



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF CHILDREN, YOUTH AND FAMILIES
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

APR 22 2011

Cathy A. Utz, Director
Bureau of Policy, Programs and Operations

Phone: 717-787-3985
FAX: 717-346-9663

Dear Colleague:

On October 27, 2010, former Pennsylvania Governor Edward G. Rendell signed Senate Bill 1360, Printer's Number 2188, into law. This amendment to the Adoption Act (23 Pa.C.S. Domestic Relations Chapters 21-29), known as Act 101 of 2010, is effective April 25, 2011. Act 101 will have far-reaching effects on the ability of adopted children to maintain lifelong connections with their biological family and to have access to information that may not have been readily available in the past when appropriate authorizations are on file. These connections to both people, as well as information, will allow access to information that provides an opportunity for children to understand their past and its potential impact on their lives and the lives of their descendants.

The attached Office of Children, Youth and Families (OCYF) Bulletin 3350-11-01 entitled "Act 101 of 2010" is effective April 25, 2011 and is the end product of a workgroup that was developed comprised of key stakeholders from the Administrative Office of Pennsylvania Courts (AOPC), the Juvenile Court Judges' Commission, Orphan's Court, birth and adoptive parents, youth, the Youth Advisory Board, Guardians ad Litem, private attorneys, Pennsylvania Partnerships for Children (PPC), child and family advocates, county children and youth agencies, private adoption agencies, Pennsylvania Council of Children, Youth and Families (PCCYFS), the Statewide Adoption and Permanency Network (SWAN), the Pennsylvania Child Welfare Training Program, and OCYF.

We would like to thank the workgroup for the energy and effort that went into the development of the bulletin and accompanying forms in a very short period of time. The product before you was accomplished through the tremendous collaboration of all who were involved. While the workgroup was initially tasked with the development of policies and procedures related to Act 101, they will continue to meet to address any issues that arise following implementation, including those that may require revisions to the bulletin or attached forms. The Act also requires the promulgation of regulations, so the workgroup will also be integral in the eventual development of regulations.

Act 101 of 2010 amended the Adoption Act to provide the option for adoptive parents and birth relatives to enter into an enforceable voluntary agreement for ongoing communication or contact between the child and the birth relative or between the adoptive parent and the birth relative. This law also requires the Pennsylvania Department of Public Welfare to establish a statewide information registry for records and documents associated with all adoptions finalized or registered in this Commonwealth. Courts and agencies are required to appoint an "authorized representative" to conduct searches of requested information. Additionally, Act 101 of 2010 outlines who may request information from the court, the agency that coordinated an adoption or a successor agency. The act further defines who may be the subject of a request for information.

Act 101 required the Department to develop a standardized training program specific to the role of the "authorized representative". To that end, a 12-hour training is being offered specific to these roles and responsibilities, as well as a 3-hour overview of Act 101. These trainings are being offered as outlined in the attached flyers. Continued discussions will take place related to long-term training opportunities and information will be forthcoming related to the specific dates and locations.

Thank you for your continued efforts to ensure children have permanency, stability and an opportunity to maintain lifelong connections.

Sincerely,



Cathy A. Utz
Acting Deputy Secretary
Office of Children, Youth and Families

Enclosures



OFFICE OF CHILDREN, YOUTH AND FAMILIES BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

NUMBER:

3350-11-01

ISSUE DATE:

April 22, 2011

EFFECTIVE DATE:

April 25, 2011

SUBJECT:

Implementation of Act 101 of 2010

BY:

Cathy A. Utz

Acting Deputy Secretary for Children, Youth and Families

SCOPE:

County Children and Youth Social Service Agencies
Private Children and Youth Social Service Agencies
Juvenile Court Judges' Commission
Administrative Office of Pennsylvania Courts
Juvenile Law Center
Orphans Court Judges
County Children and Youth Solicitors
Private Attorneys
Statewide Adoption and Permanency Network Service System
American Bar Association
Pennsylvania Bar Association
Guardians Ad Litem
Parent Advocates
Clerks of the Orphans Court

PURPOSE:

The purpose of this bulletin is to transmit to individuals and agencies involved in the adoption process the ability and specific steps needed to enter into a voluntary post adoption agreement, access records, request the release of information, or file with and/or request information from Pennsylvania's Adoption Information Registry (PAIR).

