

## **Report of Intermediary Checklist**

\*Report must be filed within 6 months of filing the Report of Intention to Adopt

- \_\_\_\_\_ Report of Intermediary
  - \_\_\_\_\_ Signed by Intermediary
  - \_\_\_\_\_ Verification signed by Intermediary
- \_\_\_\_\_ Consent of Intermediary to Adoption
- \_\_\_\_\_ Adoptee's birth certificate
- \_\_\_\_\_ Itemized Accounting of moneys and considerations paid to Intermediary or anyone else
- \_\_\_\_\_ Interstate Compact approval
- \_\_\_\_\_ Certified copy of the decrees terminating parental rights if not done in Montgomery County

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

No. 20 \_\_\_\_\_ -A \_\_\_\_\_

IN RE: Adoption of

\_\_\_\_\_  
(ADOPTEE's initials as on birth certificate)

**REPORT OF INTERMEDIARY**  
(23 Pa.C.S.A. § 2533)

TO THE HONORABLE JUDGES OF SAID COURT:

The Petition of \_\_\_\_\_

\_\_\_\_\_ respectfully represents:

1. List the Name and Address of Intermediary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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\*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.

3. Placement of ADOPTEE with adopting parent(s):

a) Date: \_\_\_\_\_

b) Location: \_\_\_\_\_

4. BIRTH MOTHER:

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_  
\_\_\_\_\_

c) Age: \_\_\_\_\_

d) Date of Birth: \_\_\_\_\_

e) Racial background: \_\_\_\_\_

f) Religious affiliation: \_\_\_\_\_

g) Marriages:

(1) Maiden Name: \_\_\_\_\_

(2) Marital status at time of birth of ADOPTEE: \_\_\_\_\_

(3) Marital status during the one year prior to the birth of ADOPTEE: \_\_\_\_\_

(4) If the Birth Mother has ever been married, list the names of her spouse(s):

\_\_\_\_\_  
\_\_\_\_\_

5. BIRTH FATHER:

a) Name: \_\_\_\_\_

b) Address: \_\_\_\_\_  
\_\_\_\_\_

c) Age: \_\_\_\_\_

d) Date of Birth: \_\_\_\_\_

e) Racial background: \_\_\_\_\_

f) Religious affiliation: \_\_\_\_\_

g) Marriages:

(1) Marital status at time of birth of ADOPTEE: \_\_\_\_\_

(2) Marital status during the one year prior to the birth of ADOPTEE: \_\_\_\_\_

(3) If the Birth Father has ever been married, list the names of his spouse(s):

\_\_\_\_\_  
\_\_\_\_\_

6. TERMINATION OF PARENTAL RIGHTS:

If parental rights with respect to the ADOPTEE were terminated,

a) The Birth Mother's parental rights were terminated by decree of

\_\_\_\_\_  
dated \_\_\_\_\_

b) The Birth Father's parental rights were terminated by decree of

\_\_\_\_\_  
dated \_\_\_\_\_

c) Custody of ADOPTEE was awarded to:

\_\_\_\_\_

d) Attach a certified copy of the decree terminating parental rights if the proceeding occurred outside of Montgomery County.

e) If the parental rights with respect to the ADOPTEE have not been terminated, list the

residence(s) of the Birth parent(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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7. **CONSENTS:**

- a) All consents required by 23 Pa.C.S.A. §2711 are attached:      yes      no
- b) If no, state the basis upon which the consents are not required:

8. **ACCOUNTING:**

- a) List an itemized accounting of moneys and consideration paid or to be paid to or received by the intermediary:
- b) List an itemized accounting of moneys and consideration paid to or by any other person or persons to the knowledge of the intermediary by reason of the adoption placement.

9. Give a full description and state the value of all property owned or possessed by ADOPTEE:

10. Attach a copy of the child's birth certificate or certificate of registration of birth.

If no birth certificate or certification of registration of birth can be obtained, state reason:

11. Was medical history information obtained?      Yes      No

If no medical history information obtained, state reason: \_\_\_\_\_

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12. Has any provision of any statute regulating the interstate placement of children been violated with respect to the placement of the child?

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(Signature of intermediary representative)

**Verification – Agency**

I, \_\_\_\_\_, verify that \_\_\_\_\_ 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 subject to the penalties of Section 4904 of the Pennsylvania Crime Code relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type/Print name)

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