

ADOPTION PACKET

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

Rev. February 2012

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 Crawford 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. 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.

Special thanks and appreciation is extended the Chester County Court of Common Pleas for allowing us to use their forms as a template for the development of these forms.

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CHECKLIST

Report of Intention to Adopt 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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 date and 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 Crawford County.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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:
 - a) [Name]
 - b) [Sex]
 - c) [Racial background]
 - d) [Age]
 - e) [Birth date]
 - f) [Birthplace]
 - g) [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:
 - a) [Name]
 - b) [Residence or last known address (state which), unless rights already terminated]
 - c) [Racial background]
 - d) [Age]
 - e) [Marital status as of the time of the birth of the child.]
 - f) [Marital status during one year prior to birth of the child]
 - g) [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 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.

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):

- _____ 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)
- _____ Birth Certificate or Certification of Registration - 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):

- _____ Preliminary Decree
- _____ Final Decree
- _____ Important Notice
- _____ 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)(5)
- _____ Date when child was placed with Adult(s) – Rule 15.3(a)(6)
- _____ 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 Birth Certificate or Certification of Registration – 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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 intend to marry]
8. [Reasons for seeking relinquishment]
9. Petitioners understand this petition, have considered the alternatives and execute this petition knowingly, voluntarily, and willfully to promote what they believe to be 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]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

**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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

**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(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 knowingly, voluntarily, and willfully to promote what they believe to be 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, _____ verify 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

**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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

**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]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

PRELIMINARY DECREE

AND NOW, this _____ day of _____, 20____, to judicially resolve the petition filed in regard to the above child, it is ORDERED AND DECREED that an evidentiary hearing is set in Courtroom #_____, for the _____ day of _____, 20____ at _____ o'clock, a.m./p.m., Crawford County Courthouse, Meadville, PA.

Petitioner(s) shall serve each person whose parental rights are sought to be terminated with the following:

- 1) A copy of this Decree.
- 2) The Important Notice appended to this Decree.
- 3) A true and correct copy of the Petition, along with all attachments and exhibits.
- 4) The Post Adoption Contact Agreement Notice appended to this Preliminary Decree.

A copy of this Decree, Petition and all attached Notices shall also be provided to each of the following persons, if any: the putative father; a non-consenting parent whose rights have not been terminated, any other party to this action, the parent or guardians of a minor parent; the Proposed Adoptee, if 12 years of age or older and all attorneys of record.

Service of the foregoing shall be effectuated at least ten (10) days before the evidentiary hearing set forth above. The manner of service and content of notices shall comply with 23 Pa. C.S.A. §2513(b). Petitioner shall file a Certificate of Service with the Clerk of Courts, verifying that service was effectuated in conformity with this Decree.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – BIRTH PARENT

TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED

TO: [NAME]
[ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOUR PRESENCE IS REQUIRED AT THE HEARING. YOU HAVE THE 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.

**Court Administrator's Office
CRAWFORD COUNTY JUDICIAL CENTER
359 E. Center Street
Meadville, Pennsylvania 16335
814-333-7498**

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – PUTATIVE FATHER

(TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED)

TO: [NAME] and [ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOU ARE WARNED THAT YOUR RIGHTS MAY ALSO BE SUBJECT TO TERMINATION PURSUANT TO SECTION 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. SECTION 5103 (RELATING TO ACKNOWLEDGMENT OF PATERNITY OR CLAIM OF PATERNITY) AND FAIL TO APPEAR AT THE SCHEDULED HEARING FOR THE PURPOSE OF OBJECTING TO TERMINATION OF YOUR RIGHTS OR FILE A WRITTEN OBJECTION TO SUCH TERMINATION WITH THE COURT PRIOR TO THE HEARING.

YOU HAVE THE 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.

Court Administrator's Office

CRAWFORD COUNTY JUDICIAL CENTER

359 East Center Street

Meadville, Pennsylvania 16335

814-333-7498

POST ADOPTION CONTACT AGREEMENT NOTICE

**RE: Proposed Adoption of _____, a
minor child**

This letter is to inform you of an important option that may be available to you under Pennsylvania Adoption law (23 Pa.C.S.A. §§ 2731-2742). Act 101 of 2010 went into effect on April 25, 2011 and allows for an enforceable voluntary agreement for continuing contact or communication following an adoption if all parties agree and the voluntary agreement is approved and signed by the court.