BACKGROUND:

On October 27, 2010, former Pennsylvania Governor Edward G. Rendell signed Senate Bill 1360, Printer's Number 2188, into law. This amendment to the Adoption Act (23 Pa.C.S. Domestic Relations Chapters 21-29), known as Act 101 of 2010, is effective April 25, 2011. Act 101 of 2010 amended the Adoption Act to provide an option for adoptive parents and birth relatives to enter into an enforceable voluntary agreement for ongoing communication or contact to promote and support

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Regional Directors

Origin: Cindi E. Horshaw, OCYF, 625 Forster Street, Health and Welfare Building, Room 103, Harrisburg, PA 17120
717.783.7287, chorshaw@state.pa.us

Prior to the implementation of Act 101 of 2010, the law protected adoption records by sealing them after the finalization and limiting the information that may be provided in response to a request for information. In addition to requesting information from the PAIR, specified individuals may also request from the courts and agencies, where applicable, information that is non-identifying, identifying and request contact with family members. Act 101 of 2010 allows a single request form to be used by individuals to make their request for release of information to each location. The list of individuals who may access information is expanded, as well as the list of individuals who may be the subject of a request for information or contact. In some situations, the subject of a request now includes the grandparents and siblings of an adoptee.

Act 101 allows any court or agency the option to develop a fee structure and to charge reasonable fees for the services provided regarding the release of both non-identifying and identifying information and establishes timeframes for the release of information.

Courts and agencies are required to appoint an authorized representative to conduct a search when a request for information is received. The duties and responsibilities of the authorized representatives are intended to be handled by individuals who are experienced in providing adoption services. DPW will develop standardized training for authorized representatives and provide training opportunities.

Act 101 changes the agency record retention requirement and requires that all agency records are maintained indefinitely as permanent records in their entirety.

Because locating adoption records after an agency closes has always been difficult, Act 101 now requires licensed adoption agencies to notify DPW in writing when ceasing operation as a legal entity. The agency's plan for the closure and transfer of the physical adoption records to another agency licensed by DPW is subject to approval by OCYF. DPW suggested a standard naming convention for agencies to label their case records. DPW must notify the court identified by the closing agency of the name, address and telephone number of the agency to which the physical case records have been transferred. DPW developed a standardized notification to communicate this information to the courts.

DEFINITIONS:

Adoption Medical History Registry (AMHR) - A non identifying database of personal and familial medical information that is provided voluntarily by birth parents and is shared with adoptees upon request.

Affidavit - A sworn notarized statement by each party entering an agreement. This statement provides evidence to the court that parties are entering into an agreement knowingly and voluntarily and that the agreement is not the product of coercion, fraud or duress.

Agency - A public or private entity, including a county agency, that:

- is licensed, supervised or regulated by the Department of Public Welfare; AND
- provides adoption services.

Agency records - All information collected by an agency relating to a birth family, an adoptive family and an adoptee.

adoptions of youth for whom contact with their birth family is desired. While the enforceability of post adoption contact agreements is new, the concept is not. For years adoptive and biological parents have recognized the benefits of post adoption contact for youth through informal arrangements for contact. Nothing in this bulletin precludes or discourages the use of these informal arrangements which have benefited children and families through the years. Act 101 also amended the Adoption Act to provide more detailed information in the Pennsylvania Adoption Information Registry and to provide a new means for accessing information and records related to adoptions.

While the Act addresses all adoptions across the Commonwealth including, public and private, the section of this bulletin related to voluntary post adoption agreements addresses Termination of parental rights (TPR) and adoption proceedings specifically arising from juvenile dependency cases under the Pennsylvania Juvenile Act, 42 Pa.C.S. §6301 et seq., as well as those adoptions performed by an agency licensed by the Department to provide adoption services. This bulletin was developed by the Department of Public Welfare (DPW) in consultation with the Administrative Office of Pennsylvania Courts (AOPC) and the Juvenile Court Judges' Commission (JCJC) to do the following:

- facilitate the development of an agreement when appropriate before it is presented to the court; and
- resolve any requests to modify, enforce or discontinue an agreement consistent with the provisions of the Act.

