. Are you presently using birth control? Yes No If yes, please state current method:
21. How long have you used this method of birth control?
22. Do you smoke cigarettes? Yes No If so, how often?
23. Does any member of your family smoke cigarettes? Yes No If so, who and how often?
24. Have you ever smoked cigarettes? Yes No If so, when?

25. Do you drink alcohol? Yes No If so, how often?
26. Have you ever used illegal drugs or un-prescribed drugs? Yes No
If yes, what drugs and how often:
27. Has your husband/partner used illegal drugs or un-prescribed drugs? Yes No
If yes, what drugs and how often:
28. Give a history of all previous pregnancies, including physical and emotional problems during and after each pregnancy (*give delivery date, sex and weight of baby and list any complications*). Please indicate if the birth(s) were **vaginal** or by **cesarean section**.
29. Do any of your children have serious health problems? Yes No If yes, please explain:
30. Are you currently breastfeeding? Yes No If so, when do you plan to stop?
31. Do you have a history of any eating disorders? Yes No If so, please describe:
32. Would you be willing to undergo amniocentesis or other diagnostic testing to determine the presence of birth defects? Yes No
33. If there were a serious problem with the fetus and the intended parents wanted to abort, would you be willing to abort? Yes No
34. Are there any specific conditions in which you would not abort a pregnancy? Yes No
Please be specific here and describe in detail under what conditions, if any, you would not be willing to abort?
35. Have you ever had surgery? Yes No If yes, reasons and results?
36. List all serious illnesses and hospitalizations:
37. List all medications you are presently taking and the reasons for each:
38. Have you gotten a tattoo or any body piercing within the last year and a half? Yes No
39. Have you ever been seen by a professional for mental health issues? Yes No
If yes, please explain and list time periods:

40. Have you ever experienced any post partum depression? Yes No
If yes, please give the details and time periods:
41. Have you ever been prescribed or taken any medications for depression or mental health?
 Yes No If yes, please list the medications, reason for it and time periods.
42. Have you ever had any problems with drug or alcohol abuse? Yes No
If yes, please give the details:
43. If any of your children are deceased, what was the age and cause of death?
44. Are you exposed to excess heat in the way of saunas, hot tubs, and steam rooms? Yes No
If yes, please explain:
45. Do you have any allergies? Yes No If yes, please explain in detail
46. Blood type: RH Factor: Positive Negative
47. Have you been vaccinated for Hepatitis B? Yes No
48. Have you ever been advised to limit your use of alcohol or any other drug? Yes No
If yes, please explain:
49. Have you ever been advised to have any medical test and/or surgical procedure and failed to take such advice? Yes No If yes, please explain
50. Number of months between stopping birth control and conception?
51. Have you ever been seen by a doctor for infertility? Yes No
52. Did your mother take DES while pregnant? Yes No
53. Have you ever been told that you were infertile? Yes No
54. Have you delivered any children with birth defects? Yes No
55. Have your parents had any serious mental or physical illnesses? Yes No
56. If either of your parents are deceased what was their age and cause of death?

SEXUAL HISTORY

1. List any contraceptives you have used in the past and any reaction you had to the use of the contraceptive?
2. Which method do you currently use?
3. Are you with a sexual partner now? Yes No
4. Which method does your partner currently use?
5. Please indicate with whom you have had sexual contact: Men Women Both
6. Do you currently have more than one sexual partner? Yes No
7. How many sexual partners have you had in the past 3 years?
8. Have you had sexual contact with a person you do not know well? Yes No
9. In the past 10 years, have you had sexual contact with anyone in a high risk group for A.I.D.S.?
These include sexually active persons with multiple partners. Yes No
10. To your knowledge have any of your sexual partners been sexually active with anyone in a high risk group
for A.I.D.S.? Yes No
11. Are you at risk for A.I.D.S.? Yes No
12. Have you ever used IV Drugs? Yes No
13. Have you ever received a blood transfusion? Yes No
14. Have you ever had a sexually transmitted disease? Yes No If yes, please explain?
15. Have you or a member of your family had a personal experience with any of the following: serious accident
or crime, rape, sexual assault, incest or sexual or physical abuse or victim of any crime? Yes No
If yes, please explain:

GENERAL QUESTIONS

1. Please list any problems you or your spouse/partner have experienced with the law, including, but not limited to, any arrests, convictions, and sentences:

2. Have you or your spouse ever served any time in jail? Yes No
If so, how much time did you serve and why?

3. Briefly explain your understanding of what being a gestational carrier will entail?

4. Generally, please describe yourself, i.e. your personality, hobbies, and interests?

5. What qualities would you consider most important that the intended parents have?

6. Would you permit the intended parents in the delivery room? Yes No

7. Would you permit the intended parents to attend doctors appointments if they wanted to attend?
 Yes No

8. Would you permit the intended parents to notify the hospital that you were not the biological parent?
 Yes No

9. Would you allow the intended parents names to be placed on the birth certificate?
 Yes No

10. Would you be willing to pump, freeze and ship your breast milk if your intended parents requested it for their child? Yes No

11. Please rate how important the following factors were to you in making the decision to apply to be a gestational carrier (1 = most important)
 - a. ____ I like being pregnant, but don't want any more children of my own.
 - b. ____ I need the money.
 - c. ____ Giving an infertile couple a child would bring me happiness.
 - d. Other please specify:

12. Have you ever been an egg donor? Yes No If yes, When?

13. Have you ever been a gestational carrier or surrogate mother before? Yes No

If yes, please describe your experience on a **separate sheet of paper**.

14. Have you ever placed a child up for adoption? Yes No

If so, please describe your experience on a **separate sheet of paper**.

15. Are you adopted? Yes No

16. Are any of your children adopted? Yes No

17. Have you ever cared for a foster child? Yes No If yes, please explain *briefly*.

18. How do you feel about carrying twins?

19. Although triplets are not too common, please tell us if you would agree to carry triplets as long as your health and the babies' health were not in jeopardy? Yes No

20. In the case of a pregnancy with triplets, how do you feel about possibly reducing the pregnancy from 3 to 2?

21. How do you feel about reducing to 1? Please explain.

22. How much contact or information about the child after birth would you like? Please specify.

23. Do you feel confident that you will not hesitate to give the couple the child(ren) you will carry for them?
 Yes No Please explain.

24. What kind of support do you expect for being a gestational carrier from your significant other, siblings, parents, friends, and co-workers? Please give a detailed answer.

25. How does your husband/partner feel about your participation in this program? Please describe in detail.

26. Do you have any guns in your home? Yes No If so, please describe why and where they are kept.

27. Do you lease a car, own a car, or have access to public transportation (Please specify)?

28. Is your vehicle insured? Yes No

29. Do you have a valid driver's license? Yes No

COMPENSATION

IN THE ATTACHED GC INFORMATION PACKET, YOU WILL FIND ESTIMATED REIMBURSEMENTS AND COMPENSATION AMOUNTS. PLEASE UNDERSTAND THAT IF YOU SHOULD CHOOSE TO BE A GESTATIONAL CARRIER, THESE FIGURES ARE JUST AN **ESTIMATE**. YOU MUST ASK YOURSELF WHAT YOU FEEL YOU SHOULD BE COMPENSTED FOR THIS UNDERTAKING. WE ENCOURAGE YOU, IF YOU HAVE SPECIFIC AMOUNTS IN MIND, PLEASE LIST THEM HERE AND RETURN THIS SHEET WITH YOUR APPLICATION. THANK YOU.

Singleton: _____

Multiples: _____

CONSENT

All information provided in this application is true, accurate, complete and to the best of my knowledge.

Date

Gestational Carrier

I believe my wife's/partner's response to this application is true, accurate and complete and to the best of her knowledge. I am in support of her desire to become a gestational carrier.