If the proposed adoptee is twelve (12) years or older, such an agreement can only be entered into with that child’s consent.

The agreement can be between an adoptive parent, child, a birth parent and/or birth relative of the child. A birth relative is defined only as a parent, grandparent, step-parent, sibling, uncle or aunt of the child’s birth family, whether the relationship is by blood, marriage or adoption. This voluntary agreement may allow you to have continuing contact or communication, including but not limited to:

- Letters and/or emails;
- Photos and/or videos;
- Telephone calls and/or text messages;
- Supervised or unsupervised visits.

If you are interested in pursuing or learning more about this option for a voluntary agreement, contact me by this date, _____, at (814) _____ or via email at _____ or via mail at _____.

You may also contact your attorney, if you have one.

Sincerely,

[SIGNATURE] [NAME] [TITLE OR ORGANIZATION]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

FINAL DECREE

PETITION TO VOLUNTARILY RELINQUISH PARENTAL RIGHTS TO AGENCY

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] ("the Child") 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 the Child are terminated forever and custody of the Child is hereby awarded to [AGENCY], which is hereby authorized to give consent to the adoption of the Child and adoption of the Child may be decreed without further consent of or notice to the aforesaid parent(s).

The Clerk of Courts shall serve a true and correct copy upon each parent whose parental rights have been terminated, with a copy of this Decree and a copy of the attached Notice to Birth Parents of Right to File Medical, Social History or Personal Information. Service shall be by regular mail, postage prepaid to the last known address of the parent or parents.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

FINAL DECREE

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

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] ("the Child") that the Petition be granted, it is ORDERED, ADJUDGED, and DECREED that all parental rights of _____ and _____ in respect to the Child are terminated forever and custody of the Child is hereby awarded to [ADOPTING PARENT(S)], and adoption of the Child may be decreed without further consent of or notice to the aforesaid parent(s).

The Clerk of Courts shall serve a true and correct copy upon each parent whose parental rights have been terminated with a copy of this Decree and a copy of the attached Notice to Birth Parents of Right to File Medical, Social History or Personal Information. Service shall be by regular mail, postage prepaid to the last known address of the parent or parents.

BY THE COURT:

J.

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 Birth Certificate or Certificate of Registration – 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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 OR PUTATIVE 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

STATUTORY CONSENT OF BIRTH PARENT

1. [Name, age, date of birth, 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 knowingly, voluntarily, willfully, 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 COURT 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, knowing, and voluntary act.

_____ [SIGNATURE] _____

Type Name: _____
Date Where Read and Signed: _____
Place Where Read and Signed: _____

WITNESSES: (at least two)

_____ [SIGNATURE] _____

Type Name:
Address:
Relationship to Consenter:

_____ [SIGNATURE] _____

Type Name:
Address:
Relationship to Consenter:

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

PRELIMINARY DECREE

AND NOW, this _____ day of _____, 20____, to judicially resolve the petition filed in regard to the above child, it is ORDERED AND DECREED that an evidentiary hearing is set in Courtroom #_____, for the _____ day of _____, 20____ at _____ o'clock, a.m./p.m., Crawford County Courthouse, Meadville, PA.

Petitioner(s) shall serve each person whose parental rights are sought to be terminated with the following:

- 1) A copy of this Order;
- 2) The Important Notice appended to this Decree.
- 3) A true and correct copy of the Petition, along with all attachments and exhibits.
- 4) The Post Adoption Contact Agreement Notice appended to this Preliminary Decree.

A copy of this Decree, Petition and all attached Notices shall also be provided to each of the following persons, if any: the putative father; a non-consenting parent whose rights have not been terminated, any other party to this action, the parent or guardians of a minor parent; the Proposed Adoptee, if 12 years of age or older and all attorneys of record.

Service of the foregoing shall be effectuated at least ten (10) days before the evidentiary hearing set forth above. The manner of service and content of notices shall comply with 23 Pa. C.S.A. §2513(b). Petitioner shall file a Certificate of Service with the Clerk of Courts, verifying that service was effectuated in conformity with this Decree.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – BIRTH PARENT

TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED

TO: [NAME]
[ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOUR PRESENCE IS REQUIRED AT THE HEARING. YOU HAVE THE 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.