OCYF, as well as public and private adoption agencies and the courts often receive requests from adoptees for information about their birth family, the circumstances surrounding their birth and their biological family's medical information. Likewise, requests are sometimes received from birth parents who are looking to contact their biological children who have been adopted.

The Adoption Medical History Registry (AMHR), which is managed by the Pennsylvania Adoption Exchange (PAE), was created in 1997 to meet amendments to the adoption law enacted by Act 76 of 1995, P.L. 685. The registry serves both birth parents who gave birth in Pennsylvania and then relinquished a child for adoption and Pennsylvania-born adoptees.

Birth parents whose parental rights were terminated may register and update medical history information for themselves and their family members. Information is released to the adoptee when they request it, while ensuring that confidential information, such as the name of the birth parent, is not released. Since the registry is voluntary to birth parents, the AMHR does not have medical information on all adoptions finalized in Pennsylvania.

Because the AMHR relies upon the voluntary submission of information from birth parents, less than 10 adoptees have received any information from the AMHR since its inception in 1997. Although more than 2,500 adoptees have requested information from the registry less than 800 birth parents have registered their information.

Because Act 101 of 2010 requires the Department to collect and maintain medical and social history information on all adoptions finalized in the Commonwealth, all adoptees adopted on or after the effective date of this bulletin will be able to receive much more information about their birth family, including medical and social history information that may benefit them and their descendants.

Agreement - A voluntary written agreement between an adoptive parent and a birth relative that is approved by a court and provides for continuing contact or communication between the child and the birth relative or between the adoptive parent and the birth relative as provided under this subchapter.

Authorization form - A form provided by the department on which an adoptee, an adoptive parent or a birth relative can authorize or prohibit the release of identifying information pursuant to the requirements of this chapter.

Authorized representative - An individual who is appointed to conduct a search under this chapter and who has completed a standardized training program as required by the department under this chapter.

Birth relative - A parent (inclusive of a teen parent), grandparent, stepparent, sibling, uncle or aunt of the child's birth family, whether the relationship is by blood, marriage or adoption.

Child - An individual who is under 18 years of age.

Child Profile/ Child Social Summary - A thorough written review and assessment of the child's life that includes developmental information, social history information, medical information, behavioral patterns, relationship information and identifying information on the birth and legal family.

County agency - A county children and youth social service agency established under section 405 of the act of June 24, 1937 (P.L.2017, No.396), known as the County Institution District Law, or its successor, and supervised by the Department of Public Welfare under Article IX of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

Court - As used in the Voluntary Post Adoption Agreement section of this bulletin, the term refers to the court authorized to finalize the adoption of the subject child, i.e. a court with authority under the Pennsylvania Adoption Act.

Court records - All petitions, exhibits, reports, notes of testimony, decrees and other papers pertaining to a proceeding under this chapter or former statutes relating to adoption.

Department - The Department of Public Welfare of the Commonwealth.

Facilitation - a voluntary, informal process by which a neutral third party encourages full participation, promotes mutual understanding, and cultivates shared responsibility among the parties, in order to build a sustainable agreement.

Mediation - a voluntary, formal method of dispute resolution involving the parties to an agreement and a neutral mediation professional, working collaboratively to reach a mutual agreement.

Medical history information - Medical records and other information concerning an adoptee or an adoptee's birth family that is relevant to the present or future health care or medical treatment of the adoptee or the adoptee's birth family. The term includes, but is not limited to, the following:

- Otherwise confidential or privileged information, if identifying information has been removed under section 2925 (relating to providing information from registry).
- Information about the birth parents of a child that may concern a potential hereditary or congenital medical problem.

Model Agreement Form – As used in the Voluntary Post Adoption Agreement section of this bulletin, the model agreement form is the recommended template to be used when developing an agreement. If the template is not used as developed, one which contains all of the key areas as outlined on the form and in the bulletin can be used.

