

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

IN RE: _____ :
ADOPTION OF _____ :
_____ No: _____ of _____ :
_____ :
(Adoptee's name as on birth certificate) : ATTORNEY: _____

NOTICE
(Voluntary Relinquishment)
[23 Pa.C.S. §2503(b)]

TO: _____

A petition has been filed asking the court to put an end to all rights you have to your child _____ . The court has set a hearing to consider ending your rights to your child. That hearing will be held in Courtroom # _____ on the _____ day of _____, 20_____ at _____ A.M./P.M. **YOUR PRESENCE IS REQUIRED AT THE HEARING.**

YOU ARE ALSO NOTIFIED OF THE ACT 101 OF 2010 WHICH ALLOWS FOR AN ENFORCEABLE VOLUNTARY AGREEMENT FOR CONTINUING CONTACT OR COMMUNICATION FOLLOWING AN ADOPTION BETWEEN AN ADOPTIVE PARENT, A CHILD, A BIRTH PARENT, AND/OR A BIRTH RELATIVE OF THE CHILD, IF ALL PARTIES AGREE AND THE WRITTEN VOLUNTARY AGREEMENT IS APPROVED BY THE COURT.

YOU HAVE A RIGHT TO BE REPRESENTED AT THE HEARING BY A LAWYER. YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

**LAWYER REFERRAL SERVICE
WESTMORELAND BAR ASSOCIATION
P.O. BOX 565
GREENSBURG, PA 15601
(724) 834-8490
www.westbar.org**

(Name of Attorney)

(Address)

(Telephone Number)

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

IN RE: _____ :
ADOPTION OF _____ :
_____ : No: _____ of
_____ :
(Adoptee's name as on birth certificate) : ATTORNEY: _____

PETITION FOR VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS

PRELIMINARY ORDER
(23 Pa.C.S. §2501 and §2502)

AND NOW, this _____ day of _____, 20____ to judicially resolve the attached petition it is ORDERED AND DECREED that an evidentiary hearing is set in Courtroom No. _____ for the _____ day of _____, 20____ at _____ o'clock A.M/P.M. At least ten days written notice of the hearing shall be given to the petitioner and a copy of the notice as specifically set forth in 23 Pa.C.S. § 2503(b) shall be served upon the parent(s) or guardian of the petitioner who has not reached 18 years of age. If only one birth parent is the petitioner, such notice shall be given upon the other parent. If the petition seeks to terminate parental rights of putative father pursuant to 23 Pa.C.S. § 2503(d), such notice as specifically set forth therein shall be provided to putative father. Method of providing notice shall conform to Pa.R.O.C.P. 15.4.

"Affidavit of Service" relative to all notices shall be filed at least **10 days** before the evidentiary hearing to allow the court time to review.

FURTHER, in accordance with Pa.R.O.C.P.4.6(b), the Clerk of the Orphans' Court is **DIRECTED** to note in the docket that the individual(s) listed below have been given notice of this Order.

BY THE COURT:

_____ J.

ATTEST:

cc:

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

IN RE: _____ :
ADOPTION OF _____ :
_____ : No: _____ of
_____ :
(ADOPTEE's name as on birth _____ : Attorney: _____
certificate)

PETITION FOR VOLUNTARY RELINQUISHMENT OF PARENTAL RIGHTS
(23 Pa.C.S. §2501 and §2502)

RELINQUISHMENT TO:

"X" the one that applies.

- To Agency (23 Pa.C.S. § 2501)
- To Adult(s) intending to adopt (23 Pa.C.S. § 2502)

RELINQUISHMENT BY:

"X" the one that applies.

- BIRTH MOTHER.
- BIRTH FATHER.
- PUTATIVE FATHER.