**Court Administrator's Office
CRAWFORD COUNTY JUDICIAL CENTER
359 E. Center Street
Meadville, Pennsylvania 16335
814-333-7498**

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – PUTATIVE FATHER

TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED

TO: [NAME] and [ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOU ARE WARNED THAT YOUR RIGHTS MAY ALSO BE SUBJECT TO TERMINATION PURSUANT TO SECTION 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. SECTION 5103 (RELATING TO ACKNOWLEDGMENT OF PATERNITY OR CLAIM OF PATERNITY) AND FAIL TO EITHER APPEAR AT THE SCHEDULED 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 THE 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 HELP.

**Court Administrator's Office
CRAWFORD COUNTY JUDICIAL CENTER
359 E. Center Street
Meadville, Pennsylvania 16335
814-333-7498**

POST ADOPTION CONTACT AGREEMENT NOTICE

**RE: Proposed Adoption of _____, a
minor child**

This letter is to inform you of an important option that may be available to you under Pennsylvania Adoption law (23 Pa.C.S.A. §§ 2731-2742). Act 101 of 2010 went into effect on April 25, 2011 and allows for an enforceable voluntary agreement for continuing contact or communication following an adoption if all parties agree and the voluntary agreement is approved and signed by the court.

If the proposed adoptee is twelve (12) years or older, such an agreement can only be entered into with that child's consent.

The agreement can be between an adoptive parent, child, a birth parent and/or birth relative of the child. A birth relative is defined only as a parent, grandparent, step-parent, sibling, uncle or aunt of the child's birth family, whether the relationship is by blood, marriage or adoption. This voluntary agreement may allow you to have continuing contact or communication, including but not limited to:

- Letters and/or emails;
- Photos and/or videos;
- Telephone calls and/or text messages;
- Supervised or unsupervised visits.

If you are interested in pursuing or learning more about this option for a voluntary agreement, contact me by this date, _____, at (814) _____ or via email at _____ or via mail at _____.

You may also contact your attorney, if you have one.

Sincerely,

[SIGNATURE] [NAME] [TITLE OR ORGANIZATION]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

FINAL DECREE

PETITION TO CONFIRM CONSENT TO ADOPTION

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 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).

Petitioner(s) shall serve a true and correct copy upon each parent whose parental rights have been terminated with a copy of this Decree and a copy of the attached Notice to Birth Parents of Right to File Medical, Social History or Personal

Information. Service shall be by regular mail, postage prepaid to the last known address of the parent or parents. Petitioner shall file a certificate of service with the Clerk of Courts within 20 days.

BY THE COURT:

J.

NOTICE TO BIRTH PARENTS

RIGHT TO FILE MEDICAL, SOCIAL HISTORY, OR PERSONAL INFORMATION

You have the right under Act 101 of 2010 to file and update medical, social history or personal information with the Clerk of the Orphans' Court of the Court that terminated your parental rights or, after your child is adopted, with the Court which finalized the adoption. You may also file information and authorization forms with the Pennsylvania Adoption Information Registry (PAIR) of the Pennsylvania Department of Public Welfare (DPW). The information will be retained and disclosed only to those allowed to have non-identifying information pursuant to 23 Pa. C.S. § 2911, et seq. Any identifying information will be redacted, removed, or otherwise masked from any information provided to a person authorized by law to request non-identifying information.

You may also file an authorization to provide identifying information. Any such identifying information will only be provided to persons you authorize in writing. You may be contacted for authorization in the event a person permitted by law requests identifying information and no authorization is on file. You may subsequently withdraw such authorization in writing by filing a written withdrawal of authorization with the Court or DPW. It is recommended that you file any such withdrawal with every entity with which you filed the original authorization.

RIGHT TO REQUEST PERSONAL CONTACT

Your child may seek to contact you. You may authorize such contact in advance by indicating on a form filed with either the adopting Court or the Department of Public Welfare or both. If your child seeks contact and you have not authorized contact in advance, an attempt will be made to contact you to determine whether you wish to make such contact.