Party to an Agreement – As used in the Voluntary Post Adoption Agreement section of this bulletin, party to an agreement herein refers the prospective adoptive parent(s) and birth relatives.

Pennsylvania Adoption Exchange (PAE) - PAE manages the statewide registries including the Waiting Child Registry, a listing of children in foster care in need of adoptive families; the Resource Family Registry, a listing of foster, adoptive and kinship families; and, the Adoption Medical History Registry which contains medical information that is voluntarily provided by adoptees and birth families.

Private Adoption – An adoption which occurs entirely independent of the public child welfare agency, either through a private adoption agency and/or with a private attorney.

Public Adoption – The adoption of a child in the custody of a public child welfare agency.

Siblings – As used in the Voluntary Post Adoption Agreement section of this bulletin, siblings herein refers to siblings of an adoptee either through blood, marriage or adoption.

Subject child – As used in the Voluntary Post Adoption Agreement section of this bulletin, subject child herein refers to the adoptee who is the subject of the agreement.

Social history information - The term includes, but is not limited to, the following:

- Information about the adoptee and birth relatives of the adoptee, including economic, cultural and ethnic information.
- A developmental history of the adoptee, including the circumstances at birth, early development and subsequent age-appropriate task development.
- The social experiences of the adoptee, including abuse and neglect, out-of-home care and patterns of interpersonal relationships.
- The educational experiences of the adoptee, including the name of schools attended and dates of enrollment, academic performance, extracurricular activities and special interests.
- The current functioning of the adoptee, including behavioral patterns and relationships.
- The circumstances surrounding the adoption.

Statewide Adoption and Permanency Network (SWAN) - The SWAN Program is a network of public and private agencies and organizations that have a common goal of improving the opportunity for timely permanency for Pennsylvania children. SWAN provides direct services to foster children and the families who serve them including Child Profile, Family Profile, Child Specific Recruitment, Child Preparation for Permanency, Placement, Finalization and Post-permanency Services. In addition to direct services numerous support services are also provided.

Summary of original birth record - The summary of original birth record, consisting of only the names and ages of the birth parents, the date and county of the birth of the child and the name of the child given at birth.

DISCUSSION:

A. Voluntary Post-Adoption Agreement:

The United States Department of Health and Human Services recommended more than a decade ago that states establish laws to allow the courts to approve voluntary post-adoption contact agreements between birth and adoptive families that are legally enforceable. Twenty-four states currently have statutes for voluntary post-adoption contact agreements. These voluntary agreements serve to help more children in foster care find a permanent, adoptive family who would be open to allowing them contact with a birth relative.

The idea of authorizing voluntary enforceable post-adoption contact agreements is not new to Pennsylvania. The Joint State Government Commission made a similar recommendation in its report in 2001. According to their report a formal process to establish voluntary and enforceable post-adoption contact agreements helps protect the legal rights and best interests of children in the adoption process. While many children leave the foster care system to return to live with their birth parents or other relatives, some children experience circumstances that prevent their return home. These children and youth also need permanent homes and the law favors adoption as the next best option for permanency.

Unfortunately, in many instances, the process to legally free children for adoption never occurs, especially for youth age 13 or older. In order to be freed for adoption, the parental rights of the parent must be terminated. The U.S. General Accounting Office reports that a common reason parental rights are not terminated is resistance on the part of an older child to agree to be adopted. For many youth in foster care, the expectation that they would have to completely sever contact with their birth families in order to be adopted often causes fear and opposition to the process. This resistance likely contributes to the fact that while nearly half of all children in foster care in Pennsylvania are 13 and older, only about 8 percent of adoptions from foster care involve teens.

The enactment of Act 101 of 2010 provides an option for adoptive parents and birth relatives to enter into a voluntary agreement for ongoing communication or contact. This option will result in a paradigm shift in Pennsylvania where ongoing contact has not traditionally occurred nor have open adoptions. An agreement cannot be entered for a child who is 12 years of age or older, without his or her consent. The agreement must be one that:

- (1) is in the best interest of the child;
- (2) recognizes the parties' interests and desires for ongoing communication or contact;
- (3) is appropriate given the role of the parties in the child's life; and
- (4) is subject to approval by the court.

