

ADOPTION PACKET

**ORPHANS' COURT DIVISION
COURT OF COMMON PLEAS
CHESTER COUNTY, PENNSYLVANIA**

Revised: October 2010

NOTE: This revised adoption packet has been prepared to guide counsel and complies with the Adoption Act, 23 Pa. C.S.A. § 2101, et seq., as amended, and Pennsylvania and Chester County Orphans' Court Rules, as amended. These forms are to be used as guidelines only and are not to be used as fill-in forms. Counsel will be responsible to make all necessary changes in order to comply with any amendments to the pertinent statute or changes in the applicable rules that become effective after September 2004. Brackets [] have been placed around material that should not be used verbatim; non-bracketed material may be used verbatim if counsel is satisfied that it meets all statutory and rule requirements.

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CHECKLIST

Report of Intention to Adoption 23 Pa.C.S.A. §2531, §2532

(This report is not required when proposed adopter(s) are related to the adoptee as set forth in 23 Pa.C.S.A. §2531(c)).

____ Report

____ Attorney caption: Name, Address, Telephone #, Attorney ID #

____ Signed by proposed adoptive parent(s)

____ Verified by proposed adoptive parent(s)

____ Pre-placement Report (23 Pa.C.S.A. §2531(b)(7))

NOTE: In order to initiate adoption proceedings, this Report must be filed within thirty (30) days of the date of receipt of the custody or physical care of the child. 23 Pa.C.S.A. §2532.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

REPORT OF INTENTION TO ADOPT

The report of _____ under §2531 of the Adoption Act:

1. The person(s) filing the Report have custody or physical care of the child for the purpose or with the intention of adopting the child. [The circumstances surrounding the persons receiving or retaining custody or physical care of the child, including the date upon which a preplacement investigation was concluded.]
2. [Child's name, sex, racial background, age, date and place of birth and religious affiliation.]
3. [Name and address of the intermediary.]
4. [An itemized accounting of moneys and consideration paid or to be paid to the intermediary.]
5. [Whether the parent or parents whose parental rights are to be terminated have received counseling with respect to the termination of their rights and the alternatives thereto. If so, the report shall state the dates on which the counseling was provided and the name and address of the counselor or agency which provided the counseling.]
6. [The name and address of the person(s) filing the report.]
7. [A copy of the preplacement report prepared pursuant to §2530 (relating to home study and preplacement report) is attached.]

I acknowledge that I have been advised or know and understand that the Birth Father or Putative Father may revoke the consent to the adoption of this child within thirty (30)

days after the later of the birth of the child or the date he has executed the consent to an adoption and that the Birth Mother may revoke the consent to an adoption of this child within thirty (30) days after the date she has executed the consent.

(Signature)
(Type Name & Address)

(Signature)
(Type Name & Address)

VERIFICATION

_____ and _____, verify that the facts set forth in the foregoing report are true and correct, to the best of our knowledge, information and belief. We understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

[Signature]
[Type Name]

[Signature]
[Type Name]

CHECKLIST

Report of Intermediary 23 Pa.C.S.A. §2533

(This report must be filed within six (6) months of the filing of Report of Intention to Adopt (23 Pa.C.S.A §2533(a)).

____ Report

____ Signed by proposed Intermediary
____ Verified

____ Birth certificate showing names of both parents

____ All consents required by §2711.

____ Certified copy of decree terminating parental rights, if entered by court other than Chester County.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

REPORT OF INTERMEDIARY

The report of _____, intermediary, under § 2533 of the Adoption Act:

1. [Intermediary's name and address]
2. The facts as to the child are:
 - 1) [Name]
 - 2) [Sex]
 - 3) [Racial background]
 - 4) [Age]
 - 5) [Birth date]
 - 6) [Birthplace]
 - 7) [Religious affiliation]
3. [Date of the placement of the child with the adopting parent or parents. Date pre-placement report was concluded and filed.]
4. The facts as to the birth mother are:
 - 1) [Name]
 - 2) [Residence or last known address (state which), unless rights already terminated]
 - 3) [Racial background]
 - 4) [Age]
 - 5) [Marital status as of the time of the birth of the child.]
 - 6) [Marital status during one year prior to birth of the child]
 - 7) [Religious affiliation]
5. The facts as to the birth father are: (same as (1) through (7) above)
6. [Identify proceedings, if any, in which a decree of termination of parental rights, or parental rights and duties, with respect to this child has been entered.]
7. All consents required by § 2711 are attached as exhibits or are not required for the following reasons:
8. [An itemized accounting of moneys and consideration paid or to be paid to or received by the intermediary or any other person or persons to the knowledge of the intermediary by reason of the adoption placement.]
9. [A full description and statement of the value of all property owned or possessed by the child, if any.]
10. No provision of any act regulating the interstate placement of children has been violated with respect to the placement of the child.
11. The birth certificate is attached hereto as Exhibit _____. [If no birth certificate of certification of registration of birth can be obtained, a statement of the reason why it cannot be obtained.]

12. [State whether medical history information was obtained, and if not, explain why not.]

(Signature)
(Type Name & Address)

VERIFICATION
AGENCY

I, (Name and Title), verify that (Name of Agency) is the Intermediary and I am authorized to make this Report on its behalf , and that the facts set forth in the foregoing Report are true and correct, to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

VERIFICATION
INDIVIDUAL

I, _____, verify that I am the Intermediary named in the foregoing Report of Intermediary, and that the fact set forth therein are true and correct, to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

CHECKLIST

Petition To Voluntarily Relinquish Parental Rights – To Agency

23 Pa. C.S.A. § 2501 Rule 15.2

(Documents to be attached to the Petition in the order they appear):

- _____ Preliminary Decree – Rule 15.1A(4)
- _____ Final Decree
- _____ Important Notice – 23 Pa. C.S.A. 2513(b)
- _____ Petition to Voluntarily Relinquish Parental Rights
 - _____ Attorney Caption
 - _____ Signed by Attorney or Petitioner
 - _____ Verified by Petitioner
 - _____ Petitioner is Relinquishing Birth Parent
- _____ Joinder of a parent who is not a petitioner or his or her waiver of all interest in the child if either is obtainable, if not explain why not. - Rule 15.2(b)(1)
- _____ Consent of a parent or guardian of a petitioner who has not reached 18 years old. – Rule 15.2(b)(3)
- _____ Joinder and consent of Agency to accept custody of the child – Rule 15.2(b)(4)
- _____ Original Long Form Birth Certificate – Rule 15.2(b)(2)
- _____ Out-of-County Decrees Certified
- _____ Foreign Documents Translated
- _____ Notice(s) Pursuant to 23 Pa.C.S.A. §2513(b)
 - _____ at least ten (10) days notice by personal service, OR
 - _____ Registered Mail, OR
 - _____ By such means as the Court may require (See, Pa.R.C.P. 430)
- _____ Proof of Notice(s) – *to be filed at or before the hearing*

NOTE: PETITIONER'S PRESENCE IS REQUIRED AT HEARING

CHECKLIST

Petition To Voluntarily Relinquish Parental Rights – To Individual

23 Pa. C.S.A. § 2502 Rule 15.3

(Documents to be attached to the Petition in the order they appear):

- _____ Preliminary Decree – Rule 15.1A(4)
- _____ Final Decree
- _____ Important Notice – Rule 15.1A(4)
- _____ Petition to Voluntarily Relinquish Parental Rights
 - _____ Attorney Caption
 - _____ Signed by Attorney or Petitioner
 - _____ Verified by Petitioner
 - _____ Petitioner is Relinquishing Birth Parent
- _____ Date when Report of Intention to Adopt was filed – Rule 15.3(a)(1)
- _____ Date when child was placed with Adult(s) – Rule 15.3(a)(2)
- _____ Joinder of a parent who is not a petitioner or his or her waiver of all interest in the child if either is obtainable, if not explain why – Rule 15.3(b)
- _____ Consent of a parent or guardian of a petitioner who has not reached 18 years old – Rule 15.3(b)
- _____ Consent of adult(s) to accept custody of the child – Rule 15.3(b)(1)
- _____ Original Long Form Birth Certificate – Rule 15.2(b)(2)
- _____ Out-of-County Decrees Certified
- _____ Foreign Documents Translated
- _____ Notice(s) Pursuant to 23 Pa.C.S.A. §2513(b)
 - _____ at least ten (10) days notice by personal service, *OR*
 - _____ Registered Mail, *OR*
 - _____ By such means as the Court may require (See, Pa.R.C.P. 430)
- _____ Proof of Notice(s) – *to be filed at or before the hearing*

NOTE: PETITIONER'S PRESENCE IS REQUIRED AT HEARING

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS [TO AGENCY OR
TO ADULTS INTENDING TO ADOPT CHILD]
PRELIMINARY DECREE**

AND NOW, this _____ day of _____, _____,
upon consideration of the within _____ Petition and on the motion of
_____, Esquire, attorney for Petitioners, a hearing
thereon is fixed for _____, _____ in _____
before the Honorable _____, at _____
am/pm.

Notice shall be given to the following persons entitled thereto:

1. _____ [NAME]
_____ [ADDRESS]
2. _____ [NAME]
_____ [ADDRESS]
3. _____ [NAME]
_____ [ADDRESS]

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS TO AGENCY
FINAL DECREE**

AND NOW, _____, _____, _____, upon consideration of the within Petition and after hearing had thereon:

The Court, being satisfied as to the truth of the facts set forth in the Petition, and that it is in the best interests of [NAME EXACTLY AS ON BIRTH CERTIFICATE] that the Petition be granted, it is ORDERED, ADJUDGED, and DECREED that all parental rights and duties, including the duty of support of _____ and _____ in respect to _____ are terminated forever and custody of _____ is hereby awarded to [AGENCY], which is hereby authorized to give consent to the adoption of said child and adoption of said child may be decreed without further consent of or notice to the aforesaid parent(s).