You may obtain the appropriate form for you to file medical history and/or social history information by contacting the Adoption Information Registry. Registry staff are available to answer your questions. Please contact them at:

**Department of Public Welfare
Adoption Information Registry
Hillcrest, Second Floor
Post Office Box 2675
Harrisburg, PA 17105-2675
Telephone: 1-800-227-0225
website: www.adoptpakids.org**

Forms may also be obtained locally by contacting one of the following agencies:

**County Children and Youth Social Service Agency
Any private licensed adoption agency
Court of Common Pleas for Crawford County, the resource is
Court Administrator, 359 E. Center Street, Meadville, PA
(814) 333-7498**

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 Birth Certificate or Certificate of Registration – 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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)

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – PUTATIVE FATHER

TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED

TO: [NAME] and [ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOU ARE WARNED THAT YOUR RIGHTS MAY ALSO BE SUBJECT TO TERMINATION PURSUANT TO SECTION 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. SECTION 5103 (RELATING TO ACKNOWLEDGMENT OF PATERNITY OR CLAIM OF PATERNITY) AND FAIL TO APPEAR AT THE SCHEDULED 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 THE 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 HELP.

**Court Administrator's Office
CRAWFORD COUNTY JUDICIAL CENTER
359 E. Center Street
Meadville, Pennsylvania 16335
814-333-7498**

POST ADOPTION CONTACT AGREEMENT NOTICE

**RE: Proposed Adoption of _____, a
minor child**

This letter is to inform you of an important option that may be available to you under Pennsylvania Adoption law (23 Pa.C.S.A. §§ 2731-2742). Act 101 of 2010 went into effect on April 25, 2011 and allows for an enforceable voluntary agreement for continuing contact or communication following an adoption if all parties agree and the voluntary agreement is approved and signed by the court.

If the proposed adoptee is twelve (12) years or older, such an agreement can only be entered into with that child’s consent.

The agreement can be between an adoptive parent, child, a birth parent and/or birth relative of the child. A birth relative is defined only as a parent, grandparent, step-parent, sibling, uncle or aunt of the child’s birth family, whether the relationship is by blood, marriage or adoption. This voluntary agreement may allow you to have continuing contact or communication, including but not limited to:

- Letters and/or emails;
- Photos and/or videos;
- Telephone calls and/or text messages;
- Supervised or unsupervised visits.

If you are interested in pursuing or learning more about this option for a voluntary agreement, contact me by this date, _____, at (814) _____ or via email at _____ or via mail at _____.

You may also contact your attorney, if you have one.

Sincerely,

[SIGNATURE] [NAME] [TITLE OR ORGANIZATION]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

PRELIMINARY DECREE

AND NOW, this _____ day of _____, 20____, to judicially resolve the petition filed in regard to the above child, it is ORDERED AND DECREED that an evidentiary hearing is set in Courtroom #_____, for the _____ day of _____, 20____ at _____ o'clock, a.m./p.m., Crawford County Courthouse, Meadville, PA.

Petitioner(s) shall serve each person whose parental rights are sought to be terminated with the following:

- 1) A copy of this Order;
- 2) The Important Notice appended to this Decree.
- 3) A true and correct copy of the Petition, along with all attachments and exhibits.
- 4) The Post Adoption Contact Agreement Notice appended to this Preliminary Decree.

A copy of this Decree, Petition and all attached Notices shall also be provided to each of the following persons, if any: the putative father; a non-consenting parent whose rights have not been terminated, any other party to this action, the parent or guardians of a minor parent; the Proposed Adoptee, if 12 years of age or older and all attorneys of record.

Service of the foregoing shall be effectuated at least ten (10) days before the evidentiary hearing set forth above. The manner of service and content of notices shall comply with 23 Pa. C.S.A. §2513(b). Petitioner shall file a Certificate of Service with the Clerk of Courts, verifying that service was effectuated in conformity with this Decree.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

FINAL DECREE

PETITION FOR ALTERNATIVE RELINQUISHMENT OF PUTATIVE FATHER

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.

Petitioner(s) shall serve a true and correct copy upon each parent whose parental rights have been terminated with a copy of this Decree and a copy of the attached Notice to Birth Parents of Right to File Medical, Social History or Personal Information. Service shall be by regular mail, postage prepaid to the last known address of the parent or parents. Petitioner shall file a certificate of service with the Clerk of Courts within 20 days.