This bulletin lays out the requirements of the statute; but also provides best practice considerations. Ongoing education and training will need to be provided to all agencies and individuals who have a role within the statute.

An intent of this Act is to expedite and promote permanency through adoption of children in foster care. The permanency process should not be delayed pending the development of these agreements. This emphasizes the importance of having discussions early in the life of the case with children, birth relatives and pre-adoptive parents.

Act 101 provides that the agreement shall be filed with the court that finalizes the adoption, and that the court shall approve the agreement if it finds that the agreement has been entered knowingly and voluntarily and is in the best interest of the child. However, the Act does not indicate when the parties may or should begin working on the terms of an agreement. In many cases, the best time to begin encouraging the parties to discuss the possibility of entering into an agreement is when it becomes apparent that the agency's efforts at reunification have not been successful and that adoption may be the most appropriate alternative for the child. Beginning those discussions at this time allows the birth parents to adjust to the idea of adoption, and may allow a contested termination to become a voluntary relinquishment. Even amicable negotiations can be protracted, because of the legal and emotional impact of termination. Starting the process before the court hears the termination petition will enhance the possibility of the adoption being concluded with minimal delay and less emotional and financial toll on all the participants. Starting the process early may also allow the court, in the person of the dependency judge, to give the parties feedback on whether the terms they are considering will satisfy the requirements of Act 101 for an enforceable agreement.

While the court may approve the agreement prior to the finalization of the adoption, the agreement does not take effect until the actual adoption occurs. Therefore, if an agreement is approved and the adoption does not occur, the agreement would be void. In addition, when appropriate, a visitation plan and contact between parties can occur as agreed upon by the agency and/or court for the period of time leading up to the adoption being finalized at which time the voluntary post adoption contact agreement goes into effect.

If an agreement is approved by the court, but the adoption is finalized outside of the Commonwealth, the adoption is subject to the law of the state where the adoption was finalized and the agreement may not be legally binding or enforceable.

I. Notification:

Act 101 requires an agency or anyone representing the parties in any adoption, public or private, to notify children, birth parents and prospective adoptive parents of the option to enter into a voluntary post adoption agreement. The following guidance is specific to adoptions resulting from juvenile dependency proceedings involving public child welfare agencies, as well private agency adoptions preformed by an agency licensed by the Department to provide adoption services – and therefore while not required in strictly private adoptions, is highly recommended. Guidance has been provided in the bulletin regarding private agency adoptions and attention must be paid to the uniqueness of these adoptions since they can be international or domestic. With that being said, in adoptions resulting from juvenile dependency proceedings, the responsibility to provide notice rests with the county children and youth agency. If the notification is provided by an agency or anyone representing parties in an adoption, including an attorney or private agency, on behalf of the county children and youth agency, the county children and youth agency must maintain documentation in the case record in accordance with the requirements established within this bulletin.

Formal notification should be provided using the attached template (Appendix A Notification Letter) or in a county developed format which contains all of the required elements. While formal notification must be provided at the prescribed intervals, ongoing dialogue regarding this option should occur throughout the life of the case on an informal basis and become integrated into every day casework practice when it becomes apparent that the agency's efforts at reunification have not been successful and that adoption may be the most appropriate alternative for the child which would include concurrent planning or permanency planning efforts. It is the responsibility of the agencies and individuals involved to ensure that if any party expresses interest in the development of an agreement, this desire is shared amongst the parties and action is taken to assist in the development as per the bulletin. These discussions and actions should be clearly documented in the case record.

Also, while formal notification only has to be provided to the prospective adoptive parent, birth parent and all children regardless of age, conversations can be had with the other birth relatives who may be able to enter into an agreement. The option to enter into a voluntary post adoption agreement is not meant as a means to discontinue or discourage existing contact or communication children have with individuals, such as teachers, former foster parents, coaches, etc who do not have the option to enter into one of these agreements. These already existing relationships should continue to be fostered and encouraged as a means of maintaining life long connections.

