

Petition to Confirm Consent Checklist

To Be Filed Simultaneously or Prior to Involuntary Filing:

- ___ Report of Intention to Adopt (not required in family member adoptions or OCY Cases)
- ___ Petition for Adoption (not required in OCY Cases)
- ___ Petition for Termination of other parents' rights (except in step-parent adoption)
- ___ Juvenile Court Record (OCY Cases only)

To Be Attached to the Petition in the order they appear:

- ___ Preliminary Decree
- ___ Final Decree
- ___ Important Notice
- ___ Petition to Confirm Consent
 - ___ Signed by Attorney for Petitioner
 - ___ Verified by Petitioner
 - ___ *Petitioner is Adoptive Parent or Intermediary*
- ___ Original Consent of Birth Parent
 - ___ if Birth Mother – signed at least 72 hours after time of birth
 - ___ if Putative or Birth Father – signed any time before or after birth
 - ___ Name, address, date, and time of execution by Consenter
 - ___ Name, address, relationship of two witnesses or Notary Public
- ___ Birth Certificate or Documentation of Birth (including time of birth)

After Hearing is Scheduled:

- ___ Notice Pursuant to 23 Pa. C.S.A 2513(b) to Birth Parents
 - ___ at least 10 days' notice by personal service, OR
 - ___ Registered Mail, OR
 - ___ By such means as the Court may require
- ___ Proof of Notice – *to be filed at or before the hearing*

Court of Common Pleas of Montgomery County Orphans' Court Division
ADOPTION TERMINATION PETITION COVER SHEET

1A. ORPHANS' COURT CASE # (if known):	2. JUVENILE COURT CASE # (if applicable): Date of Shelter Care Order:
3. NAME OF CHILD/PROPOSED ADOPTEE 3A. DATE OF BIRTH:	3B. COUNSEL/GAL FOR CHILD (NAME, ADDRESS, AOPC #, E-MAIL AND PHONE NUMBER) <input type="checkbox"/> Counsel should be appointed by Orphans' Court (Please select if there may be a contest to termination, or if you otherwise recommend Counsel for the child) <u>Reason Counsel is requested:</u>
4. NAME AND ADDRESS OF BIRTH MOTHER	4A. BIRTH MOTHER'S COUNSEL (NAME, ADDRESS, AOPC #, E-MAIL AND PHONE NUMBER) <input type="checkbox"/> Counsel was appointed by Juvenile Court and should continue <input type="checkbox"/> New Counsel should be appointed by Orphans' Court
5. NAME AND ADDRESS OF BIRTH FATHER	5A. BIRTH FATHER'S COUNSEL (NAME, ADDRESS, AOPC #, E-MAIL AND PHONE NUMBER) <input type="checkbox"/> Counsel was appointed by Juvenile Court and should continue <input type="checkbox"/> New Counsel should be appointed by Orphans' Court
6. NAME AND ADDRESS OF PUTATIVE BIRTH FATHER(S) (ATTACH ADDITIONAL SHEETS IF NECESSARY)	
7. COUNSEL FOR PETITIONER (NAME, ADDRESS, E-MAIL, PHONE AND AOPC#)	
8. To the Clerk of the Orphans' Court: Kindly Enter My Appearance on behalf <input type="checkbox"/> the Petitioner or <input type="checkbox"/> the Child Identified Above. SIGNATURE OF ATTORNEY : _____ DATE: _____	
9. OTHER PARTIES: PLEASE ATTACH A SEPARATE SHEET LISTING THE NAME, ADDRESS AND TELEPHONE NUMBER FOR EACH UNREPRESENTED PARTY, AND THE NAME OF EACH REPRESENTED PARTY, TOGETHER WITH THE NAME, ADDRESS AND TELEPHONE NUMBER OF EACH PARTY'S ATTORNEY OF RECORD, UNLESS PROVIDED ABOVE	
10. PLEADING OR DOCUMENT FILED: <input type="checkbox"/> Petition for Involuntary Termination (with Permanency Review Hearing Requesting Goal Change) <input type="checkbox"/> Petition for Involuntary Termination <input type="checkbox"/> Petition for Voluntary Relinquishment <input type="checkbox"/> Petition to Confirm Consent <input type="checkbox"/> Petition for Alternative Relinquishment of Putative Father <input type="checkbox"/> Petition for Alternative Notice under Rule 15.6(2) <input type="checkbox"/> Petition for Approval of Voluntary Contact Agreement <input type="checkbox"/> Voluntary Contact Agreement	
11. HEARING REQUESTED: (Short List allows 15 minutes per matter; Half and Full Day may require a pre-trial conference) <input type="checkbox"/> Full day <input type="checkbox"/> Half day <input type="checkbox"/> Short List	
12. I CERTIFY THAT I HAVE ATTACHED THE FOLLOWING REQUIRED ATTACHMENTS TO PETITION: <input type="checkbox"/> Copy of Juvenile Court Orders (if applicable) <input type="checkbox"/> Copy of Child's Birth Certificate	