TO THE HONORABLE, THE JUDGE OF SAID COURT:

The Petition of

[Names of Relinquishing Parent(s)]

1. **ADOPTEE:**
 - a) List name as appears on birth certificate:
 - b) Age:

- c) Date of birth:
- d) Birthplace:
- e) Sex: Male () Female ()
- f) Present address:
- g) Racial background:
- h) Who has custody of ADOPTEE and since when:

2. **BIRTH MOTHER:**

- a) Name:
- b) Maiden name:
- c) Age and date of birth:
- d) Birthplace:
- e) Present address:
- f) Present marital status:
If married, state:
 - (1) Date:
 - (2) Place:
 - (3) Name of spouse:
- g) Were you married when ADOPTEE was born? [Pa.R.O.C.P. 15.7(a)(3) and 15.8(a)(3)]
 - (1) If yes, name of spouse:
- h) Were you married one year prior to the birth of ADOPTEE? [Pa.R.O.C.P. 15.7(a)(3) and 15.8(a)(3)]
 - (1) If yes, name of spouse:
 - (2) If this marriage ended, state how and when:

- i) The last known address of ADOPTEE's BIRTH FATHER:

- j) What is your employment?

- k) Racial background:

- l) Are you voluntarily relinquishing your parental rights?
 - (1) If yes, state reasons for seeking relinquishment: [Pa.R.O.C.P. 15.7(a)(7) and 15.8(a)(7)]

 - (2) Is your consent to the adoption attached?

 - (3) **THE PARENT RELINQUISHING PARENTAL RIGHTS MUST PERSONALLY APPEAR IN COURT AT THE VOLUNTARY RELINQUISHMENT HEARING.** [23 Pa.C.S. § 2503]

 - (4) The BIRTH MOTHER understands the petition, has considered the alternatives, and has executed the petition voluntarily. [Pa.R.O.C.P. 15.7(a)(12) and 15.8(a)(13)]

3. **BIRTH FATHER:**

- a) Name:

- b) Age and date of birth:

- c) Birthplace:

- d) Present address:

- e) Present marital status:
 - If married, state:
 - (1) Date:

 - (2) Place:

 - (3) Name of spouse:

- f) Were you married when ADOPTEE was born?
 - (1) If yes, name of spouse:
- g) Were you married one year prior to the birth of ADOPTEE?
 - (1) If yes, name of spouse:
 - (2) If this marriage ended, state how and when:
- h) The last known address of ADOPTEE's BIRTH MOTHER:
- i) What is your employment?
- j) Racial background:
- k) Are you voluntarily relinquishing your parental rights?
 - (1) If yes, state reasons for seeking relinquishment: [Pa.R.O.C.P. 15.7(a)(7) and 15.8(a)(7)]
 - (2) Is your consent to the adoption attached?
 - (3) **THE PARENT RELINQUISHING PARENTAL RIGHTS MUST PERSONALLY APPEAR IN COURT AT THE VOLUNTARY RELINQUISHMENT HEARING.** [23 Pa.C.S. § 2503]
 - (4) The BIRTH FATHER understands the petition, has considered the alternatives, and has executed the petition voluntarily. [Pa.R.O.C.P. 15.7(a)(12) and 15.8(a)(13)]

4. **PUTATIVE FATHER:**

- a) Name:
- b) Age and date of birth:
- c) Birthplace:

- d) Present address:
- e) Present marital status:
 - If married, state:
 - (1) Date:
 - (2) Place:
 - (3) Name of spouse:
- f) Were you married when ADOPTEE was born?
 - (1) If yes, name of spouse:
- g) Were you married one year prior to the birth of ADOPTEE?
 - (1) If yes, name of spouse:
 - (2) If this marriage ended, state how and when:
- h) Was PUTATIVE FATHER ever married to BIRTH MOTHER?
 - (1) If yes, state when:
- i) What is your employment?
- j) Racial background:
- k) Are you voluntarily relinquishing your parental rights?
 - (1) If yes, state reasons for seeking relinquishment: [Pa.R.O.C.P. 15.7(a)(7) and 15.8(a)(7)]
 - (2) Is your consent to the adoption attached?
 - (3) **THE PARENT RELINQUISHING PARENTAL RIGHTS MUST PERSONALLY APPEAR IN COURT AT THE VOLUNTARY RELINQUISHMENT HEARING. [23 Pa.C.S. § 2503]**