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS TO ADULTS
INTENDING TO ADOPT CHILD
FINAL DECREE

AND NOW, _____, _____, _____, upon consideration of
the within Petition and after hearing had thereon:

The Court, being satisfied as to the truth of the facts set forth in the Petition, and
that it is in the best interests of [NAME EXACTLY AS ON BIRTH CERTIFICATE] that
the Petition be granted, it is ORDERED, ADJUDGED, and DECREED that all parent al
rights of _____ and _____ in respect to
_____ are terminated forever and custody of
_____ is hereby awarded to [ADOPTING PARENT(S)], and
adoption of said child may be decreed without further consent of or notice to the
aforesaid parent(s).

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS [TO AGENCY OR
TO ADULTS INTENDING TO ADOPT CHILD]**

IMPORTANT NOTICE – BIRTH PARENT

**TO: [NAME]
[ADDRESS]**

A petition has been filed asking the court to put an end to all rights you have to your child _____. The court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West Chester, Pennsylvania on _____, _____, at _____ a.m./p.m. in Courtroom No. _____. Your presence is required at the hearing. You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.

**LAWYER REFERRAL SERVICE
CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS [TO AGENCY OR
TO ADULTS INTENDING TO ADOPT CHILD]
IMPORTANT NOTICE – PUTATIVE FATHER**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the court to put an end to all rights you have to your child, _____. The court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West _____, Chester, Pennsylvania on _____, _____, at _____ (a .m. or p.m.) in Courtroom No. _____. You are warned that your rights may also be subject to termination pursuant to §2504(d) of the Adoption Act, 23 Pa.C.S.A., if you fail to file either an acknowledgment of paternity or claim of paternity pursuant to 23 Pa. C.S.S. §5103 (relating to acknowledgment and claim of paternity) and fail to either appear at the hearing for the purpose of objecting to the termination of your rights or file a written objection to such termination with the Court prior to the hearing.

You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out whether you can get legal help.

**LAWYER REFERRAL SERVICE
CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS TO AGENCY

Petition of _____ under § 2501 of the Adoption Act:

1. [Petitioner(s)' name(s), address(es), age(s), racial background(s) and religious affiliation(s).]
2. [Any non-petitioning parent's name, last known address, age, racial background and religious affiliation.]
3. a.) [Marital status of mother as of the time of child's birth.]
b.) [Marital status of mother one year prior to child's birth.]
c.) [If mother ever married: name(s) of husband(s); maiden name.]
4. [Child's name, age, date of birth, racial background, sex and religious affiliation.]
5. [Name and address of agency having care of child.]
6. [Date when child was placed with Agency]
7. [If child was born out of wedlock, whether mother and father intent to marry]
8. [Reasons for seeking relinquishment]
9. Petitioners understand this petition, have considered the alternatives and execute this petition voluntarily to promote what they believe to be in their and the child's best interests.

WHEREFORE, Petitioners pray your Honorable Court for a finding of voluntary relinquishment and for a Decree of Termination directing the transfer of custody and of the rights and duties of parents with respect to their child to the aforesaid agency, and authorizing it to consent to the adoption of the child without further consent of or notice to Petitioners.

_____ [Signature] _____
[Type Petitioner's Name]

VERIFICATION

I, _____ verify that I am the Petitioner named in the foregoing Petition and that the facts set forth therein are true and correct, to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

_____ [Signature] _____

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS TO ADULTS
INTENDING TO ADOPT CHILD**

Petition of _____ under § 2502 of the Adoption Act:

1. [Petitioner(s)' name(s), address(es), age(s), racial background d(s) and religious affiliation(s).]
2. [Any non-petitioning parent's name, last known address, age, racial background and religious affiliation.]
3. (a) [Marital status of mother as of the time of child's birth.]
(b) [Marital status of mother one year prior to child's birth.]
(c) [If mother ever married: name(s) of husband(s); maiden name.]
4. [Child's name, age, date of birth, racial background, sex and religious affiliation.]
5. [Date of filing of Report of Intention to Adopt]
6. [Date child was placed with persons having custody.]
7. [If child was born out of wedlock whether mother and father intend to marry.]
8. [Reasons for seeking relinquishment]
9. Petitioners understand this petition, have considered the alternatives and execute this petition voluntarily to promote what they believe to be in their and the child's best interests.

WHEREFORE, Petitioner(s) pray your Honorable Court for a finding of voluntary relinquishment and for a Decree of Termination directing the transfer of the custody of their child to adults intending to adopt the child, and authorizing the adoption of the child without further consent of or notice to Petitioner(s).

_____ [Signature]
[Type Petitioner's Name]

VERIFICATION

I, _____ v erify that we I am the Petitioner named in the foregoing Petition and that the facts set forth therein are true and correct, to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

_____ [Signature] _____

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**JOINDER AND CONSENT OF AGENCY IN PETITION
TO VOLUNTARILY RELINQUISH
PARENTAL RIGHTS TO AGENCY**

It is hereby certified that _____ is an agency as defined in 23 Pa.C.S.A. §2102 of _____; that its office having the care of _____ is located in _____ County; and that, after due consideration, it consents to join in the foregoing Petition and to accept custody of the child and responsibility for his/her well-being until such time as the child is adopted.

[NAME

OF AGENCY]

BY: _____
SIGNATURE OF INDIVIDUAL WITH AUTHORITY TO BIND AGENCY]
[TYPE NAME]
[TYPE TITLE]

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

JOINDER AND CONSENT OF ADULTS INTENDING TO ADOPT CHILD IN
PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS TO ADULTS
INTENDING TO ADOPT CHILD

We hereby certify that _____, a (fe)male child born on _____, _____, was placed in our care on _____, _____, by _____, and has remained in our exclusive care since that date, that we filed a report of our intention to adopt the child with the Court of Common Pleas, Orphans' Court Division of _____ County and we hereby consent to accept the custody of the child.

[SIGNATURE]

[Type Name]

[SIGNATURE]

[Type Name]

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

**JOINDER OF THE NON-PETITIONING PARENT IN THE
VOLUNTARY RELINQUISHMENT OF RIGHTS [TO AGENCY OR INDIVIDUAL
INTENDING TO ADOPT CHILD**

I, _____, hereby
join in the Petition of _____ to
voluntarily relinquish his/her _____ parental rights to the child,
_____, in favor of the [agency] [individual(s)] named in
the Petition.

[SIGNATURE]

[Type Petitioner's Name]

CHECKLIST
Petition to Confirm Consent

23 Pa. C.S.A. § 2504

(Documents to be attached to the Petition in the order they appear):

- _____ Preliminary Decree – Rule 15.1A(4)
- _____ Final Decree
- _____ Important Notice – 23 Pa. C.S.A. 2513(b)
- _____ Petition to Confirm Consent
 - _____ Attorney Caption
 - _____ Signed by Attorney for Petitioner
 - _____ Verified by Petitioner
 - _____ Petitioner is Adopting Parent or Intermediary
 - _____ Filed at least thirty (30) days after signing consent
- _____ Original Statutory Consent of Birth Parent – 23 Pa. C.S.A. § 2711(d)
 - _____ Birth Parent – 72+ hours after birth of child
 - _____ Putative Father – any time after receiving notice of the expected or actual birth of child
 - _____ Name, address, date of execution by Consenter
 - _____ Name, address, relationship of at least two witnesses
- _____ Original Long Form Birth Certificate – Rule 15.1A(6)
- _____ Out-of-County Decrees Certified
- _____ Foreign Documents Translated
- _____ Notice(s) Pursuant to 23 Pa.C.S.A. §2513(b)
 - _____ at least ten (10) days notice by personal service, *OR*
 - _____ Registered Mail, *OR*
 - _____ By such means as the Court may require (See, Pa.R.C.P. 430)
- _____ Proof(s) of Notice – *to be filed at or before the hearing*

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

PETITION TO CONFIRM CONSENT TO ADOPTION
PRELIMINARY DECREE

AND NOW, this _____ day of _____,
_____, upon consideration of the within Petition and on the motion of
_____, Esquire, attorney for Petitioners, a hearing
thereon is fixed for _____, _____ in _____
before the Honorable _____, at _____ am/pm.

Notice shall be given to the following persons entitled thereto:

1. [NAME]

[ADDRESS]

2. [NAME]

[ADDRESS]

3. [NAME]

[ADDRESS]

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO CONFIRM CONSENT TO ADOPTION
FINAL DECREE**

AND NOW, _____, upon consideration of the within Petition and after hearing had thereon:

The Court, being satisfied as to the truth of the facts set forth in the Petition, finds that the Petition should be granted and further finds that _____, who executed the consent to the adoption of his/her child, has evidenced the intent to relinquish voluntarily his/her parental rights, and the Court hereby confirms the consent and it is ORDERED, ADJUDGED and DECREED that all parental rights of _____ with respect to _____ are terminated forever, and custody of _____ is hereby awarded to [agency, who is hereby authorized to consent to the adoption of the child] or [individual(s)], and the child may be adopted without further consent or notice to the parent(s).

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO CONFIRM CONSENT TO ADOPTION
IMPORTANT NOTICE- BIRTH PARENT**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the Court to put an end to all rights you have to your child _____. The Court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West Chester, Pennsylvania on _____, _____, at _____ (a.m. or p.m.) in Courtroom No. _____. You are warned that even if you fail to appear at the scheduled hearing, the hearing will go on without you and your rights to your child may be ended by the Court without your being present. You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.