**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)

CONSENT OF BIRTH PARENT

[23 Pa.C.S.A. §2711 (d)]

1. Consenter is the Birth Mother Birth Father of the above-identified child, born on the
 _____ day of _____, 20____ at _____ .m. in _____.
 - a) Name of Consenter: _____
 - b) Address: _____

 - c) Birth date: _____
 - d) Marital status: _____
 (1) if married, name of spouse: _____

2. OTHER PARENT of ADOPTEE:
 - a) Name: _____
 - b) Address: _____

 - c) Relationship to ADOPTEE: _____

3. Does the consenter waive notice of the adoption hearing? (Only applicable in a stepparent
 adoption.) Yes No

I hereby voluntarily and unconditionally consent to the adoption of the above-named child.

I understand that by signing this consent I indicate my intent to give up permanently all rights to this child.

*This consent conforms to the Adoption Act, 23 Pa. C.S.A. § 2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may render this consent inadequate.

I understand that such child will be placed for adoption.

I voluntarily consent to the adoption of this child, understanding that this consent is valid even if the identities of the adoptive parents have not been provided to me.

I understand I may revoke this consent to give up permanently all rights to the 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 either to:

(Name and address of agency coordinating the adoption)

OR to:

(name and address of attorney representing the individual
relinquishing parental rights or the prospective adoptive parents)

OR to:

The Clerk of the of Orphans' Court of Montgomery County
P.O. Box 311
Norristown, PA 19404

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 either to:

(Name and address of agency coordinating the adoption)

OR to:

(name and address of attorney representing the individual
relinquishing parental rights or the prospective adoptive parents)

OR to:

The Clerk of the Orphans' Court of Montgomery County
P.O. Box 311
Norristown, PA 19404

*This consent conforms to the Adoption Act, 23 Pa. C.S.A. § 2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may render this consent inadequate.

I have read and understand the above and I am signing it as a free and voluntary act.

Date: _____
_____ (Signature of Birth parent)

Time: _____

Place where consent was executed: _____

WITNESS

ADDRESS OF WITNESS

(Signature)

(Print/type name)

Relationship to consenter: _____

WITNESS

ADDRESS OF WITNESS

(Signature)

(Print/type name)

Relationship to consenter: _____

*This consent conforms to the Adoption Act, 23 Pa. C.S.A. § 2101, *et seq.*, as amended through September 3, 2019. Future revisions to the statute may render this consent inadequate.

**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)

PETITION TO CONFIRM CONSENT
(23 Pa.C.S.A. § 2504)

TO THE HONORABLE JUDGES OF SAID COURT:

The Petition of _____

_____ respectfully represents:

1. ADOPTEE:

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

2. BIRTH MOTHER:

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

- c) Age: _____
- d) Date of Birth: _____
- e) Racial background: _____

*This petition conforms to the Adoption Act, 23 Pa.C.S.A. §2101, *et seq.*, as amended through September 3, 2019. Future revisions of the statute may make this petition inadequate.

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):

3. **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):

4. ADOPTEE was placed in the care of: _____

5. **CONSENTS (originals attached hereto)**

a) Birth _____ has signed a consent to the adoption, dated: _____
(Father/mother)

b) Birth _____ has failed to proceed with the Petition for Voluntary Relinquishment of
(Father/mother)
Parental Rights as provided under 23 Pa.C.S.A. §2501 and §2502.

c) Birth _____ has been advised of the availability of the voluntary relinquishment
(Father/mother)
proceedings, but said proceedings were not initiated because:

6. **OTHER PARENT:**

a) Has the other parent consented to the adoption of the ADOPTEE? Yes No

(1) If yes, state the date of consent: _____

(2) If no, have the parental rights of said parent been terminated? Yes No

(3) Was termination voluntary? Yes No

(4) Was termination involuntary? Yes No

(A) If so, by decree of: _____

(B) Dated:

WHEREFORE, Petitioner(s) pray(s) your Honorable Court for a decree terminating all parental
rights of _____
(parent)

in respect to _____, awarding custody
(ADOPTEE)

to _____ and authorizing said agency/
(Agency/ individual)

individual to consent to adoption of the child without further consent or notice to the parent(s).