BY THE COURT:

J.

NOTICE TO BIRTH PARENTS

RIGHT TO FILE MEDICAL, SOCIAL HISTORY, OR PERSONAL INFORMATION

You have the right under Act 101 of 2010 to file and update medical, social history or personal information with the Clerk of the Orphans' Court of the Court that terminated your parental rights or, after your child is adopted, with the Court which finalized the adoption. You may also file information and authorization forms with the Pennsylvania Adoption Information Registry (PAIR) of the Pennsylvania Department of Public Welfare (DPW). The information will be retained and disclosed only to those allowed to have non-identifying information pursuant to 23 Pa. C.S. § 2911, et seq. Any identifying information will be redacted, removed, or otherwise masked from any information provided to a person authorized by law to request non-identifying information.

You may also file an authorization to provide identifying information. Any such identifying information will only be provided to persons you authorize in writing. You may be contacted for authorization in the event a person permitted by law requests identifying information and no authorization is on file. You may subsequently withdraw such authorization in writing by filing a written withdrawal of authorization with the Court or DPW. It is recommended that you file any such withdrawal with every entity with which you filed the original authorization.

RIGHT TO REQUEST PERSONAL CONTACT

Your child may seek to contact you. You may authorize such contact in advance by indicating on a form filed with either the adopting Court or the Department of Public Welfare or both. If your child seeks contact and you have not authorized contact in advance, an attempt will be made to contact you to determine whether you wish to make such contact.

You may obtain the appropriate form for you to file medical history and/or social history information by contacting the Adoption Information Registry. Registry staff are available to answer your questions. Please contact them at:

**Department of Public Welfare
Adoption Information Registry
Hillcrest, Second Floor
Post Office Box 2675
Harrisburg, PA 17105-2675
Telephone: 1-800-227-0225
website: www.adoptpakids.org**

Forms may also be obtained locally by contacting one of the following agencies:

**County Children and Youth Social Service Agency
Any private licensed adoption agency
Court of Common Pleas for Crawford County, the resource is
Court Administrator, 359 E. Center Street, Meadville, PA
(814) 333-7498**

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:

_____ 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 Birth Certificate or Certificate of Registration – 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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]
 4. 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.).]

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.

9. Petitioner will assume custody of the child until such time as the child is adopted.

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 _____.

By: _____
[Name of Agency]
[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]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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.

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.

WHEREFORE, Petitioner(s) pray(s) 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(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]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – BIRTH PARENT

TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED

TO: [NAME]
[ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOUR PRESENCE IS REQUIRED AT THE HEARING. YOU HAVE THE 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.

**Court Administrator's Office
CRAWFORD COUNTY JUDICIAL CENTER
359 E. Center Street
Meadville, Pennsylvania 16335
814-333-7498**

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – PUTATIVE FATHER

TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED

TO: [NAME] and [ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOU ARE WARNED THAT YOUR RIGHTS MAY ALSO BE SUBJECT TO TERMINATION PURSUANT TO SECTION 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. SECTION 5103 (RELATING TO ACKNOWLEDGMENT OF PATERNITY OR CLAIM OF PATERNITY) AND FAIL TO APPEAR AT THE SCHEDULED 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 THE 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 HELP.

**Court Administrator's Office
CRAWFORD COUNTY JUDICIAL CENTER
359 E. Center Street
Meadville, Pennsylvania 16335
814-333-7498**

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

(Adoptee's name as it appears on birth certificate)

:
:
:
:

O.C. No. _____

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.

[Signature]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

ORDER FOR APPOINTMENT OF COUNSEL FOR CHILD

AND NOW, _____, _____, upon consideration of the foregoing 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.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

PRELIMINARY DECREE

AND NOW, this _____ day of _____, 20____, to judicially resolve the petition filed in regard to the above child, it is ORDERED AND DECREED that an evidentiary hearing is set in Courtroom #_____, for the _____ day of _____, 20____ at _____ o'clock, a.m./p.m., Crawford County Courthouse, Meadville, PA.

Petitioner(s) shall serve each person whose parental rights are sought to be terminated with the following:

- 1) A copy of this Order;
- 2) The Important Notice appended to this Decree.
- 3) A true and correct copy of the Petition, along with all attachments and exhibits.
- 4) The Post Adoption Contact Agreement Notice appended to this Preliminary Decree.