**LAWYER REFERRAL SERVICE
CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO CONFIRM CONSENT TO ADOPTION
IMPORTANT NOTICE- PUTATIVE FATHER**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the court to put an end to all rights you have to your child, _____. The court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West _____ Chester, Pennsylvania on _____, _____, at _____ (a .m. or p.m.) in Courtroom No. _____. You are warned that your rights may also be subject to termination pursuant to §2504(c) of the Adoption Act, 23 Pa.C.S.A., if you fail to file either an acknowledgment of paternity or claim of paternity pursuant to 23 Pa. C.S.A. §5103 (relating to acknowledgment and claim of paternity) and fail to either appear at the hearing for the purpose of objecting to the termination of your rights or file a written objection to such termination with the Court prior to the hearing.

You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out whether you can get legal help.

**LAWYER REFERRAL SERVICE
CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION TO CONFIRM CONSENT TO ADOPTION

Petition of _____ under § 2504 of the Adoption Act:

1. [Petitioner's name, address, and relationship to child. Petitioner must be intermediary or, in the case of no intermediary, Petitioner may be proposed adoptive parent.]

2. [Child's name, address, age, date and place of birth, racial background, sex, and religious affiliation.]

3. The consent required _____ by § 2711 was _____ executed on _____.

4. [FOR BIRTH FATHER: A period of not less than thirty (30) days has elapsed since either the birth of the child or the execution of Birth Father's consent, whichever occurs later;]

[FOR BIRTH MOTHER: A period of not less than thirty (30) days has elapsed since the execution of Birth Mother's consent.]

5. The person who executed the consent has failed to file or proceed with the petition for voluntary relinquishment of parental rights.

WHEREFORE, the Petitioner prays your Honorable Court to hold a private hearing for the purpose of confirming the intention of the parent to relinquish voluntarily his/her parental rights as evidenced by the consent to the adoption, and further pray for

a decree terminating the rights of the parent pursuant to § 2504, awarding custody of the child to [agency] or [individual(s)] and authorizing adoption of the child without further consent or notice to the parent.

(Signature)

(Type Petitioner's Name)

DATE: _____

VERIFICATION

I, _____, verify that I am the Petitioner named in the foregoing Petition and that the facts set forth therein are true and correct, to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

(Signature)

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

STATUTORY CONSENT OF BIRTH PARENT

1. [Name, age and marital status of consenter]
2. [Name, sex and birth date of child]
3. [Relationship of consenter to child]
4. [Name of other parent of child]

I hereby voluntarily and unconditionally consent to the adoption of the above named child.

I understand that by signing this consent I indicate my intent to permanently give up all rights to this child.

I understand such child will be placed for adoption.

I understand I may revoke this consent to permanently give up all rights to this child by placing the revocation in writing and serving it upon the agency or adult to whom the child was relinquished.

If I am the Birth Father or Putative Father of the child, I understand that this consent to an adoption is irrevocable unless I revoke it within thirty (30) days after either the birth of the child or my execution of the consent, whichever occurs later, by delivering a written revocation to [INSERT THE NAME AND ADDRESS OF THE AGENCY COORDINATING THE ADOPTION] or [INSERT THE NAME AND ADDRESS OF AN ATTORNEY WHO REPRESENTS THE INDIVIDUAL RELINQUISHING PARENTAL RIGHTS OR PROSPECTIVE ADOPTIVE PARENT] or [INSERT THE COURT OF THE COUNTY IN WHICH THE VOLUNTARY RELINQUISHMENT FORM WAS OR WILL BE FILED].

If I am the Birth Mother of the child, I understand that this consent to an adoption is irrevocable unless I revoke it within thirty (30) days after executing it by delivering a written revocation to [INSERT THE NAME AND ADDRESS OF THE AGENCY COORDINATING THE ADOPTION] or [INSERT THE NAME AND ADDRESS OF AN ATTORNEY WHO REPRESENTS THE INDIVIDUAL RELINQUISHING PARENTAL

RIGHTS OR PROSPECTIVE ADOPTIVE PARENT] or [INSERT THE COUNTY OF THE COUNTY IN WHICH THE VOLUNTARY RELINQUISHMENT FORM WAS OR WILL BE FILED].

I have read and understand the above and I am signing it as a free and voluntary act.

_____ [SIGNATURE] _____

Type Name: _____
Date of Execution: _____
Place of Execution: _____

WITNESSES: (at least two)

_____ [SIGNATURE] _____

Type Name:
Address:
Relationship to Consenter:

_____ [SIGNATURE] _____

Type Name:
Address:
Relationship to Consenter:

CHECKLIST
Petition for Alternative Relinquishment of Putative Father

23 Pa. C.S.A. § 2504(c)

(Documents to be attached to the Petition in the order they appear):

- _____ Preliminary Decree – Rule 15.1A(4)
- _____ Final Decree
- _____ Important Notice – Rule 15.1A(4)
- _____ Petition to Confirm Consent
- _____ Attorney Caption
- _____ Signed by Attorney for Petitioner
- _____ Verified by Petitioner
- _____ Petitioner is Birth Parent or Adopting Parent or Agency
- _____ Original Long Form Birth Certificate – Rule 15.2(b)(2)
- _____ Out-of-County Decrees Certified
- _____ Foreign Documents Translated
- _____ Report of Intention to Adopt or Petition for Adoption Filed
- _____ *If Agency Termination Petition, Consent by Agency to accept custody fo
child*
- _____ Notice(s) Pursuant to 23 Pa.C.S.A. §2513(b)
 - _____ at least ten (10) days notice by personal service, *OR*
 - _____ Registered Mail, *OR*
 - _____ By such means as the Court may require (See, Pa.R.C.P. 430)
- _____ Proof(s) of Notice – *to be filed at or before the hearing*

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

PETITION FOR ALTERNATIVE RELINQUISHMENT OF PUTATIVE FATHER
PRELIMINARY DECREE

AND NOW, this _____ day of _____,
_____, upon consideration of the within Petition and on the motion of
_____, Esquire, attorney for Petitioners, a hearing
thereon is fixed for _____, _____ in _____
before the Honorable _____, at _____ am/pm.

Notice shall be given to the following persons entitled thereto:

1. [NAME]
[ADDRESS]
2. [NAME]
[ADDRESS]
3. [NAME]
[ADDRESS]

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {*use initials only*}

Case Number: _____

PETITION FOR ALTERNATIVE RELINQUISHMENT OF PUTATIVE FATHER
FINAL DECREE

AND NOW, this ____ day of _____, 20__, after review of the record and hearing following due notice, the court, being satisfied as to the truth of the facts set forth in the petition and that the petition should be granted, finds that [PUTATIVE FATHER] received proper and due notice in accordance with 23 Pa.C.S.A. §2503, has failed to file an acknowledgment of paternity pursuant to 23 Pa.C.S.A. §5103(b). The putative father has also failed to make objection at this hearing either in person or in writing.

Accordingly, THE PARENTAL RIGHTS OF SAID PUTATIVE FATHER ARE HEREBY TERMINATED pursuant to 23 Pa.C.S.A. §2504(c) and the adoption of Adoptee may continue without further consent of, or notice to said putative father.

BY THE COURT:

_____ J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR ALTERNATIVE RELINQUISHMENT OF PUTATIVE FATHER
IMPORTANT NOTICE- PUTATIVE FATHER**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the court to put an end to all rights you have to your child, _____. The court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West _____ Chester, Pennsylvania on _____, _____, at _____ (a .m. or p.m.) in Courtroom No. _____. You are warned that your rights may also be subject to termination pursuant to §2504(c) of the Adoption Act , 23 Pa .C.S.A., if you fail to file either an acknowledgment of paternity or claim of paternity pursuant to 23 Pa. C.S.A. §5103 (relating to acknowledgment and claim of paternity) and fail to either appear at the hearing for the purpose of objecting to the termination of your rights or file a written objection to such termination with the Court prior to the hearing.

You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out whether you can get legal help.

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CHESTER COUNTY BAR ASSOCIATION
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SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION FOR ALTERNATIVE RELINQUISHMENT BY PUTATIVE FATHER

Petition of _____ under § 2504(c) of the Adoption Act:

1. [Petitioner's name, address, and relationship to child. Petitioner must be intermediary or, in the case of no intermediary, Petitioner may be proposed adoptive parent.]

2. [Child's name, address, age, date and place of birth, racial background, sex, and religious affiliation.]

3. [Putative Father's name, address]

4. The putative father has failed to execute a consent to the adoption as required by 23 Pa.C.S.A. §2711 *and* has not filed an acknowledgment or claim of paternity pursuant to 23 Pa.C.S.A. §5103.

5. [Putative Father] has received notice of adoption proceeding and an opportunity to execute a consent on [DATE], (Documentation attached).

WHEREFORE, the Petitioner prays your Honorable Court to issue a decree terminating the rights of the above-named putative father to § 2504(c), awarding

custody of the child to [agency] or [individual(s)] and authorizing adoption of the child without further consent or notice to the putative father.

