

Report of Intention to Adopt Checklist

*This report is not required when the proposed adoptive parent(s) are related to the adoptee

- ___ Report
 - ___ Signed by proposed adoptive parent(s)
 - ___ Verified by proposed adoptive parent(s)
- ___ Home Study / Pre-Placement Investigation Report
- ___ Interim Report & Affidavit (if applicable)
- ___ Available Post-Placement Reports (if applicable)
- ___ Clearances (PA State Police, FBI Fingerprints, Child Abuse) – all members of the household over age 18
- ___ Out-of-State Child Abuse Clearances if resided out of the state of PA in the last 5 years – all members of the household over age 18
- ___ Itemized Accounting of moneys and consideration paid or to be paid to Intermediary

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

No. 20__ - A__

IN RE: Adoption of

Initials of Adoptee as on birth certificate

REPORT OF INTENTION TO ADOPT
(23 Pa.C.S.A. § 2531)

TO THE HONORABLE JUDGES OF SAID COURT:

The Petition of _____

_____ respectfully represents:

1. PETITIONER(S):

First Petitioner:

a) Name: _____

b) Address: _____

c) Date of Birth: _____

Second Petitioner:

a) Name: _____

b) Address: _____

c) Date of Birth: _____

*This petition conforms to the Adoption Act, 23 Pa. C.S.A. §2102, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may make this form inadequate.

Questions Regarding Petitioners:

a) Date petitioner(s) received custody of ADOPTEE: _____

b) Circumstances surrounding the petitioner(s)' receiving physical custody of the ADOPTEE:

c) Was a favorable home study or pre-placement investigative report completed by a local public child-care agency, an adoption agency, or a court-designated licensed social worker prior to said placement? Yes No

Date Filed: _____

(1) Does the investigative report contain PA state police, child abuse, and FBI clearances as required by 23 Pa.C.S.A. §6344(a)? _____

(2) If the individuals have lived outside of the state of Pennsylvania in the last 5 years, does the investigative report include child abuse clearances from their other states of residence, as required by 23 Pa. C.S.A. §6344(d)? _____

(3) If no, explain:

d) Did Intermediary make an interim placement pursuant to 23 Pa.C.S.A. §2530(c)?

If yes, answer the following:

(1) Was the Court immediately notified of the interim placement and the identity of the individual or agency conducting the home study? (Affidavit required)

If no, explain why:

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- e) If not previously filed, attach a copy of the home study or preplacement investigation report (See Pa.C.S.A. §2350).
- f) Attach a copy of the interim report and affidavit if applicable.

2. ADOPTEE:

- a) Name: (as on birth certificate): _____
- b) Sex: _____
- c) Age: _____
- d) Date of Birth: _____
- e) Place of Birth: _____
- f) Racial background: _____
- g) Religious affiliation: _____

3. INTERMEDIARY:

- a) Name: _____
- b) Address: _____

- c) Is an itemized accounting of moneys and consideration paid or to be paid to the intermediary attached? Yes No

4. BIRTH PARENTS:

- a) Have the parents whose parental rights are to be terminated received counseling with respect to the termination? _____
 - 1) If so, state the date(s) that the parents received counseling: _____

 - 2) Name and Address of counselor or agency which provided the counseling:

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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 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

Signature

Print Name

Print Name

Address

Address

Verification

I verify that the statements made in the foregoing petition are true and correct. I understand that false statements herein are made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code relating to unsworn falsifications to authorities.

Date: _____

Signature

Print Name