

2. State relationship of Petitioner(s) to **ADOPTEE**:

3. If required, Petitioner(s) have or will timely file a Report of Intention to Adopt: [23 Pa.C.S.A. § 2531 and § 2532].

If required, state date of filing: _____

4. The Petitioner(s) agree to assume or maintain custody of **ADOPTEE** until such time as **ADOPTEE** is adopted. [23 Pa.C.S.A. § 2512(b)]

5. If Petitioner is an approved **AGENCY** or **INSTITUTION**, state complete name and address:

6. **ADOPTEE**:

a) List name as appears on birth certificate:

b) Age, date of birth and sex of **ADOPTEE**:

c) Birthplace: _____

- d) Present residence: _____

- e) Who has custody of **ADOPTEE** and since when?

- f) Was **ADOPTEE** born out of wedlock? _____
- g) Religious affiliation: _____
- h) Racial background: _____
- i) Is this **ADOPTEE** an “Indian Child” pursuant to the Indian Child Welfare Act, 25 U.S.C. § 1901 et. seq.? _____ Yes _____ No

7. **NATURAL MOTHER:**

- a) Name: _____
- b) Maiden name: _____
- c) Present address: _____

- If unknown, list last known address: _____

- d) Age and date of birth: _____
- e) Birthplace: _____
- f) Present marital status: _____
- (1) If married, name of spouse: _____
- (2) If married, date and place of marriage: _____

(3) List name(s) of all other husbands of **NATURAL MOTHER**:

[Pennsylvania Supreme Court Orphans' Court Rule 15.4(a)(4)]

g) Was **NATURAL MOTHER** married as of the time of birth of **ADOPTEE**?
[*Pennsylvania Supreme Court Orphans' Court Rule 15.4(a)(4)*]

(1) If yes, name of spouse: _____

(2) If this marriage ended, state how and when:

h) Was **NATURAL MOTHER** married one year prior to the time of birth of
ADOPTEE? [Pennsylvania Supreme Court Orphans' Court Rule 15.4(a)(4)]

(1) If yes, name of spouse: _____

(2) If this marriage ended, state how and when:

i) Racial background: _____

j) Religious affiliation: _____

k) Is this Petition requesting the termination of the **NATURAL MOTHER'S** parental

rights? _____

8. **NATURAL FATHER:**

a) Name: _____

b) Present address: _____

(1) If unknown, list last known address:

c) Age and date of birth: _____

d) Birthplace: _____

e) Present marital status: _____

(1) If married, name of spouse: _____

(2) If married, date and place of marriage: _____

f) Racial background: _____

g) Religious affiliation: _____

h) Is this Petition requesting the termination of the **NATURAL FATHER'S** parental rights? _____

9. **PUTATIVE FATHER:**

(If this Petition is not requesting the termination of parental rights of a PUTATIVE FATHER, do not complete this section.)

a) Name: _____

b) Age and date of birth: _____

c) Birthplace: _____

d) Present address: _____

If unknown, list last known address:

e) Racial background: _____

f) Religious affiliation: _____

g) Present marital status: _____

(1) If married, name of spouse: _____

h) Was **PUTATIVE FATHER** ever married to the **NATURAL MOTHER**?

If yes, state beginning and ending dates of marriage: _____

i) Explain the circumstances that create the status of **PUTATIVE FATHER**:

10. If this Petition does not identify the father of **ADOPTEE**, attach a certification from the Department of Public Welfare as to whether a claim of paternity has been filed pursuant to 23 Pa. C.S.A. Section 5103. [23 Pa.C.S.A. § 2512(c)]

11. 23 Pa.C.S.A. Section 2512(b) mandates that the Petition for Involuntary Termination of Parental Rights "*shall set forth specifically those grounds and facts alleged as the basis for terminating parental rights*".
12. Therefore, *cite the specific subsections of 23 Pa.C.S.A. Section 2511 which establish the legal basis for the requested termination(s) and state the alleged facts which justify the requested termination(s)*. Set forth this information in Appendix No. 1 and attach to this Petition.
13. If Petitioner(s) is/are individual(s) rather than an approved **AGENCY**, is/are the termination(s) of parental rights requested herein to effectuate the adoption of **ADOPTEE**?