(Signature)

(Type Petitioner's Name)

DATE: _____

VERIFICATION

I, _____, verify that I am the Petitioner named in the foregoing Petition and that the facts set forth therein are true and correct, to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

(Signature)

CHECKLIST

PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS

23 Pa. C.S.A. §2511

To be filed simultaneously with the Petition for Involuntary Termination of Parental Rights:

_____ Order for Appointment of Counsel for Child – 23 Pa. C.S.A. §2313

_____ Signed Motion for Appointment of Counsel for Child

To be attached to the Petition in the order they appear:

_____ Preliminary Decree – Rule 15.1A(4)

_____ Citation – Rule 15.4A(1)

_____ Final Decree

_____ Important Notice – 23 Pa. C.S.A. § 2513(b)

_____ Petition for Involuntary Termination of Parental Rights [Agency] or [Individual]

_____ – Attorney caption

_____ – Signed

_____ Petitioner is Adopting Parent, Intermediary, Other Birth Parent, Attorney, Guardian Ad *Litem* representing child

_____ Joinder of a parent of a petitioner, if an individual, who is under the age of 18 unless excused by the court

_____ Proof(s) of Notice – *to be filed at or before the hearing*

_____ Original Long Form Birth Certificate – Rule 15.2(b)(2)

_____ Out of County Decrees – *Certified*

_____ Foreign Decrees – *Translated*

_____ Report of Intention to Adopt or Petition for Adoption filed

_____ *If Agency Termination Petition, Consent by Agency to accept custody of child*

_____ Notice(s) Pursuant to 23 Pa.C.S.A. §2513(b)

_____ at least ten (10) days notice by personal service, *OR*

_____ – Registered Mail, *OR*

_____ By such means as the Court may require (See, Pa.R.C.P. 430)

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {*use initials only*}

Case Number: _____

ORDER FOR APPOINTMENT OF COUNSEL FOR CHILD

AND NOW, _____, _____, upon consideration of the for egoing Motion, _____, Esquire is appointed counsel to represent _____, the child, whose parent(s)' rights may be involuntarily terminated in the above matter.

BY THE COURT:

J.

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

MOTION FOR APPOINTMENT OF COUNSEL FOR CHILD

AND NOW, _____, _____, comes Petitioner,
who moves this Honorable Court to appoint counsel for
_____, the child whose parent(s)' rights may be involuntarily
terminated in the above matter, and deposits One Hundred Fifty (\$150.00) Dollars
against fees in the matter.

_____ [Signature] _____

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {*use initials only*}

Case Number: _____

PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS
PRELIMINARY DECREE

AND NOW, this _____ day of _____,
_____, upon consideration of the within Petition and on motion of
_____, Esquire, attorney for Petitioner(s), it is hereby ORDERED
that a CITATION be awarded and directed to be served on [Name of Respondent] to
appear and show cause why the prayer of Petition should not be granted and (his/her)
parental rights terminated.

CITATION RETURNABLE on _____, _____ at
_____am/pm before the Honorable _____ Chester County
Justice Center, West Chester, Pennsylvania.

Notice shall be given to the following persons entitled thereto:

1. [NAME]
[ADDRESS]
2. [NAME]
[ADDRESS]
3. [NAME]
[ADDRESS]

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS
FINAL DECREE

AND NOW, _____, _____, upon consideration of the
within Petition and after hearing had thereon:

The Court, being satisfied as to the truth of the facts set forth in the Petition, finds
that _____ has forfeited his/ her parental rights in
_____, and further finds that it is in the best interest of
_____ that the Petition be granted, and it is hereby ORDERED,
ADJUDGED and DECREED that all parental rights of _____ in
respect to _____ are terminated forever, and custody of
_____ (child) is hereby awarded to [(agency), which is
authorized to consent to the adoption of _____,] or [(individual(s)),
and the child may now be adopted without further consent or notice to the parent(s)].

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS
IMPORTANT NOTICE – BIRTH PARENT**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the Court to put an end to all rights you have to your child _____. The Court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West Chester, Pennsylvania on _____, _____, at _____ (a.m. or p.m.) in Courtroom No. _____. You are warned that even if you fail to appear at the scheduled hearing, the hearing will go on without you and your rights to your child may be ended by the Court without your being present. You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.

**LAWYER REFERRAL SERVICE
CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS
IMPORTANT NOTICE – PUTATIVE FATHER**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the court to put an end to all rights you have to your child, _____. The court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West _____ Chester, Pennsylvania on _____, _____, at _____ (a .m. or p.m.) in Courtroom No. _____. You are warned that your rights may also be subject to termination pursuant to §2504(c) of the Adoption Act, 23 Pa.C.S.A., if you fail to file either an acknowledgment of paternity or claim of paternity pursuant to 23 Pa.C.S.A. §5103 (relating to acknowledgment and claim of paternity) and fail to either appear at the hearing for the purpose of objecting to the termination of your rights or file a written objection to such termination with the Court prior to the hearing.

You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out whether you can get legal help.

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CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS
AGENCY PETITION

Petition of _____ under § 2512 of the Adoption Act:

1. [Agency's name, address and standing]
2. [Child's name, age, date of birth, racial background, sex and religious affiliation.]
3. The facts as to the birth parents of the child are:
 - a. Mother:
 - 1) [Name]
 - 2) [Address]
 - 3) [Age]
 - 4) [Racial background]
 - 5) [Religious affiliation]
 - b. Father:¹
 - 1) [Name]
 - 2) [Address]
 - 3) [Age]
 - 4) [Racial background]
 - 5) [Religious affiliation]
5.
 - 1) [Marital status as of the time of the birth of the child]
 - 2) [Marital status during one year prior to the birth of the child]
 - 3) [If ever married: name(s) of husband(s); maiden name]
6. [Date child was placed in care of Petitioner.]
7. [Facts constituting grounds for termination (Identify specific subsection of § 2511(a) of Adoption Act).]
8. [State whether either parent is entitled to benefits of the Soldiers' and Sailors' Civil Relief Act of 1940, as amended (50 USCA §501 et seq.).]
9. Petitioner will assume custody of the child until such time as the child is adopted.

¹ If father not identified, state whether claim of paternity filed pursuant to 23 Pa. C.S.A. §5103 (b) and explain why birth father is unknown.

WHEREFORE, Petitioner prays your Honorable Court for a finding of involuntary termination of parental rights of _____ (and) _____, and for a decree terminating all parental rights of _____ (and) _____] in respect to _____, awarding custody of the child to Petitioner, and authorizing it to consent to the adoption of _____.

[Name of Agency]

By:

[Signature]

[Type Name and Title]

VERIFICATION

I, _____, verify that I am _____ [title] _____ of [name of agency] , that I am authorized to make this affidavit on its behalf, and that the facts set forth in the foregoing Petition are true and correct, to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

[Signature]
[Type Name]

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS
INDIVIDUAL PETITION

Petition of _____ under § 2512 of the Adoption Act:

1. [Petitioner(s)' name(s), address(es) and standing and relationship to child.]
2. [Child's name, age, date of birth, racial background, sex and religious affiliation.]
3. The facts as to the birth parents of the child are:
 - a. Mother:
 - 1) [Name]
 - 2) [Address]
 - 3) [Age]
 - 4) [Racial background]
 - 5) [Religious affiliation]
 - b. Father:¹
 - 1) [Name]
 - 2) [Address]
 - 3) [Age]
 - 4) [Racial background]
 - 5) [Religious affiliation]
4.
 - 1) [Marital status as of the time of the birth of the child]
 - 2) [Marital status during one year prior to the birth of the child]
 - 3) [If ever married: name(s) of husband(s); maiden name]
5. [Date child was placed in care of Petitioner(s).]
6. [Facts constituting grounds for termination. (Identify specific subsection of § 2511(a) of Adoption Act.)]
7. [State whether either parent is entitled to benefits of the Soldiers' and Sailors' Civil Relief Act of 1940, as amended (50 USCA §501 et seq.).]
8. Petitioner(s) will assume custody of the child until such time as the child is adopted.

WHEREFORE, Petitioner(s) pray(s) y our Honorable Court for a finding of involuntary termination of parental rights of _____ (and) _____, and for a decree terminating all parental rights of _____

¹ If father not identified, state whether acknowledgment or claim of paternity has been filed pursuant to 23 Pa. C.S.A. § 5103(b) and explain why birth father is unknown.

(and) _____] in respect to _____,
awarding custody of the child to Petitione r(s), and authorizing him /her/them to consent
to the adoption of _____.

[Signature]
[Type Name]

[Signature]
[Type Name]

VERIFICATION

I, _____ verify that I am the Petitioner named in the foregoing Petition and that the facts set forth therein are true and correct, to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

[Signature]

CHECKLIST
PETITION FOR ADOPTION

23 Pa. C.S.A. §2701

Documentation to be assembled in the following order:

- ___ Preliminary Decree – Rule 15.1A(4)
- ___ Final Decree
- ___ Important Notice – Birth Parent – 23 Pa. C.S.A. §2513(b)
- ___ Important Notice – Putative Father – 23 Pa. C.S.A. §2513(b)
- ___ Petition for Adoption
 - ___ Attorney Caption
 - ___ Signed
 - ___ Petitioner is Adopting Parent
 - ___ Verified by Petitioner
- ___ Consents – 23 Pa. C.S.A. §2711
 - If none in file:*
 - ___ Adoptee over 12 years of age
 - ___ Spouse of Adopting Parent or Joinder
 - ___ Husband of Birth Mother, *unless rights terminated or Adoptee is at least 18 years of age*
 - ___ Natural Parent, *unless rights have been terminated or Adoptee is at least 18 years of age*
 - ___ Guardian of incapacitated adoptee
 - ___ Person other than Parent or Guardian having legal custody of Adoptee
- ___ Original Long Form Birth Certificate – Rule 15.2(b)(2)
- ___ Signed Certificate of Attorney's Fees and Costs – Rule 15.5(d)
- ___ Form H105.091
- ___ Original Death Certificate *if parent is deceased*
- ___ Out-of-County Decrees – *certified*
- ___ Foreign Documents – *translated*
- ___ Report of Intention to Adopt
- ___ Report of Intermediary
- ___ Home Study
- ___ Pursuant to 23 Pa.C.S.A. §2733(C) Affidavit of Service OR Acknowledgement of Notice
- ___ Notice(s) Pursuant to 23 Pa.C.S.A. §2513(b)
 - ___ at least ten (10) days notice by personal service, OR
 - ___ Registered Mail, OR
 - ___ By such means as the Court may require (See, Pa.R.C.P. 430)
- ___ Proof(s) of Notice – *to be filed at or before the hearing*

NOTE: ADOPTEE AND ALL PETITIONERS MUST BE PRESENT AT THE HEARING

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR ADOPTION
PRELIMINARY DECREE**

AND NOW, this _____ day of _____, _____, upon consideration of the within Petition and on the motion of _____, Esquire, attorney for Petitioners, a hearing thereon is fixed for _____, _____ in _____ before the Honorable _____, at _____ am/pm.