A copy of this Decree, Petition and all attached Notices shall also be provided to each of the following persons, if any: the putative father; a non-consenting parent whose rights have not been terminated, any other party to this action, the parent or guardians of a minor parent; the Proposed Adoptee, if 12 years of age or older and all attorneys of record.

Service of the foregoing shall be effectuated at least ten (10) days before the evidentiary hearing set forth above. The manner of service and content of notices shall comply with 23 Pa. C.S.A. §2513(b). Petitioner shall file a Certificate of Service with the Clerk of Courts, verifying that service was effectuated in conformity with this Decree.

BY THE COURT:

J.

POST ADOPTION CONTACT AGREEMENT NOTICE

**RE: Proposed Adoption of _____, a
minor child**

This letter is to inform you of an important option that may be available to you under Pennsylvania Adoption law (23 Pa.C.S.A. §§ 2731-2742). Act 101 of 2010 went into effect on April 25, 2011 and allows for an enforceable voluntary agreement for continuing contact or communication following an adoption if all parties agree and the voluntary agreement is approved and signed by the court.

If the proposed adoptee is twelve (12) years or older, such an agreement can only be entered into with that child’s consent.

The agreement can be between an adoptive parent, child, a birth parent and/or birth relative of the child. A birth relative is defined only as a parent, grandparent, step-parent, sibling, uncle or aunt of the child’s birth family, whether the relationship is by blood, marriage or adoption. This voluntary agreement may allow you to have continuing contact or communication, including but not limited to:

- Letters and/or emails;
- Photos and/or videos;
- Telephone calls and/or text messages;
- Supervised or unsupervised visits.

If you are interested in pursuing or learning more about this option for a voluntary agreement, contact me by this date, _____, at (814) _____ or via email at _____ or via mail at _____.

You may also contact your attorney, if you have one.

Sincerely,

[SIGNATURE] [NAME] [TITLE OR ORGANIZATION]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

(Adoptee's name as it appears on birth certificate)

:
:
:
:

O.C. No. _____

FINAL DECREE

PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS

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 by clear and convincing evidence 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)].

Petitioner(s) shall serve a true and correct copy upon each parent whose parental rights have been terminated with a copy of this Decree and a copy of the attached Notice to Birth Parents of Right to File Medical, Social History or Personal Information. Service shall be by regular mail, postage prepaid to the last known

address of the parent or parents. Petitioner shall file a certificate of service with the Clerk of Courts within 20 days.

BY THE COURT:

J.

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
- ___ 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 have been 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 Birth Certificate or Certificate of Registration – 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
- ___ 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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 and Date of Birth]
 - 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 Petitioner(s), date child was placed with Petitioner(s).]
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 and birth date]

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(s) 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 _____.

[Signature]

[Type Petitioner's Name]

[Signature]

[Type 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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, knowing, and voluntary act.

Date: _____

(Signature)

(Type Name)

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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, knowing, 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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.]

[Signature]

[Type name of intermediary]

[Type 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.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

FINAL DECREE
PETITION FOR ADOPTION

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 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.

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 Birth Certificate or Certificate of Registration

_____ 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 have not been met (see §2901; *In re Adoption of R.B.F.*, 803 A.2d at 1201-1202), then the Court will proceed with the adoption hearing.

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

IN RE: ADOPTION OF

(Adoptee's name as it appears on birth certificate)

:
:
:
:

O.C. No. _____

PRELIMINARY DECREE

Petition For Adoption By Unmarried Couple

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 the _____ day of _____, 20____, at _____ o'clock, a.m./p.m. in Courtroom _____, Crawford County Courthouse, Meadville, PA.

Petitioner(s) shall serve each person whose parental rights are sought to be terminated with the following:

- 1) A copy of this Order;
- 2) The Important Notice appended to this Decree.
- 3) A true and correct copy of the Petition, along with all attachments and exhibits.
- 4) The Post Adoption Contact Agreement Notice appended to this Preliminary Decree.

A copy of this Decree, Petition and all attached Notices shall also be provided to each of the following persons, if any: the putative father; a non-consenting parent whose rights have not been terminated, any other party to this action, the parent or guardians of a minor parent; the Proposed Adoptee, if 12 years of age or older and all attorneys of record.

