



GESTATIONAL CARRIER

Today's date: _____

How did you hear about our services? _____

Who is filling out this intake? _____

Abbreviations: Gestational Carrier (GC), Intended Parents (IP), Gestational Carrier Agreement (GCA)

GESTATIONAL CARRIER INFORMATION

	GC's Information:	GC's Spouse's Information (If Applicable)	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Address:		Address:	
Phone Number(s):		Phone Number(s):	
Email:		Email:	
Educational Background:		Educational Background:	
Employer:		Employer:	
Title/Description of Employment		Title/Description of Employment	
Last year's Earnings/Income:		Last year's Earnings/Income:	
YTD Earnings/Income:		YTD Earnings/Income:	
Current Children (names and ages):		Current Children (names and ages):	

Criminal History:		Criminal History:	
Mental Health history:		Mental Health history:	
Domestic Violence History:		Domestic Violence History:	
Marital History:		Marital History:	
Attorney:		Attorney:	
Have a Will, Power of Attorney, or Healthcare Directive?		Have a Will, Power of Attorney, or Healthcare Directive?	

INTENDED PARENTS' INFORMATION

IP's Information:		Second IP's Information:	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Address:		Address:	
Phone Number(s):		Phone Number(s):	
Email:		Email:	
Educational background:		Educational background:	
Employer:		Employer:	
Title/Description of Employment:		Title/Description of employment:	
Last year's Earnings/Income:		Last year's Earnings/Income:	



YTD Earnings/Income:		YTD Earnings/Income:	
Current children (names and age):		Current children (names and age):	
Criminal History:		Criminal History:	
Mental Health history:		Mental Health history:	
Domestic Violence history:		Domestic Violence history:	
Marital History:		Marital History:	
Attorney:		Attorney:	
Have a Will, Power of Attorney, or Healthcare Directive?		Have a Will, Power of Attorney, or Healthcare Directive?	

GENERAL BACKGROUND

Please explain why the Gestational Carrier route is being pursued. _____

How do the IPs and GC know each other? How was it decided that GC would carry the child? Please explain the relationship. _____



Where are you in the medical process at this point? What has already been completed and what is coming up? _____

MEDICAL PROVIDERS

Name and address of physician who recommended GCA: _____

Name and address of physician removing any eggs: _____

Name and address of physician who will fertilize eggs: _____

Name and address of the physician transferring the embryos: _____

Name and address of OB/GYN: _____

Name and address of presiding physician: _____

Name and address of any other relevant doctors. Please explain the doctor's involvement: _____



MEDICAL RECORDS

Will GC make her medical records/history available to the IPs? _____

GC's kids' medical records? _____

GC's spouse's medical records? _____

Will the IPs make their medical records/history available to GC? _____

Will the IPs be able to participate and be present during all prenatal medical junctures, at birth, and during birthing classes? _____

PREGNANCY

Whose egg will be used? Describe the source of the egg(s). _____

Whose sperm will be used? Describe the source of the sperm. _____

How many pre-embryo transfers do you agree to undergo? _____

Does GC agree to restrain from drinking, smoking, and other risky behaviors during pregnancy?

In the event of multiple fetuses, does everyone agree to abide by the physician's recommendation as to selective reduction? _____

Does GC agree to an amniocentesis and level 2 ultrasound if recommended by the physician? _____



Is there any procedure the GC does not agree to even when recommended by the doctor? _____

How many fetuses is the GC willing to carry at once? _____

DELIVERY

Will the IPs be allowed to be inside the delivery room? Please list any restrictions. _____

Does GC agree to delivery by C-section, if necessary and/or recommended by their treating physician? _____

Where will the birth take place (city, state, and hospital)? _____

Is it intended that, immediately upon birth, the child's care and custody will be relinquished to the IPs by both the GC and her spouse? _____

EXPENSES

Who has the insurance which will cover the pregnancy, birth, etc.? Please explain: _____

Generally describe any and all financial and other terms that have been discussed and/or agreed upon by the IPs and GC: _____



The following is a list of common expenses the GC will incur. Please explain how much, if anything, GC will be compensated for each expense. Please be specific with minimum and maximum amounts, if necessary:

a. medical costs, deductibles, and co-pays not covered by her medical plan; _____

b. prenatal care: _____

c. delivery/post-delivery: _____

d. prescription medications: _____

e. maternity clothes: _____

f. funeral/cremation costs of a stillborn child: _____

g. GC's lost wages: _____

h. GC's attorney's fees: _____

i. child care: _____



j. housekeeping: _____

k. travel costs: _____

l. C-section birth: _____

m. Hysterectomy and loss or damage to tubes or uterus: _____

n. multiples: _____

Other than these expenses, how much will GC be paid for her services? At what intervals?

Please explain and be specific. _____

What is the intention with both already-paid and to-be-paid fees if the pregnancy ends or is terminated due to no fault of the GC? _____

Please recognize the GC has a constitutional right to abort or not abort the pregnancy. If GC aborts the child without a doctor's recommendation, will all payments already paid to GC be refunded? Will future payments cease? _____



MISCELLANEOUS

What sort of travel restrictions should there be for GC? Is GC required to give notice to the IPs if she leaves the state? At what week is GC not allowed to leave the state? _____

Who will have the right to name the child? _____

For the IPs only: What two people do you designate as your guardians for the children if you both were to pass away? _____

Guardian Name: _____ Address: _____

Guardian Name: _____ Address: _____

Please include any other information or comments you think will be helpful: _____



GLOSSARY

The questions below employ the following terms, as defined immediately below:

1. **Gestational Carrier.** Woman who serves as "host uterus" who gestates a pre-embryo which is not genetically related to her and then relinquishes the child to the child's intended parents. This definition is intended to be consistent with the definitions under N.D. Cent. Code Sections 14-18-01(2), 14-19-01(2) and 14-20-02(11).
2. **Gestational Carrier Surrogacy/Donor.** Egg donation from the intended mother combined with sperm from the intended father creating an embryo that is then transferred into the gestational carrier's uterus. This process involves egg retrieval from the intended mother and In vitro Fertilization (IVF).
3. **Egg Retrieval and In-Vitro Fertilization (IVF).** The fertilization of a human egg outside of a woman's body and subsequent transfer of the fertilized egg to the uterus. Eggs are removed from a donor either after drug stimulation, which permits the retrieval of several mature eggs, or during a natural cycle. The retrieved eggs are placed with treated sperm in a petri dish, where fertilization occurs. After fertilization, the pre-embryo is then transferred to the uterus of the gestational carrier. If the pre-embryo implants itself into the uterus, a successful pregnancy is achieved.
4. **Genetic Mother.** The woman from whom the egg was retrieved.
5. **Genetic Father.** The man whose sperm fertilized the egg resulting in the pre-embryo that is then transferred to the uterus of the gestational carrier.
6. **Intended Parents.** The intended parents for whom the legal relationship of child and parents will be established following the IVF procedures, aka the IPs.