Notice shall be given to the following persons entitled thereto:

1. [NAME]
[ADDRESS]

2. [NAME]
[ADDRESS]

3. [NAME]
[ADDRESS]

BY THE COURT:

J.

[Attorney caption: name, address, zip code, telephone #, ID#]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR ADOPTION
FINAL DECREE**

AND NOW, this _____ day of _____, 20__, upon consideration of the within Petition and after the hearing had thereon, the Court having made an investigation to verify the statements of the Petition and other facts to give the Court full knowledge as to the desirability of the proposed adoption:

The Court, being satisfied, finds that the statements made in the Petition are true, that the welfare of the person proposed to be adopted will be promoted by this adoption, and that all requirements of the Adoption Act have been met; and it is hereby

ORDERED, ADJUDGED and DECREED that _____, the person proposed to be adopted, shall have all the rights of a child and heir of _____, the adopting parent(s), and shall be subject to all the duties of such child; and shall hereafter assume the name of _____.

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION FOR ADOPTION

IMPORTANT NOTICE- BIRTH PARENT

TO: [NAME]
[ADDRESS]

A petition has been filed asking the Court to put an end to all rights you have to your child _____. The Court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West Chester, Pennsylvania on _____, _____, at _____ (a.m. or p.m.) in Courtroom No. _____. You are warned that even if you fail to appear at the scheduled hearing, the hearing will go on without you and your rights to your child may be ended by the Court without your being present. You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.

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CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
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WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR ADOPTION
IMPORTANT NOTICE – PUTATIVE FATHER**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the court to put an end to all rights you have to your child, _____. The court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West _____ Chester, Pennsylvania on _____, _____, at _____ (a .m. or p.m.) in Courtroom No. _____. You are warned that your rights may also be subject to termination pursuant to §2504(c) of the Adoption Act, 23 Pa.C.S.A., if you fail to file either an acknowledgment of paternity or claim of paternity pursuant to 23 Pa.C.S.A. §5103 (relating to acknowledgment and claim of paternity) and fail to either appear at the hearing for the purpose of objecting to the termination of your rights or file a written objection to such termination with the Court prior to the hearing.

You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out whether you can get legal help.

**LAWYER REFERRAL SERVICE
CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION FOR ADOPTION

Petition of _____ under § 2701 of the Adoption Act:

Petitioner(s) desire(s) to adopt a child known to (him/her/them) as _____ as one of (his/her/their) heirs and hereby declare(s) that (he/she/they) will perform all the duties of parent(s) to him/her.

1. The facts as to the Petitioner(s), the adopting parent(s), are as follows:
 - a) Adopting Father:
 - 1) [Name]
 - 2) [Residence]
 - 3) [Marital Status]
 - 4) [Age]
 - 5) [Occupation]
 - 6) [Religious Affiliation]
 - 7) [Racial background]
 - 8) [Relationship to adoptee by blood or marriage, if any.]
 - b) Adopting Mother:
 - 1) (same as (1) through (8) above)
2. Dates of filing of reports, as applicable.
 - a) [Report of Intention to Adopt:] – 23 Pa. C.S.A. §2531
 - b) [Report of Intermediary:] – 23 Pa. C.S.A. §2533
 - c) [Pre-placement Report:] – 23 Pa. C.S.A. §2530
 - d) [Home Study Report:] – 23 Pa. C.S.A. §2530
3. [Name and address of intermediary, if any.]
4. [Child's full name, and length of time he/she has resided with Petitioners.]
5. [If no intermediary, or if adoptee is over 18 yrs old, provide the following information as to the adoptee:]
 - a) [Sex]
 - b) [Racial background]
 - c) [Age and birth date]
 - d) [Birthplace]
 - e) [Place of residence since birth]
 - f) [Religious affiliation]
 - g) [A full statement of the value of all property owned or possessed by the child, if any.]
 - h) [No provision of any act regulating the interstate placement of children has been violated.]

i) [State whether medical history information was obtained, and if not, explain why not.]

6. Name to be assumed by the adoptee after adoption.

_____ Given Middle Surname

7. All consents required by § 271.1 are attached as exhibits or are not required. (State why not required).

8. It is the desire of the Petitioner(s) that the relationship of parent and child be established between the Petitioner(s) and the adoptee.

9. If no birth certificate or certification of registration of birth can be obtained, a statement of the reasons therefore and an allegation of the efforts made to obtain the certificate with a request that the court establish a date and place of birth at the adoption hearing on the basis of the evidence presented.

10. State how parental rights were or will be terminated. Attach copy of decree(s).

[If parental rights have not been terminated and no report of intermediary is filed, provide the following information:]

a) Birth Mother:

1) [Name]

2) [Residence or last known address]

3) [Racial background]

4) [Age]

5) [Marital status at time of birth of child]

6) [Marital status during one year prior to birth of child]

7) [Religious affiliation]

b) Birth Father: (same as (1) through (7) above)

WHEREFORE, Petitioner(s) pray your Honorable Court to decree that the person proposed to be adopted shall have all the rights of a child and heir of Petitioner(s) and be subject to the duties of such child, and that he/she shall assume the name of

_____.

[Type

[Signature]

Petitioner's Name]

[Type

[Signature]

Petitioner's Name]

VERIFICATION

_____ and _____ verify that we are the Petitioners named in the foregoing petition and that the facts set forth therein are true and correct, to the best of our knowledge, information and belief. We understand that false statements herein are made subject to the penalties of 18 Pa. C. S. § 4904 relating to unsworn falsification to authorities.

[Signature]
[Type Name]

[Signature]
[Type Name]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

CONSENT OF SPOUSE OF ADOPTING PARENT (TO STEP-CHILD ADOPTION)

1. [Name, age and marital status of consenting parent.]
 2. [Name, sex and birth date of child.]
 3. [Name of other parent of child.]
- I hereby voluntarily and unconditionally consent to the adoption of my above-named child by my husband/wife, _____.
 - By signing this consent I do not indicate an intent to relinquish any of my parental rights to this child.
 - I understand that my husband/wife, _____ desires to adopt such child as one of his/her heirs and to perform all the duties of parent to him/her.
 - ♦ I understand that I may not revoke this consent after a decree of adoption of this child is entered.
 - ♦ I have read and understand the above and I am signing it as a free and voluntary act.

Date: _____

(Signature)

(Type Name)

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}
Case Number: _____

CONSENT OF ADOPTEE

I, [ADOPTEE], am over twelve (12) years of age, have read the foregoing petition and consent to my adoption by [PETITIONER].

I also agree to having my name changed to [NAME AFTER ADOPTION].

I have read and understand the above and I am signing it as a free and voluntary act.

	_____ [SIGNATURE]
	Type Name:
Date	of Execution:
Place	of Execution

WITNESSES:	RELATIONSHIP TO ADOPTEE:
------------	--------------------------

[SIGNATURE] _____	_____
-------------------	-------

Type name:
Type Address:

[SIGNATURE] _____	_____
-------------------	-------

Type name:
Type Address:

[Signature]

[Signature]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}
Case Number: _____

REPORT OF INTERMEDIARY

The report of _____, intermediary, under § 2533 of the Adoption Act:

1. [Intermediary's name and address]
2. The facts as to the child are:
 - 1) [Name]
 - 2) [Sex]
 - 3) [Racial background]
 - 4) [Age]
 - 5) [Birth date]
 - 6) [Birthplace]
 - 7) [Religious affiliation]
3. [Date of the placement of the child with the adopting parent or parents. Date pre-placement report was concluded and filed.]
4. The facts as to the birth mother are:
 - 1) [Name]
 - 2) [Residence or last known address (state which), unless rights already terminated]
 - 3) [Racial background]
 - 4) [Age]
 - 5) [Marital status as of the time of the birth of the child.]
 - 6) [Marital status during one year prior to birth of the child]
 - 7) [Religious affiliation]
5. The facts as to the birth father are: (same as (1) through (7) above)
6. [Identify proceedings, if any, in which a decree of termination of parental rights with respect to this child has been entered.]
7. All consents required by § 2711 are attached as exhibits or are not required for the following reasons:
8. [Fees or expenses paid or to be paid to or received by the intermediary or any other person or persons to the knowledge of the intermediary by reason of the adoption placement.]
9. [A full description and statement of the value of all property owned or possessed by the child, if any.]
10. No provision of any act regulating the interstate placement of children has been violated with respect to the placement of the child.

11. The birth certificate is attached hereto as Exhibit _____. [If no birth certificate of certification of _____ registration of birth can be obtained, a statement of the reason why it cannot be obtained.]

12. [State whether medical history information was obtained, and if not, explain why not.]