(4) The PUTATIVE FATHER understands the petition, has considered the alternatives, and has executed the petition voluntarily. [Pa.R.O.C.P. 15.7(a)(12) and 15.8(a)(13)]

l) Explain the circumstances that created the status of PUTATIVE FATHER:

m) A PUTATIVE FATHER'S parental rights may be terminated in these proceedings either by having the PUTATIVE FATHER join in this petition as a petitioner (this will require his testimony at the evidentiary hearing) OR by giving him NOTICE pursuant to 23 Pa.C.S. § 2503(d). Is the termination of the parental rights of a PUTATIVE FATHER an objective by either method?

n) If this petition does not identify the father of ADOPTEE, attach a certification from the Department of Health as to whether a claim of paternity has been filed pursuant to 23 Pa.C.S. § 5103. [23 Pa.C.S. § 2503(d)]

(1) Has a claim of paternity been filed?

(2) 23 Pa.C.S. § 2503(b) requires a copy of notice be given to PUTATIVE FATHER. It further states a PUTATIVE FATHER shall include one who has filed a claim of paternity as provided in 23 Pa.C.S. § 5103 (relating to acknowledgements and claim of paternity) prior to the institution of proceedings.

5. State relationship of petitioner(s) to ADOPTEE:

6. If parental rights are being relinquished to an approved Agency, state name and address of the Agency. [Pa.R.O.C.P. 15.7(a)(5)]

a) Pa.R.O.C.P. 15.7(b)(4) requires "the joinder of the Agency having care of the child and its consent to accept custody of the child until such time as the child is adopted." Has the joinder and consent been completed?

- b) The date the ADOPTEE was placed with the Agency. [Pa.R.O.C.P. 15.7(a)(6)]
7. If a relinquishing parent is under the age of 18 years, state name(s) and address(es) of his/her parent(s) (or guardian).
8. If parental rights are being relinquished to adult(s) intending to adopt, is the identity of the proposed adoptive parent(s) known to the relinquishing parent(s)?
- a) If yes, state name(s) and address(es) of proposed adoptive parent(s).
 - b) Are proposed adoptive parents married?
9. Are any of the ADOPTEE'S birth parent(s) or putative father deceased?
- a) If yes, state name, relationship to ADOPTEE, date of death and attach an original death certificate as an Exhibit.
10. No Report of Intention to Adopt is required if the ADOPTEE is "the child, grandchild, stepchild, brother or sister of the whole or half blood or niece or nephew by blood, marriage or adoption" of the adopting parent(s) [23 Pa C.S. § 2531(c)]. In all other cases, persons receiving custody for an adoption are required to file a Report of Intention to Adopt within thirty days of receiving custody or physical care [23 Pa.C.S. § 2532]. Is a Report of Intention to Adopt required in this case?
- a) If yes, when and where was the Report of Intention to Adopt filed? [23 Pa.C.S. § 2531]
 - b) If yes, when and where was physical custody of ADOPTEE placed with adoptive parent(s)? [Pa.R.O.C.P. 15.8(a)(5)]
 - c) Has the attached consent of the adult(s) accepting custody of ADOPTEE been completed and signed? [Pa.R.O.C.P. 15.8(a)(12)]

11. Is birth certificate or certification of registration of birth of ADOPTEE attached as an Exhibit?
[Pa.R.O.C.P. 15.3(b)]
- a) If no, see 23 Pa.C.S. § 2701(9).
12. Has/Have petitioner(s) received counseling concerning the termination of parental rights and the alternatives thereto from an approved agency or from a qualified counselor? [Pa.R.O.C.P. 15.7(a)(8) and 15.8(a)(8)]
- a) If yes, state the name and address of agency or counselor. [Pa.R.O.C.P. 15.7(a)(9) and 15.8(a)(9)]
13. Has the petitioner been informed of the opportunity for a birth relative of the child, including the petitioner, to enter into a Contact Agreement with the Prospective Adoptive Parents, once identified? [Pa.R.O.C.P. 15.7(a)(10) and 15.8(a)(10)]

WHEREFORE, your petitioner(s) pray for Order(s) terminating the parental rights of the petitioner(s) and if required hereby terminate the parental rights of the Putative Father and award custody to the appropriate entity or parties.