Service of the foregoing shall be effectuated at least ten (10) days before the evidentiary hearing set forth above. The manner of service and content of notices shall comply with 23 Pa. C.S.A. §2513(b). Petitioner shall file a Certificate of Service with the Clerk of Courts, verifying that service was effectuated in conformity with this Decree.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

FINAL DECREE

Petition For Adoption By Unmarried Couple

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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – BIRTH PARENT

TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED

TO: [NAME]
[ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOUR PRESENCE IS REQUIRED AT THE HEARING. YOU HAVE THE 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.

**Court Administrator's Office
CRAWFORD COUNTY JUDICIAL CENTER
359 E. Center Street
Meadville, Pennsylvania 16335
814-333-7498**

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

IMPORTANT NOTICE – PUTATIVE FATHER

TO PERSON WHOSE PARENTAL RIGHTS ARE SOUGHT TO BE TERMINATED

TO: [NAME] and [ADDRESS]

A PETITION HAS BEEN FILED ASKING THE COURT TO PUT AN END TO ALL RIGHTS YOU HAVE TO YOUR CHILD, WHOSE NAME APPEARS ON THE CAPTION TO THIS IMPORTANT NOTICE. THE COURT HAS SET A HEARING TO CONSIDER ENDING YOUR RIGHTS TO YOUR CHILD. THAT HEARING WILL BE HELD AS INDICATED IN THE PRELIMINARY DECREE ATTACHED TO THIS NOTICE. YOU ARE WARNED THAT YOUR RIGHTS MAY ALSO BE SUBJECT TO TERMINATION PURSUANT TO SECTION 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. SECTION 5103 (RELATING TO ACKNOWLEDGMENT OF PATERNITY OR CLAIM OF PATERNITY) AND FAIL EITHER APPEAR AT THE SCHEDULED 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 THE 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 HELP.

**Court Administrator's Office
CRAWFORD COUNTY JUDICIAL CENTER
359 E. Center Street
Meadville, Pennsylvania 16335
814-333-7498**

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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

_____.

[Signature]
[Type Petitioner's Name]

[Signature]
[Type 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

CONSENT OF PARENT TO ADOPTION
PETITION FOR ADOPTION BY UNMARRIED COUPLE

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 Crawford 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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

**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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

**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 Crawford County Orphans' Court Rule.

The Adoptee was placed with the adoptor(s) 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)].

[Signature]

[Type Petitioner's Name]

[Signature]

[Type 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 Birth Certificate or Certificate of Registration

- ___ Form H105.091

NOTE: Termination Petition to End Parental Rights is not necessary

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

PRELIMINARY DECREE

PETITION FOR ADULT ADOPTION WITH NAME CHANGE

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 the _____ day of _____, 20____, at
_____ o'clock, a.m./p.m. in Courtroom _____, Crawford County Courthouse,
Meadville, PA.

(2) Notice of said proposed change of name shall be published one
time in the Crawford County Legal Journal and a newspaper of general circulation in
Crawford County.

(3) Proofs of publication of said notice together with proof of official
searches at the offices of the Prothonotary, Clerk of Courts and Clerk of Orphans' Court
shall be presented at the hearing.

(4) Petitioner shall comply with the fingerprint requirements of 54 Pa.
C.S.A. 702(b) by contacting the Pennsylvania State Police.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

(Adoptee's name as it appears on birth certificate)

:
:
:
:

O.C. No. _____

FINAL DECREE

PETITION FOR ADULT ADOPTION WITH NAME CHANGE

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.A. § 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.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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 (his/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 Petitioner(s).]
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 § 2711 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 _____.