[Type
[Type

[Signature]
name of intermediary
address of intermediary

DATE: _____

VERIFICATION

I, _____, verify [that I am
_____ (title) of _____ (name
of agency) and am authorized to make this affidavit on its behalf, and] that the facts set
forth in the foregoing petition are true and correct, to the best of my knowledge,
information and belief. I understand that false statements herein are made subject to
the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

CHECKLIST
PETITION FOR ADOPTION BY UNMARRIED COUPLE

___ *Review Procedure set forth on following page*

Documentation to be assembled in the following order:

___ Preliminary Decree

___ Final Decree

___ Important Notice – Birth Parent

___ Important Notice – Putative Father

___ Petition for Adoption by Unmarried Couple

___ Attorney Caption

___ Signed

___ ___ Petitioner(s) is/are Adopting Parent(s)

___ ___ Verified by Petitioner(s)

___ Consents

___ Affidavit from clinic/MD regarding sperm donor anonymity and release of parental rights
 – *if applicable*

___ Original Long Form Birth Certificate

___ Signed Certification of Attorneys Fees and Costs

___ Form H105

___ Original Death Certificate – *if parent is deceased*

___ Out-of-County Decrees - *certified*

___ Foreign Documents – *translated*

___ Report of Intention to Adopt

___ Report of Intermediary

___ Home Study

___ Notice(s) Pursuant to 23 Pa.C.S.A. §2513(b)

___ ___ at least ten (10) days notice by personal service, *OR*

___ ___ Registered Mail, *OR*

___ ___ By such means as the Court may require (See, Pa.R.C.P. 430)

___ ___ Proof(s) of Notice – *to be filed at or before the hearing*

NOTE: Adoptee must be present at the hearing

Procedure for Adoptions by Unmarried Couple

The following procedure must be followed when prospective adoptive parents are unmarried. See, *In re Adoption of R.B.F.*, 803 A.2d 1195 (Pa. 2002). Those procedures are:

1. A Report of Intention to Adopt must be filed.
2. The Petition for Adoption must specify the reason(s) why the parent of the adoptee is unable to comply with the obligation of surrendering his or her parental rights in the consent as required in §§2701(7) and 2711(d) of the Adoption Act.
3. Home Study to be completed.
4. After the Home Study is completed and the Petition for Adoption, Consents and other necessary attachments are filed, the Court will review the file and schedule a hearing. The intention is to schedule only one hearing on the adoption petition, at which time the reason(s) for inability to provide the statutory consent will be addressed immediately prior to the adoption hearing. If the Judge determines there is cause shown that justifies granting a decree of adoption, even though all legal requirements haven't been met (see §2901; *In re Adoption of R.B.F.*, 803 A.2d at 1201-1202), then he/she will proceed with the adoption hearing.

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

Petition For Adoption By Unmarried Couple
PRELIMINARY DECREE

AND NOW, this _____ day of _____,
_____, upon consideration of the within Petition and on the motion of
_____, Esquire, attorney for Petitioners, a hearing
thereon is fixed for _____, _____ in _____
before the Honorable _____, at _____ am/pm.

Notice shall be given to the following persons entitled thereto:

1. [NAME]
[ADDRESS]

2. [NAME]
[ADDRESS]

3. [NAME]
[ADDRESS]

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

Petition For Adoption By Unmarried Couple
FINAL DECREE

AND NOW, this ____ day of _____, 20__, upon consideration of the within Petition and after the hearing had thereon, the Court having made an investigation to verify the statement of the Petition and other facts to give the Court full knowledge as to the desirability of the proposed adoption:

The Court, being satisfied, finds that the statements made in the Petition are true, that the welfare of the person proposed to be adopted will be promoted by this adoption, and that the petitioner has demonstrated by clear and convincing evidence good cause for non-compliance with §2701(7) and §2711(d) of the Adoption Act and the petitioner is excused from complying with §2701(7) and §2711(d) of the Adoption Act and that all other requirements of the Adoption Act and the Judicial Change of Name Provisions (54 Pa.C.S.A. §701) have been met; and it is hereby

ORDERED, ADJUDGED and DECREED that _____, the person proposed to be adopted, shall have all the rights of child and heir of _____, the adopting parent, shall be subject to all the duties of such child; and shall hereafter assume the name _____.

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR ADOPTION BY UNMARRIED COUPLE
IMPORTANT NOTICE- BIRTH PARENT**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the Court to put an end to all rights you have to your child _____. The Court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West Chester, Pennsylvania on _____, _____, at _____ (a.m. or p.m.) in Courtroom No. _____. You are warned that even if you fail to appear at the scheduled hearing, the hearing will go on without you and your rights to your child may be ended by the Court without your being present. You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.

**LAWYER REFERRAL SERVICE
CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR ADOPTION BY UNMARRIED COUPLE
IMPORTANT NOTICE – PUTATIVE FATHER**

TO: [NAME]
[ADDRESS]

A petition has been filed asking the court to put an end to all rights you have to your child, _____. The court has set a hearing to consider ending your rights to your child. That hearing will be held in the Chester County Justice Center, West _____ Chester, Pennsylvania on _____, _____, at _____ (a .m. or p.m.) in Courtroom No. _____. You are warned that your rights may also be subject to termination pursuant to §2504(c) of the Adoption Act, 23 Pa.C.S.A., if you fail to file either an acknowledgment of paternity or claim of paternity pursuant to 23 Pa.C.S.A. §5103 (relating to acknowledgment and claim of paternity) and fail to either appear at the hearing for the purpose of objecting to the termination of your rights or file a written objection to such termination with the Court prior to the hearing.

You have a right to be represented at the hearing by a lawyer. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out whether you can get legal help.

**LAWYER REFERRAL SERVICE
CHESTER COUNTY BAR ASSOCIATION
15 WEST GAY STREET
SECOND FLOOR
WEST CHESTER, PENNSYLVANIA 19380
610-429-1500**

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION FOR ADOPTION BY UNMARRIED COUPLE

Petition of _____ under § 2701 of the Adoption Act:

Petitioner(s) desire(s) to adopt a child known to (him/her/them) as _____ as one of (his/her/their) heirs and hereby declare(s) that (he/she/they) will perform all the duties of parent(s) to him/her.

1. The facts as to the Petitioner(s), the adopting parent(s), are as follows:
 - a) Adopting Father:
 - 1) [Name]
 - 2) [Residence]
 - 3) [Marital Status]
 - 4) [Age]
 - 5) [Occupation]
 - 6) [Religious Affiliation]
 - 7) [Racial background]
 - 8) [Relationship to adoptee by blood or marriage, if any.]
 - b) Adopting Mother:
(same as (1) through (8) above)
2. Dates of filing of reports, as applicable.
 - a) [Report of Intention to Adopt: 23 Pa.C.S.A. §2531]
 - b) [Report of Intermediary: 23 Pa.C.S.A. §2533]
 - c) [Pre-placement Report: 23 Pa.C.S.A. §2530]
 - d) [Home Study Report: 23 Pa.C.S.A. §2530]
3. [Name and address of intermediary, if any.]
4. [Child's full name, and length of time he/she has resided with Petitioners.]
5. [If no intermediary, or if adoptee is over 18 yrs old, provide the following information as to the adoptee:]
 - a) [Sex]
 - b) [Racial background]
 - c) [Age and birth date]
 - d) [Birthplace]
 - e) [Place of residence since birth]
 - f) [Religious affiliation]
 - g) [A full statement of the value of all property owned or possessed by the child, if any.]
 - h) [No provision of any act regulating the interstate placement of children has been violated.]

- i) [State whether medical history information was obtained, and if not, explain why not.]
- 6. Name to be assumed by the adoptee after adoption

Given _____ Middle _____ Surname _____

- 7. All consents required by § 2711 are attached as exhibits or are not required. (State why not required).
- 8. It is the desire of the Petitioner(s) that the relationship of parent and child be established between the Petitioner(s) and the adoptee.
- 9. If no birth certificate or certification of registration of birth can be obtained, a statement of the reason therefore and an allegation of the efforts made to obtain the certificate with a request that the court establish a date and place of birth at the adoption hearing on the basis of the evidence presented.
- 10. State how parental rights were or will be terminated. Attach copy of decree(s). [If parental rights have not been terminated and no report of intermediary is filed, provide the following information:]
 - a) Birth Mother:
 - 1) [Name]
 - 2) [Residence or last known address]
 - 3) [Racial background]
 - 4) [Age]
 - 5) [Marital status at time of birth of child]
 - 6) [Marital status during one year prior to birth of child]
 - 7) [Religious affiliation]
 - b) Birth Father: (same as (1) through (7) above)
- 11. Reasons for non-compliance §§2701(7), 2711(d).

WHEREFORE, _____ Petitioner(s) pray your Honorable Court to decree that the person proposed to be adopted shall have all the rights of a child and heir of Petitioner(s) and be subject to the duties of such child, and that he/she shall assume the name of

_____.

[Type _____ [Signature]
Petitioner's Name]

[Type _____ [Signature]
Petitioner's Name]

VERIFICATION

_____ and _____ verify that we are the Petitioners named in the foregoing petition and that the facts set forth therein are true and correct, to the best of my/our knowledge, information and belief. We understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

_____ [SIGNATURE] _____

_____ [SIGNATURE] _____

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR ADOPTION BY UNMARRIED COUPLE
CONSENT OF PARENT TO ADOPTION**

1. [Name, age and marital status of consenting parent.]
2. [Name, sex and birth date of child.]
3. [Name of other parent of child.]