Individuals who have the option to enter into an agreement must be aware that the development of this agreement is an option not a right, and that not all individuals receiving formal notification automatically come to an agreement or have the agreement approved by the court. The option to enter into an agreement cannot be used as a means of coercion in the adoption process.

When formal notification is provided, a dated, signed copy of the notification letter must be maintained in the case record for each individual to whom notification was provided. If signatures cannot be obtained in person, sending certified signature mail or by electronic means with confirmation is recommended. It is also recommended that a copy of the signed notification letter accompany the petition to terminate parental rights. If the individual refuses to sign, documentation of their refusal must be maintained in the case record. In the event an individual cannot be located, documentation must be maintained in the case record to show evidence of attempts to locate him or her. In the event the notification is provided to a child who is unable to sign the form because they are too young to sign their name, notation should be made on the notification letter and a copy must be maintained in the case record.

Providing notification does not mean that an agreement will actually be reached. It is up to the adoptive parents, birth relatives and the child(ren) to determine whether they wish to enter into an agreement but it is ultimately up to the court which will finalize the adoption to approve the agreement. Any agreement not approved by the court is not legally enforceable.

Notification should also occur through ongoing discussion as part of concurrent planning or permanency planning efforts. This should be done in a manner that parties understand by individuals involved in the case including but not limited to, the county children and youth workers (CCYA), private agency employee(s), prospective adoptive parent(s), parent advocate(s) and Guardians Ad Litem (GAL). Sensitivity must be given in regard to how this information is shared with children to reduce the risk of potential trauma that may result from the notification, particularly if a party to the agreement had perpetrated abuse or traumatized the child previously.

Formal notification must be provided to the birth parent, child and prospective adoptive parent at the earliest interval prescribed below. As stated earlier, while formal notification must only be provided at the earliest prescribed interval, ongoing dialogue regarding this option should occur throughout the life of the case on an informal basis and become integrated into every day casework practice provided as part of concurrent planning or permanency planning efforts. One notice at the earliest prescribed interval is required. Subsequent notifications are not required. If one of the intervals has passed and an adoptive parent has only recently been identified, notice should be provided at the earliest interval following the adoptive parent being identified.

While intervals have been prescribed, they were not meant as a means to avoid having to provide notification in cases where TPR has occurred, but finalization has not. For the cases where all of the prescribed intervals have passed, but yet finalization has not yet occurred, formal notice should be provided as soon as possible in order for the parties to decide whether to enter into a voluntary post-adoption contact agreement.

Birth Parent(s):

The earliest of:

1. Change of goal to adoption on the Family Service Plan (FSP);
2. Filing of the petition to change the goal to adoption; or
3. In advance of filing of the petition to terminate parental rights.

NOTE: A copy of all notices to birth parents who are represented by an attorney shall also be sent to the attorney.

Prospective Adoptive Parent:

The earliest of:

1. Change of goal to adoption on the Family Service Plan (FSP) (unless there is not an adoptive placement identified at that time);
2. Filing of the petition to change the goal to adoption (unless there is not an adoptive placement identified at that time);
3. In advance of filing of the petition to terminate parental rights (unless there is not an adoptive placement identified at that time); or
4. At the point they have been identified as a prospective adoptive resource for a specified child (if notice was not already provided).

NOTE: A copy of all notices to prospective adoptive parents who are represented by an attorney shall also be sent to the attorney.

Child:

The earliest of:

1. Change of goal to adoption on the Family Service Plan (FSP);
2. Filing of the petition to change the goal to adoption; or
3. In advance of filing of the petition to terminate parental rights.

NOTE: A copy of all notices sent to children who are represented by a guardian ad litem and/or attorney shall also be sent to their guardian ad litem and/or attorney. If the child is represented by two attorneys, one serving as a guardian ad litem and a separate attorney serving as a child advocate, a copy of the notice shall be sent to each.

Providing formal notification to prospective adoptive resources and the specified child at the point they have been identified as a potential match provides an opportunity for this option to be discussed with all parties in order to make the best possible match for the child and family and assure thorough permanency planning.