Date

Gestational Carrier's Husband/Partner

I, _____ (the "Gestational Carrier") hereby acknowledge that:

- A. Reproductive Possibilities, LLC did not influence, induce or coerce me in my decision to become a gestational carrier;
- B. Reproductive Possibilities, LLC is not a party to my agreement with the biological mother and/or the biological father;
- C. Reproductive Possibilities, LLC cannot predict the future behavior of the biological mother and/or the biological father and has not guaranteed or warranted that the biological father and/or biological mother will comply with the terms of any agreement; and
- D. Reproductive Possibilities, LLC will be providing this application to potential parents both through hard copy and electronic formats. I acknowledge and agree that I will not be notified of such mailings and hereby consent to the distribution of my application and photos to potential parents via mail and through electronic media such as email.

Therefore, I hereby agree to release and discharge Reproductive Possibilities, LLC and any of its representatives, agents, employees and servants from all liability and all manners of action, suits, causes of actions, proceedings, debts, contracts, judgments, damages, claims and demands whatsoever in law or equity in connection with my decision to become a gestational carrier or any adverse consequences which may arise in my connection with or as a result of my participation in this process. I hereby further agree to indemnify Reproductive Possibilities, LLC against any and all costs incurred in defending any such actions arising out of this process.

Date

Gestational Carrier

Please mail your completed application with a photograph of your family and a copy of your driver's license or other photo identification to:

Reproductive Possibilities, LLC
1 Paragon Drive, Suite 160
Montvale, NJ 07645

CONSENT OF GESTATIONAL CARRIER

Gestational Carrier and Reproductive Possibilities, LLC are entering into an agreement whereby Reproductive Possibilities, LLC, owned by Melissa B. Brisman, will attempt to match Gestational Carrier with Intended Parents for the purpose of Gestational Carrier carrying and delivering a child for those Intended Parents.

Gestational Carrier understands that Reproductive Possibilities, LLC is not a medical facility, does not employ any doctors or medical staff, and does not provide any medical advice to Gestational Carrier. Reproductive Possibilities, LLC is not advising the Gestational Carrier of the risks associated with pregnancy. Nor does Reproductive Possibilities, LLC make any representations as to the fitness of the Gestational Carrier to carry a pregnancy.

Gestational Carrier understands that there is some possibility that there will be medical expenses incurred as a result of her pregnancy for the Intended Parents which will not be covered by any health insurance carrier. Gestational Carrier further understands that, while the Gestational Carrier Agreement executed between the Gestational Carrier and the Intended Parents may require Intended Parents to pay these uncovered medical expenses, Reproductive Possibilities, LLC cannot guarantee that the Gestational Carrier Agreement will be enforced and/or that these expenses will be paid by the Intended Parents.

Gestational Carrier understands that Reproductive Possibilities, LLC is not providing legal advice or any legal services to Gestational Carrier. At no time will Reproductive Possibilities, LLC make legal representations to the Gestational Carrier. However, Reproductive Possibilities, LLC will assist Gestational Carrier in locating and contacting independent legal counsel to review the Gestational Carrier Agreement.

Gestational Carrier understands that Surrogate Fund Management, LLC is a company owned and operated by Melissa B. Brisman and that Surrogate Fund Management, or a similar trust company, will open and maintain an escrow account on behalf of Intended Parents. The trust company will make payments to Gestational Carrier from the funds in the escrow account; however, neither Surrogate Fund Management, LLC nor Reproductive Possibilities, LLC can or will act as guarantor of the monies due to Gestational Carrier.

Having been informed of all of the above, Gestational Carrier and Gestational Carrier's Spouse/Partner, if any, consent and desire to have Reproductive Possibilities, LLC match Gestational Carrier with Intended Parents for the purpose of carrying and delivering a child for Intended Parents.

Gestational Carrier

Gestational Carrier's Spouse/Partner

Date

Date