- I hereby voluntarily and unconditionally consent to the adoption of my above-named child by my partner, _____.
- By signing this consent, I do not indicate an intent to relinquish any of my parental rights to this child.
- I understand that my partner, _____, desires to adopt such child as one of his/her heirs and to perform all the duties of parent to him/her.
- I understand that I may not revoke this consent after a decree of adoption of this child is entered.
- I have read and understand the above and I am signing it as a free and voluntary act.

Date: _____

[SIGNATURE]

[TYPE NAME]

CHECKLIST
Petition to Register and Docket Foreign Decree of Adoption
23 Pa.C.S.A. §2908

Documentation to be assembled in the following order:

- Final Decree

- Petition to Register and Docket Foreign Decree in Accordance with 23 Pa.C.S.A. §2908

- Attorney Caption
- Signed
- Petitioner is Adopting Parent
- Petitioner is Resident of Chester County
- Verified by Petitioner

- Original Foreign Decree and Related Documents
 - Copy of Foreign Decree and Related Documents
 - English Translation – *Certified*

- Original Birth Certificate
 - Copy of Birth Certificate
 - English Translation – *Certified*

- Form H105.091

- Statement of Citizenship and Residency

NOTE: A HEARING SHALL NOT BE SCHEDULED FOR THIS PETITION

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**Petition to Register and Docket Foreign Decree
in Accordance with 23 Pa.C.S.A. §2908**

FINAL DECREE

AND NOW, this _____ day of _____, 20___, it is hereby ORDERED and DECREED that the Petition of [NAME(S) OF PETITIONER(S)] is GRANTED and that this Court authorizes the registration and docketing of the foreign decree entered on [DATE OF FOREIGN DECREE] by [FOREIGN COURT, REGISTRAR, EXECUTIVE, ETC., WHO GRANTED THE ADOPTION] in [STATE, TERRITORY, COUNTRY, ETC.]. It is further ORDERED and DECREED that the above foreign decree of adoption shall be enforceable as if this Court had entered the decree and that henceforth [BIRTH NAME OF ADOPTEE] shall be known as [NAME OF ADOPTEE AFTER ADOPTION] and shall have all the rights of a child and heir of [NAME(S) OF PETITIONER(S)].

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION TO REGISTER AND DOCKET FOREIGN DECREE
IN ACCORDANCE WITH 23 Pa.C.S.A. §2908**

Petitioner(s) is/are _____ who reside(s) at

_____.

Petitioner(s) file(s) this Petition pursuant to 23 Pa.C.S.A. §2908 and relevant Chester County Orphans' Court Rule.

The Adoptee was placed with the adopters in [STATE, TERRITORY, COUNTRY, ETC.] on [DATE].

The placement of the adoptee was arranged by [AGENCY OR INDIVIDUAL(S)].

Petitioner(s) adopted the minor formerly, known as [BIRTH NAME], who was born on [DATE OF BIRTH] in [STATE, TERRITORY, COUNTRY, ETC.]. The adoption took place on [DATE OF FOREIGN DECREE].

The ORIGINAL AND COPY of the foreign adoption decree and related documents are attached hereto as "Exhibit A". The TRANSLATION INTO ENGLISH of the foreign decree and related documents, certified by counsel to be true and correct, is attached hereto as "Exhibit B".

WHEREFORE, Petitioner(s) request(s) that this Court enter a decree authorizing the registration and docketing of the attached foreign decree with the Clerk of the Orphans;' Court and make a finding that [BIRTH NAME OF ADOPTEE] shall be

henceforth known as [NAME AFTER ADOPTION] and shall have all the rights of a child and heir of [NAME(S) OF PETITIONER(S)].

[Type

[Signature]

Petitioner's Name]

[Type

[Signature]

Petitioner's Name]

VERIFICATION

[PETITIONER(S)] verify that the facts set forth in the foregoing petition are true and correct to the best of my/our knowledge, information and belief. I/We understand that false statements made herein are subject to the penalties of 18 Pa.C. S.A. §4904 relating to unsworn falsification to authorities.

[Signature]
[Type Name]

[Signature]
[Type Name]

CHECKLIST
PETITION FOR ADULT ADOPTION WITH NAME CHANGE

Documentation to be assembled in the following order:

- ___ Preliminary Decree

- ___ Final Decree

- ___ Petition for Adult Adoption with Name Change

- ___ Attorney Caption
- ___ Signed
- ___ Petitioner is Adopting Parent
- ___ Verified by Petitioner

- ___ Requirements of 54 Pa.C.S.A. §701, et seq.

- ___ Motion to Release Copy of Adoption Petition to State Police

- ___ Order to Release Copy of Adoption Petition to State Police

- ___ Pennsylvania State Police Action Taken – *certified* – 54 Pa.C.S.A. §702(b)(4)

- ___ Out of County Decrees – *certified*

- ___ Foreign Documents – *translated*

- ___ Consents

- ___ Original Long Form Birth Certificate

- ___ Form H105.091

NOTE: Termination Petition to End Parental Rights is not necessary

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

PETITION FOR ADULT ADOPTION WITH NAME CHANGE
PRELIMINARY DECREE

AND NOW, this _____ day of _____, _____,
upon consideration of the within Petition for Adoption and upon Motion of
_____, Esquire, attorney for the Petitioner, it is Decreed
as follows:

(1) Hearing on the within Petition for Adoption with change of name
request is fixed for _____, _____, in
_____ before the Honorable _____,
at _____ am/pm.

(2) Notice of said proposed change of name shall be published one
time in the Chester County Law Reporter and a newspaper of general circulation in
Chester County.

(3) Proofs of publication of said notice together with proof of official
searches of the proper county offices shall be presented at the hearing.

BY THE COURT:

J.

[Attorney caption: name, address, zip code, telephone #, ID#]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**PETITION FOR ADULT ADOPTION WITH NAME CHANGE
FINAL DECREE**

AND NOW, _____, _____, upon consideration of the within Petition and after the hearing had thereon, the Court having made an investigation to verify the statements of the Petition and other facts to give the Court full knowledge as to the desirability of the proposed adoption:

The Court, being satisfied, finds that the statements made in the Petition are true, that the welfare of the person proposed to be adopted will be promoted by this adoption, and that all requirements of the Adoption Act and 54 Pa.C.S. §701, et seq., have been met; and it is hereby

ORDERED, ADJUDGED and DECREED that _____, the person proposed to be adopted, shall have all the rights of a child and heir of _____, the adopting parent(s), and shall be subject to all the duties of such child; and shall hereafter assume the name of _____.

BY THE COURT:

J.

[Attorney Caption: name, address, zip code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION FOR ADULT ADOPTION WITH NAME CHANGE

Petition of _____ under § 2701 of the Adoption Act:

1. Petitioner(s) desire(s) to adopt _____ as one of (h is/her/their) heirs and hereby declare(s) that (he/she/they) will perform all the duties of parent(s) to him/her.
2. The facts as to the Petitioner(s), the adopting parent(s), are as follows:
 - a. Adopting Father:
 - 1) [Name]
 - 2) [Residence]
 - 3) [Marital Status]
 - 4) [Age]
 - 5) [Occupation]
 - 6) [Religious Affiliation]
 - 7) [Racial background]
 - 8) [Relationship to adoptee by blood or marriage, if any.]
 - b. Adopting Mother:
(same as (1) through (8) above)
3. [Adoptee's full name, and length of time he/she has resided with Petitioners.]
4. Name to be assumed by the adoptee after adoption.

Given Middle Surname

5. Provide the following information as to the adoptee:
 - a. [Sex]
 - b. [Racial background]
 - c. [Age and birth date]
 - d. [Birthplace]
 - e. [Place of residence since birth]
 - f. [Religious affiliation]
 - g. [A full statement of the value of all property owned or possessed by the child, if any.]

6. [State whether medical history information was obtained, and if not, explain why not.]
7. Adoptee has complied with requirements of 54 Pa.C.S.A. §702. [Attach proof of compliance with 54 Pa.C.S.A. §702.]
8. It is the desire of the Petitioner(s) that the relationship of parent and child be established between the Petitioner(s) and the adoptee.
9. All consents required by § 271.1 are attached as exhibits or are not required. (State why not required).

WHEREFORE, Petitioner(s) pray your Honorable Court to decree that the person proposed to be adopted shall have all the rights of a child and heir of Petitioner(s) and be subject to the duties of such child, and that he/she shall assume the name of _____.

[Type

 [Signature]
 Petitioner's Name]

[Type

 [Signature]
 Petitioner's Name]

VERIFICATION

_____ (and _____) verify that we are the Petitioners named in the foregoing petition and that the facts set forth therein are true and correct, to the best of my/our knowledge, information and belief. We understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

[Signature]
[Type Name]

[Signature]
[Type Name]

[Attorney Caption: name, address, ZIP code, telephone #, ID #]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**MOTION TO RELEASE COPY OF
ADOPTION PETITION TO STATE POLICE**

AND NOW, comes Petitioner, who moves this Honorable Court to release a copy of the above captioned adoption petition to the Pennsylvania State Police in order to comply with 54 Pa.C.S.A. §702.

[Signature]
[Type Name]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**ORDER TO RELEASE COPY OF
ADOPTION PETITION TO STATE POLICE**

AND NOW, this _____ day of _____, 20__, u pon
consideration of the foregoing Motion, the Court hereby authorizes that a duplicate copy
of the Adoption Petition in the above ca ptioned matter shall be forwarded to the
Pennsylvania State Police in order to comply with 54 Pa.C.S.A. §702.

BY THE COURT:

J.