Private Agency Adoptions:

Agencies licensed by the Department to provide private adoption services are also required under the statute to provide notification. These adoptions can include domestic, as well as international adoptions that will be finalized in the Commonwealth. It is recommended that agency staff have ongoing discussions regarding this option as part of routine casework practice with all applicable parties including those looking to make an adoption plan for their child, as well as the children and prospective adoptive parents. In international adoptions where the child may be abandoned, orphaned or the parent's whereabouts are unknown, documentation must be maintained in the case record stating such. This documentation will serve to justify why notification was not provided.

While formal notification shall be provided to birth parents no later than when provided notice of the hearing to terminate parental rights, informal conversation should also occur as follows:

- during the initial counseling session(s); and
- immediately before their child is matched with an adoptive family.

While formal notification shall be provided to prospective adoptive parents at the time a child is placed with them, informal conversations would typically occur as follows:

- during the family study education and/or approval process; and
- immediately before they are matched with the child.

Formal notification shall be provided to the child at the time he or she is placed with an adoptive family.

II. Agreement:

The agreement is a written voluntary agreement, approved by the court, between an adoptive parent and a birth relative. This agreement allows for continuing contact or communication between the subject child(ren) and the birth relative or between the adoptive parent and the birth relative. Children 12 years of age and older must consent before an agreement is developed. For children under 12 years of age, it is left to the discretion of the parties involved whether or not the child should enter into an agreement. Where the prospective adoptive parent is not adopting all of the subject child(ren)'s siblings, each such sibling has the opportunity to develop and enter into an agreement. Any sibling freed for adoption through the termination of parental rights, following a dependency proceeding, who is under 18 years of age shall be represented by a guardian ad litem in the development of an agreement.

Agreements must be filed with a court that is authorized to finalize the adoption of the child (i.e. a court with authority under the Pennsylvania Adoption Act) and must be approved on or before the date of any adoption decree. Agreements are not legally enforceable unless they have been approved by the court. An agreement shall cease to be enforceable on the date the child turns 18 years of age unless the agreement otherwise stipulates or is modified by the court. The law provides that the court shall approve the agreement if:

- (1) The agreement has been entered into knowingly and voluntarily by all parties. An affidavit made under oath must accompany the agreement affirmatively stating that the agreement was entered into knowingly and voluntarily and is not the product of coercion, fraud or duress. The affidavit may be executed jointly or separately.
 - o For an affidavit to serve as a sworn statement it must be notarized. Each party to an agreement must sign a separate affidavit before a notary, and each signed and notarized affidavit must accompany the agreement when it is presented to the court.
 - o A notarized affidavit is not meant to complicate the process of parties entering an agreement, but instead serves to protect the interests of parties and the integrity of the agreement. This is especially important considering that not all parties to an agreement attend the court hearing when the agreement is reviewed.
 - o Agencies should develop processes to assist in securing signed affidavits from each party to ensure that the process of developing an agreement doesn't delay permanency.
 - o The requirement of an affidavit applies to parties of an agreement who may be minors. Such as birth relatives who are under age 18 (siblings, teen parent, etc).
- (2) The agreement is in the best interest of the child. In making that determination, factors that the court may consider include, but are not limited to, the following:
 - (i) The length of time that the child has been under actual care, custody and control of a person other than a birth parent and the circumstances relating thereto.
 - (ii) The interaction and interrelationship of the child with birth relatives and other persons who routinely interact with the birth relatives and may significantly affect the child's best interests.
 - (iii) The adjustment to the child's home, school and community.
 - (iv) The willingness and ability of the birth relative to respect and appreciate the bond between the child and prospective adoptive parent.

- (v) The willingness and ability of the prospective adoptive parent to respect and appreciate the bond between the child and the birth relative.
- (vi) Any evidence of abuse or neglect of the child.

Development of the Agreement:

Development of the agreement is a process that may involve agency staff, attorneys, adoptive parents, birth relatives and children. At all times, the best interest of the subject child should be the paramount consideration. The process should consider the developmental stage, the emotional and social background of the child, and the wishes of the child (if they can be ascertained) as well as the dynamics between the parties.