*This petition conforms to the Adoption Act, 23 Pa. C.S.A. § 2101, *et seq.*, as amended through January 31, 2020. Future revisions to the statute may make this petition inadequate.

(Signature of petitioner)

(Print/type name of petitioner)

(Signature of petitioner)

(Print/type name of petitioner)

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)

(Type/Print name)

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

No. 20 -A

IN RE: Adoption of _____

PETITION TO CONFIRM CONSENT TO ADOPTION

IMPORTANT NOTICE – BIRTH PARENT

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 on the _____ day of _____, _____, at _____ o'clock
____.m., in Courtroom _____, 4th Floor, One Montgomery Plaza, Swede & Airy Street,
Norristown, Pennsylvania. You are warned that even if you fail to appear at the scheduled hearing,
the hearing will go on without you and your rights to your child may be ended by the Court without
your being present. 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 whether you can get legal help.

MONTGOMERY COUNTY BAR ASSOCIATION
100 W. AIRY STREET
NORRISTOWN, PA 19401
(610) 279-9660, #3

LEGAL AID OF SOUTHEASTERN PENNSYLVANIA
625 SWEDE STREET
NORRISTOWN, PA 19401
(610) 275-5400

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

No. 20 -A

IN RE: Adoption of _____

PETITION TO CONFIRM CONSENT TO ADOPTION

IMPORTANT NOTICE – PUTATIVE FATHER

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 on the _____ day of _____, _____, at _____ o'clock

____.m., in Courtroom _____, 4th Floor, One Montgomery Plaza, Swede & Airy Streets,

Norristown, Pennsylvania. You are warned that your rights may also be subject to termination

pursuant to §2504(d) of the Adoption Act, 23 Pa.C.S., if you fail to file either an acknowledgement

of paternity or claim of paternity pursuant to 23 Pa.C.S. §5103 (relating to acknowledgement and

claim of paternity) and fail to either appear at the 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 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 whether you can get legal help.

MONTGOMERY COUNTY BAR ASSOCIATION
100 W. AIRY STREET
NORRISTOWN, PA 19401
(610) 279-9660, #3

LEGAL AID OF SOUTHEASTERN PENNSYLVANIA
625 SWEDE STREET
NORRISTOWN, PA 19401
(610) 275-5400

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

NO. 20 -A

IN RE: Adoption of _____

**CONFIRMATION OF CONSENT OF
BIRTH PARENT, _____**

PRELIMINARY DECREE

AND NOW, this _____ day of _____, 20____, upon consideration of the attached petition to confirm the consent of the birth parent, _____, to the adoption of the child, _____, it is ORDERED AND DECREED that a hearing is set for the _____ day of _____, 20____ at _____ o'clock ____m. in Courtroom _____, 4th Floor, One Montgomery Plaza, Swede and Airy Streets, Norristown, Pennsylvania.

At least ten days' written notice of the hearing shall be given to the following:

1. Parents who have consented in attached petition
2. Parents who have not consented in attached petition
3. Parents or guardians of consenting parents who are under the age of 18.

The parents consenting in the attached petition and their parents or guardians if under 18 years of age shall be advised in said notice that their parental rights may be terminated at the aforesaid hearing.

Method of providing notice shall conform to PA Orphans' Court Rule No. 15.6.

BY THE COURT:

J.

Copy of the above decree
mailed _____ to:

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

NO. 20 -A

IN RE: Adoption of _____

CONFIRMATION OF CONSENT OF BIRTH PARENT, _____

FINAL DECREE

AND NOW, this ____ day of _____, 20____, after review of the record and after hearing, the court being duly satisfied as to the truth of the averments set forth in the petition and that the petition should be granted, finds that:

1. _____ is the birth parent of the above-captioned adoptee and has executed a Consent to Adoption in accordance with 23 Pa. C.S.A. §2711 and 2504.
2. The time periods related to consents set forth in 23 Pa. C.S.A. §2711 have expired.
3. All of the Parental rights of _____ to Adoptee are hereby forever terminated and adoptee may be adopted without further consent of or notice to birth father.
4. Legal custody of Adoptee is hereby transferred to the Petitioner, _____, which by this DECREE is specifically authorized to consent to any necessary routine and/or emergency medical, dental and/or mental health treatment for the above minor child and to consent to adoption of the child without further consent or notice to the birth parent.

BY THE COURT:

J.

Copy of the above Order E-Filed _____

Judicial Court Clerk