CHECKLIST
PETITION TO CHANGE BIRTH RECORD – GESTATIONAL CARRIER

Documents to be attached to the Petition in the order they appear:

- ___ Preliminary Decree, *only if all affidavits not present/someone contests*
- ___ Final Decree
- ___ Petition to Change Birth Record – Gestational Carrier
- ___ Attorney Caption
 - ___ Signed by Attorney for Petitioner
 - ___ Verified by Petitioner
- ___ Petitioner(s) is/are Intended Parent(s)
- ___ Petitioner(s) is/are Donor(s)
- ___ Petitioner(s) is/are **not** Donor(s)

Contents of Petition:

- ___ Name(s) and Address(es) of Intended Parent(s)
- ___ Name and Address of Gestational Carrier
- ___ Name and Address of Donor, *if different than Intended Parent(s)*
- ___ Name of Person who Performed the Assisted Conception
- ___ Address of Facility where the procedure was performed
- ___ Facts and circumstances surrounding the performing of the procedure and its resulting in a successful pregnancy
- ___ Date of birth, or expected date of birth of the child

Exhibits:

- ___ Statement from Person/Facility performing procedure certifying facts as to the procedure
- ___ Certified copy of any agreement among the parties
- ___ Affidavit signed by the Intended Parent(s)
- ___ Affidavit signed by the Gestational Carrier
- ___ Affidavit signed by the husband of Gestational Carrier
- ___ Affidavit signed by the Donor(s), *if different than Gestational Carrier or Intended Parents*
- ___ Affidavit signed by spouse of Donor(s) *if different than Gestational Carrier or Intended Parents*
- ___ Stipulation executed by the PA Department of Health (or counsel) and petitioners (or counsel) that the proposed Decree is acceptable to them
- ___ Order to Impound Records
- ___ Motion to Impound Records

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: {use initials only}

Case Number: _____

Petition to Change Birth Record – Gestational Carrier
PRELIMINARY DECREE

AND NOW, this _____ day of _____,
_____, upon consideration of the within Petition and on the motion of
_____, Esquire, attorney for Petitioners, a hearing
thereon is fixed for _____, _____ in _____
before the Honorable _____, at _____ am/pm.

Notice shall be given to the following persons entitled thereto:

1. [NAME]
[ADDRESS]
2. [NAME]
[ADDRESS]
3. [NAME]
[ADDRESS]

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

**Petition to Change Birth Record – Gestational Carrier
FINAL DECREE**

AND NOW, this ____ day of _____, 20__, upon consideration of the foregoing Petition, and the Affidavits, Acknowledgments and Stipulation attached thereto, it is the determination of this Court that BLANK and BLANK, husband and wife, shall be deemed the legal parents of a child, BLANK, born BLANK, 20__, at [FACILITY], BLANK, Pennsylvania, through BLANK, acting as embryo carrier for the said Intended Parents.

It is hereby ORDERED and DECREED that any certified copies of the birth records of said child shall reflect the parentage of BLANK and BLANK, whenever parentage appears on such documents.

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

PETITION TO CHANGE BIRTH RECORD – GESTATIONAL CARRIER

NOW COME, Petitioners _____ and _____.
by their attorney, _____, Esquire, and _____ make the following
averments in support of this Petition requesting that they be declared the legal parents
of a child, _____, born by a gestational carrier, and that the
birth certificate shall so reflect such parentage:

1. Petitioners are adult individuals, _____ and husband and wife, residing at
_____,
_____,
[CITY/BOROUGH/TOWNSHIP], Chester County, Pennsylvania.

2. Because of Petitioner _____'s inability to
bear children, an in vitro fertilization procedure was performed, whereby ova retrieved
from an anonymous ovum donor were fertilized with the sperm of Petitioner
_____.

3. The aforementioned in vitro fertilization procedure was performed at
[NAME AND ADDRESS OF FACILITY], under the supervision of [PHYSICIAN'S
NAME], and resulted in viable human embryos which were cryopreserved.

4. On [DATE], one of the aforementioned embryos was transferred by the
aforementioned [NAME OF PHYSICIAN] to the uterus of [GESTATIONAL CARRIER'S
NAME].

5. The said [GESTATIONAL CARRIER'S NAME] is an adult individual (D/O/B _____), who resides at [STREET, MUNICIPALITY, STATE].

6. The aforementioned ova retrieval, in vitro fertilization and embryo transfer procedures were all performed at [FACILITY NAME & ADDRESS], by or under the supervision of [PHYSICIAN'S NAME].

7. The aforementioned embryo transfer resulted in a viable pregnancy in the uterus of the said [GESTATIONAL CARRIER'S NAME], with a child, [CHILD'S NAME] born thereon on [CHILD'S D/O/B], at [FACILITY NAME & ADDRESS].

8. The aforementioned child [CHILD'S NAME] to whom [GESTATIONAL CARRIER'S NAME] gave birth on [CHILD'S D/O/B], was conceived through the aforementioned in vitro fertilization procedure and was not conceived with [FEMALE PETITIONER'S NAME]'s own ova. Attached hereto and marked "Exhibit A" are: 1) Affidavit of [PHYSICIAN'S NAME] confirming that the embryo transferred to [GESTATIONAL CARRIER] on [DATE OF PROCEDURE] was created with [MALE PETITIONER'S NAME]'s sperm and anonymous donor ova; and 2) verified and notarized copies of the *Genetica* DNA parentage test results, showing a 99.97% probability that Petitioner is the genetic father of the child and excluding [GESTATIONAL CARRIER] as a genetic parent.

9. Prior to the aforementioned embryo transfer, [GESTATIONAL CARRIER] agreed to act as a gestational carrier of the aforementioned embryos for Petitioners and expressed her intent, in a signed writing, that Petitioners shall have exclusive custody and all parental rights and duties with respect to any child resulting therefrom, and she has continued to express that intent.

10. Prior to the aforementioned embryo transfer, [GESTATIONAL CARRIER] agreed that she intended to **not** have physical or legal custody or any parental rights with respect to any such child, and she has continued to express that intent.

11. Prior to the aforementioned transfer, Petitioner [MALE PETITIONER'S NAME] expressed his intent that Petitioners shall have exclusive custody and all parental rights and duties with respect to any child resulting therefrom, and has continued to express that intent.

12. Prior to the aforementioned embryo transfer, Petitioners expressed their intent, in a signed writing, that they shall have exclusive custody and all parental rights and duties with respect to any such child, and they have continued to express that intent.

13. Since his/her discharge from the hospital of birth, the said [CHILD] has been in the care of Petitioners and has continuously resided with them at Petitioner's residence.

14. Attached hereto and marked "Exhibit B" is an affidavit from Petitioners verifying the aforementioned facts.

15. Attached hereto and marked "Exhibit C" is the parental acknowledgement of [FEMALE PETITIONER].

16. Attached hereto and marked "Exhibit D" is the parental acknowledgement of [FEMALE PETITIONER]'s husband, [MALE PETITIONER].

17. Attached hereto and marked "Exhibit E" is a stipulation executed by _____, Esquire, Senior Counsel of the Pennsylvania

Department of Health, and the undersigned, agreeing to the entry of the decree which is attached hereto.

WHEREFORE, Petitioners pray this Honorable Court, based upon this Petition and the attached Exhibits, that a Decree be entered determining that Petitioners _____ and _____ are the legal parents of the aforementioned child _____, born on [D/O/B] at [PLACE OF BIRTH], and that the birth certificate to be issued by the Pennsylvania Department of Health reflect the parentage of Petitioners _____ and _____ to said child.

Respectfully

submitted,

Attorney for Petitioners

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: *{use initials only}*

Case Number: _____

Petition to Change Birth Record – Gestational Carrier
ACKNOWLEDGMENT OF GESTATIONAL CARRIER
(Filing of Petition)

I, [GESTATIONAL CARRIER], hereby acknowledge that on [DATE PETITION FILED], a petition was filed in the Court of Common Pleas, Chester County, Pennsylvania (Orphans' Court Division), pursuant to the Pennsylvania Department of Health's "Assisted Conception Birth Registration" procedure, whereby the petitioners, _____ and _____, seek a Decree declaring that they are the legal parents of [CHILD'S NAME], to whom I gave birth on [D/O/B], pursuant to a gestational surrogacy arrangement. I have no objection to that Petition or to the entry of the Decree sought therein.

DATE

[NAME]

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

ORDER TO IMPOUND RECORDS

AND NOW, this _____ day of _____, 20__, upon Motion of _____, Esquire, Attorney for Petitioners, it is hereby ORDERED and DECREED that any and all records kept in the files of this Court relating to the above-captioned matter, including without limitation, the petition filed on or about [DATE PETITION FILED] pursuant to the Pennsylvania Department of Health's "Assisted Conception Birth Registrations" procedure and all related papers and writings, be impounded and withheld from inspection by anyone other than attorneys for parties to the proceedings, except upon an order of court granted upon cause shown.

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: {use initials only}

Case Number: _____

MOTION TO IMPOUND RECORDS

AND NOW, the undersigned attorney, _____, Esquire,
makes the following Motion in these proceedings:

1. Petitioners, _____ and _____, husband and wife, have filed a Petition pursuant to the Pennsylvania Department of Health's " Assisted Conception Birth Registrations" procedure to have themselves declared the legal parents of [CHILD'S NAME], born [D/O/B], by a gestational carrier, and to have the originally issued certificate of birth reflect said parentage.

2. Petitioners request that any and all records relating to these proceedings, including without limitation, the petition and all related papers and writings, be impounded and withheld from inspection by anyone other than attorneys for the parties to these proceedings, except upon an order of court granted upon cause shown.

Respectfully

submitted,

Attorney

for Petitioners

Date: _____