

CHECKLIST

Report of Intention to Adoption

23 Pa.C.S.A. §2531, §2532

(This report is not required when Adopting parent(s) are related to the Adoptee as set forth in 23 Pa.C.S.A. §2531(c)).

- ___ Attorney caption: Name, Address, Telephone #, Attorney ID #
- ___ Circumstances of receiving physical custody of child
- ___ Date of preplacement Report
- ___ Adoptee's name, sex, racial background, age, DOB & place of birth, religion
- ___ Name and address of Intermediary
- ___ Itemized accounting of fees and costs paid or to be paid to Intermediary
- ___ Have birth parents received counseling, if so, details
- ___ Statutory Language "I acknowledge that I have been advised..."
- ___ Signed by proposed adoptive parent(s)
- ___ Verified by proposed adoptive parent(s)
- ___ Pre-placement Report (23 Pa.C.S.A. §2531(b)(7))

NOTE: In order to initiate adoption proceedings, this Report must be filed within thirty (30) days of the date of assuming custody or physical care of the child. 23 Pa.C.S.A. §2532.