If anonymity is not a problem, list name(s) of adopting parent(s) and relationship(s), if any, to **ADOPTEE**:

14. **Attach a birth certificate** or certification of registration of birth of **ADOPTEE**.
[Pennsylvania Supreme Court Orphans' Court Rule 15.4(b)(1)]

15. List the name(s) of person(s) whose parental rights may be terminated by these proceedings, who is a member of the United States armed services and thereby entitled to the benefits of the Soldiers' and Sailors' Civil Relief Act of 1940 as amended, 50 U.S.C.A. Section 501, *et seq.* [Pennsylvania Supreme Court Orphans' Court Rule 15.4(a)(7)]

16. **As soon as Petitioner(s) or attorney(s) have reason to believe these proceedings will be contested, the Court must be notified IMMEDIATELY so that an attorney may be appointed for ADOPTEE as required by 23 Pa.C.S.A. Section 2313, and thus avoiding needless delay.**

17. If this Petition does not identify the father of **ADOPTEE**, state whether a claim of paternity has been filed under 23 Pa. C.S.A. Section 5103 [23 Pa.C.S.A. § 2512(c)]

18. 23 Pa.C.S.A. Section 2513(b) requires a copy of notice to 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.A. Section 5103 (relating to acknowledgments and claim of paternity) prior to the institution of proceedings. Has such a claim of paternity been filed? (If yes, provide required notice.) _____

WHEREFORE, Petitioner(s) pray your Honorable Court to set an evidentiary hearing and thereafter judicially Decree the termination of the parental rights as requested herein and further award custody of the **ADOPTEE** to the Petitioner(s), and, further Decree that **ADOPTEE** may be adopted without further consent of, or notice to, those individual(s) whose parental rights are hereby terminated.

Attorney for Petitioner(s)

**AFFIDAVIT
(Agency)**

COMMONWEALTH OF PENNSYLVANIA :
COUNTY OF BUTLER :

Before me, the undersigned authority, personally appeared _____
_____, who
deposes and says he/she is the authorized representative of _____
_____ and that the
facts set forth in the foregoing Petition are true and correct to the best of his/her knowledge,
information and belief.

(Signature(s) of Petitioner(s))

(Signature(s) of Petitioner(s))

(Signature(s) of Petitioner(s))

Sworn to and subscribed
before me this _____ day of

Signature of Notary

Notary Seal & Stamp (required)

AFFIDAVIT
[Individual(s)]

COMMONWEALTH OF PENNSYLVANIA :
COUNTY OF BUTLER :

Before me, the undersigned authority, personally appeared _____

who depose(s) and say(s) that the facts set forth in the foregoing Petition are true and correct to the best of his/her/their knowledge, information and belief.

(Signature(s) of Petitioner(s))

(Signature(s) of Petitioner(s))

(Signature(s) of Petitioner(s))

Sworn to and subscribed
before me this _____ day of

(Signature of Notary)

Notary Seal & Stamp (required)

(Alternative Method for Verification)

I/We, the Petitioner(s), do verify that the statements contained in this Petition for Involuntary Termination 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.A. Section 4904 relating to unsworn falsification 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)

Signature(s) of Petitioner(s)

Signature(s) of Petitioner(s)

WITNESS

ADDRESS OF WITNESS

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

IN RE:

:
:
:

O.A. _____ OF _____

(Name as it appears on pre-adoptive birth certificate)

DECREE
PARENTAL TERMINATION
[Sections 2503© & 2513(d)]

AND NOW, this _____ day of _____

After Hearing, the Court finds that _____

And decrees that the parental rights/and duties of _____

to _____

be and are hereby terminated.

**YOU HAVE A CONTINUING RIGHT TO PLACE ON FILE AND TO UPDATE WITH
THIS COURT AND THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE
PERSONAL AND MEDICAL HISTORY INFORMATION.**

BY THE COURT

Judge

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

IN RE: Adoption of _____ :
 :
 :
 : **O.A.** _____ of _____
(Adoptee's name as on birth certificate)

TO:

**PETITION FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS
NOTICE**
(23 Pa. C.S.A. §2513(b))

A Petition has been filed asking the Court to put an end to all rights/duties you have to your child(ren): _____

The Court has set a Hearing to consider ending your rights/duties to your child(ren). That Hearing will be held in Courtroom Number _____ located in the Butler County Courthouse/Government Center on the _____ day of _____, at _____ o'clock .M.

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(REN) 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 WHERE YOU CAN GET LEGAL HELP.

Office of Court Administration of Butler County, Pennsylvania
Butler County Government/Judicial Center
PO Box 1208
Butler, PA 16003-1208
724/284-5200

Sarah E. Edwards
Register of Wills & Clerk of Orphans' Court
Butler County Government/Judicial Center
PO Box 1208
Butler, Pennsylvania 16003-1208
724/284-5348