

**ADOPTION COUNSELING APPLICATION FORM – SELF-REFERRAL**

Biological parents contemplating relinquishment or facing termination of their parental rights can request a referral for adoption-related counseling through the Montgomery County Orphans’ Court. Funding for these counseling services is available through the county, so services can be provided free of charge to the parent.

If you are interested in a referral for counseling services, please complete this application and return it to Ashley Kodet, Orphans’ Court Administrator, at [AKodet@montcopa.org](mailto:AKodet@montcopa.org) or by mail to Orphans’ Court, P.O. Box 311, Norristown, PA 19404-0311.

Client’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_

Orphans’ Court File No (if known): \_\_\_\_\_

Adoption Agency / Attorney / Social Worker (name & contact information):  
\_\_\_\_\_

Have you signed a consent or voluntary relinquishment for adoption?

YES                      NO                      DATE: \_\_\_\_\_

Reason for Requesting Counseling (circle one & explain below):

**Relative/Kinship Adoption**                      **Private Adoption**                      **\*OCY Termination**

\*Montgomery County Office of Children & Youth

Have you previously had counseling? YES                      NO

Who is your preferred counseling provider (if any)? (counselor name, practice name, & phone):

How many sessions are you requesting? \_\_\_\_\_

**COURT USE ONLY**

Applicant is \_\_\_\_\_ Approved for \_\_\_\_\_ Sessions at \$ \_\_\_\_\_/Session                      \_\_\_\_\_ Judge  
\_\_\_\_\_ Denied                      \_\_\_\_\_ Date