[Signature]

[Type Petitioner's Name]

[Signature]

[Type 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]

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

**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 CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

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

AND NOW, this _____ day of _____, 20__, upon consideration of the foregoing Motion, the Court hereby authorizes that a duplicate copy of the Adoption Petition in the above captioned 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

Post Adoption Contact Agreement 23 Pa.C.S.A. §§ 2731-2742

- _____ Notice Contact Agreement Option to Birth Parents
 - _____ Attorney caption: Name, Address, Telephone #, Attorney ID #
 - _____ Sent to ALL parties
 - _____ Separate Notice for ALL children

- _____ Post Adoption Contact Agreement (23 Pa.C.S.A. §§ 2731-2742)
 - _____ Attorney caption: Name, Address, Telephone #, Attorney ID #
 - _____ Consent of Child if over age 12
 - _____ Terms of Contact Agreed To
 - _____ Modification of the Agreement
 - _____ Enforcement of the Agreement
 - _____ Termination of the Agreement
 - _____ Affidavit under oath affirmatively stating that the agreement was entered into knowingly and voluntarily and is not the product of coercion, fraud or duress. (23 Pa.C.S.A. § 2735(b)(1))
 - _____ Signed by Adoptive Parents
 - _____ Signed by Birth Relative(s)
 - _____ Notarized
 - _____ **Filed with the court for court approval** (23 Pa.C.S.A. § 2735)

Procedure for Voluntary Post Adoption Contact Agreement

NOTICE: Notice shall be given as ordered, or in the absence of an order, as required by law.

Process:

At present, there are no set procedures for the consideration and approval of Post Adoption Contact Agreements. Most, if not all, agreements would likely be in voluntary relinquishment or confirmation of consent cases. As such, scheduling the approval hearing for the agreement would most probably occur on the same day and time set for the hearing to confirm consent or grant a voluntary relinquishment petition. The hearing to consider the agreement would follow the Court's decision to terminate parental rights.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

:
:
:
:

O.C. No. _____

(Adoptee's name as it appears on birth certificate)

VOLUNTARY POST-ADOPTION CONTACT AGREEMENT

We, _____
_____ (adoptive parents) and _____ (birth
relative), agree to the following as a post adoption communication plan among our
families regarding _____ (child's name), born
_____ (DOB).

1. Terms of Contact:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

2. Purpose. The parties agree that post adoption contact is in the best interest of the child, and that the terms set forth above are fair for all. We understand that the agreement is not legally enforceable unless approved by court, and failure to abide by the agreement cannot be grounds for setting aside the adoption. This agreement was entered into in anticipation of the finalization of the adoption, and the adoption is not in any way based on post adoption contact.

3. The parties provide the following contact information to facilitate the agreement set forth herein.

Adoptive parents:

Birth relatives:

4. Modification of the agreement.

- a. This agreement may be modified only by the court that entered the final adoption decree. Only the adoptive parents or the child, who is 12 years of age or older, may request a modification.
- b. The court must find by clear and convincing evidence that modification serves the needs, welfare and best interest of the child.
- c. The parties can also informally change the agreement, or use a mediator to develop a modified agreement, but any changes that are not approved by the court are not enforceable.

5. Enforcement.

- a. Birth parents, adoptive parents, siblings of the child, or the child who is the subject of the agreement, may request enforcement by filing an action in the court that finalized the adoption.
- b. The court may order specific performance as the only remedy in enforcing the agreement. The court may not award monetary damages or modify the agreement.
- c. A party requesting enforcement must be in substantial compliance with the agreement before requesting enforcement. The court must find by clear and convincing evidence that enforcement serves the needs, welfare and best interest of the child.

6. Termination.

- a. This agreement is enforceable only until the child turns age 18, unless otherwise modified by the court.
- b. The court issuing final approval of the agreement has continuing jurisdiction over enforcement of the agreement until the child turns 18.

7. Other miscellaneous Provisions.

a. Child's name

b. There should be no unsolicited contact or contact by third persons not parties to this agreement.

c. All parties recognize their right to consult with independent legal counsel, and this agreement has been entered into voluntarily by all parties.

_____[SIGNATURE]_____
Adoptive Parents

_____[SIGNATURE]_____
Birth Parent

_____[SIGNATURE]_____
Birth Relative

Sworn to and subscribed before
me, a Notary Public, this
_____ day of _____,
20____.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: ADOPTION OF

(Adoptee's name as it appears on birth certificate)

:
:
:
:

O.C. No. _____

ORDER

AND NOW, this _____ day of _____, 20____, the Court schedules a hearing to consider the Post Adoption Contact Agreement to be held on the _____ day of _____, 20____ at _____ o'clock a.m./p.m. in Courtroom #_____, Crawford County Courthouse, Meadville, PA 16335.

BY THE COURT,

Judge