[Signature(s) of Petitioner(s)]

VERIFICATION

I/We the above-named petitioner(s) do verify that the statements contained in this Petition for Voluntary Relinquishment of Parental Rights are true and correct to the best of my/our knowledge, information and belief. I/We understand that false statements herein made are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsifications to authorities. (The maximum penalty for such violation is a period of incarceration up to two years and a \$5,000 fine.)

Date _____

[Signature(s) of Petitioner(s)]

WITNESS

ADDRESS OF WITNESS

CONSENTS TO ACCEPT CUSTODY

CONSENT BY AGENCY: [Pa. R.O.C.P. 15.7(b)(4)]

We hereby certify that we are an approved AGENCY as defined in the Adoption Act and that

[Adoptee]

has been in our care and custody since _____ and we agree to accept custody of the child/ADOPTEE until such time as the child/ADOPTEE is adopted, that we have read the foregoing petition, consent thereto and join in the prayer.

Date: _____

[Agency]

By _____

[Title]

CONSENT BY ADULT(S): [Pa. R.O.C.P. 15.8(b)(3)]

I/We _____

[Name(s) of Adoptive Parent(s)]

certify that the within named ADOPTEE has been in my/our custody since the _____ day of _____, 20____. I/We agree to accept and continue custody until the Adoption is completed.

I/We filed a Report of Intent to Adopt the ADOPTEE on the _____ day of _____, 20____. My/Our present address is _____

Date: _____

[Name of Adult Intending to Adopt]

**IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PA
ORPHANS' COURT DIVISION**

IN RE: _____ :
ADOPTION OF _____ :
_____ : No:
_____ :
(Adoptee's name as on birth certificate) : ATTORNEY: _____

**TERMINATION ORDER
(Voluntary Relinquishment)**

AND NOW, this _____ day of _____, 20____, after review of the record and after an evidentiary hearing following due notice, the Court makes the following findings and judicial determination.

1. The Petitioner(s) is/are _____ .
2. The Petitioner(s) is/are the natural parent(s) of the above captioned ADOPTEE.
3. The Petitioner(s) has/have knowingly, deliberately and voluntarily relinquished all of his/her/their parental rights to the ADOPTEE.
4. **ALL OF THE PETITIONER(S) PARENTAL RIGHTS TO THE ADOPTEE ARE HEREBY FOREVER TERMINATED AND ADOPTEE MAY BE ADOPTED WITHOUT FURTHER CONSENT OF OR NOTICE TO PETITIONER(S).**
5. The custody of ADOPTEE is hereby transferred to:
 - a) _____

OR

 - b) _____ an approved Agency and such Agency is hereby authorized to give consent to the adoption of ADOPTEE.

The adoptive parent(s) is/are directed to file his/her/their Petition for Adoption within sixty (60) days after the conclusion of the appeal period.

FURTHER, in accordance with Pa.R.O.C.P. No. 4.6(b), the Clerk of the Orphans' Court is **DIRECTED** to note in the docket that the individual(s) listed below have been given notice of this Order.

BY THE COURT:

_____, J.

ATTEST:

cc:

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

* * *

IN RE:	:	
ADOPTION OF	:	
	:	No:
	:	
(Adoptee's name as on birth certificate)	:	ATTORNEY: _____

* * *

AFFIDAVIT OF SERVICE

The petitioner has been informed of the opportunity for a birth relative of the child, including the petitioner, to enter into a Post-Adoption Contact Agreement with the Prospective Adoptive Parents, once identified. Notice was provided to the petitioner by hand delivery, first class mail, postage paid, to the petitioner's last known address, or by electronic transmission in accordance with Pa.R.O.C.P. 15.7(b)(2) and 15.8(b)(1).

A copy of the notice has been attached to the Affidavit of Service.

Representative of the Agency/Counsel

Date