Consideration should be given to the development of separate agreements for each birth relative depending on the complexity of the situations. This decision should be made on a case by case basis, taking into account the different types, duration, frequency of contact, and the degree of confidentiality to be had with each birth relative. In adoptions involving the county children and youth agency, Statewide Adoption and Permanency Network (SWAN) units of service are a viable option to help facilitate the development of the agreement and mediate disputed issues. The appropriate SWAN unit of service to request would be based on where the case currently stands in the permanency process.

Key areas to be included in the agreement, as outlined on the recommended model agreement (Appendix B Voluntary Post-Adoption Contact Agreement) and the attached instruction sheet (Appendix C), include:

- The parties to the agreement;
- The purpose of the agreement;
- The type of contact or communication between the parties and the details regarding this contact including the frequency, duration, location, and stipulations to the contact;
- The participants in each type of contact;
- The process for modifying, enforcing or discontinuing the agreement; and
- Any other additional information surrounding the parameters of the contact.

Where the prospective adoptive parent is not adopting all of the subject child(ren)'s siblings, each such sibling has the opportunity to develop and enter into an agreement. Any sibling freed for adoption through the termination of parental rights, following a dependency proceeding, who is under 18 years of age shall be represented by a guardian ad litem in the development of an agreement.

Act 101 provides that the agreement shall be filed with the court that finalizes the adoption, and that the court shall approve the agreement if it finds that the agreement has been entered knowingly and voluntarily and is in the best interest of the child. However, the Act does not indicate when the parties may or should begin working on the terms of an agreement. In many cases, the best time to begin encouraging the parties to discuss the possibility of entering into an agreement is when it becomes apparent that the agency's efforts at reunification have not been successful and that adoption may be the most appropriate alternative for the child. Beginning those discussions at this time allows the birth parents to adjust to the idea of adoption, and may allow a contested termination to become a voluntary relinquishment. Even amicable negotiations can be protracted, because of the legal and emotional impact of termination. Starting the process before the court hears the termination petition will enhance the possibility of the adoption being concluded with minimal delay and less

emotional and financial toll on all the participants. Starting the process early may also allow the court, in the person of the dependency judge, to give the parties feedback on whether the terms they are considering will satisfy the requirements of Act 101 for an enforceable agreement.

Note: All parties must agree to some form of continuing contact for an agreement to be reached. For instance, if a prospective adoptive parent does not want to enter into an agreement for continuing contact, there can be no agreement. Moreover, there is no obligation on any party, including prospective adoptive parents, to engage in facilitation or mediation services.

Facilitation:

Facilitation in developing an agreement should be provided by a **neutral** third party, similar to Family Group Conferencing. Facilitators could be an employee from the county children and youth agency not directly involved in the specific case, SWAN affiliate agency worker, contracted outside agency worker, or other individual chosen by the family to facilitate. The facilitator should be knowledgeable about the statute including the purpose and intent of the voluntary post adoption agreement. Neutral facilitation is important to ensure parties do not feel coerced in the development of an agreement.

Historically, SWAN affiliate agencies have helped family members decide what, if any, level of informal post-adoption contact will occur following an adoption. As previously mentioned, SWAN units of services can be utilized to assist in the development of agreements if the county agency is involved in the case. Utilizing SWAN may help ensure that the process of developing an agreement integrates with other permanency services the child(ren) and family may be receiving. This would require the SWAN affiliate agency to have professionals on staff with the skills and knowledge to provide the requested service. The specific unit of service requested would depend on where the case currently stands in the permanency process.

Mediation:

Mediation is different than facilitation in that mediation is a formal method of dispute resolution performed by a professional who has received specific training in the practice of mediation. Mediation can be sought privately by parties looking to enter into, modify or enforce an agreement and this would occur at the expense of the individuals themselves. In addition, some SWAN affiliate agencies have trained mediators who may provide mediation services through the units of service. In cases where disputes arise regarding modification, enforcement or discontinuance of an agreement, the adoptive family may access SWAN post-permanency units for mediation. Post-Permanency Services would have to be requested directly by the adoptive family by contacting the SWAN Helpline at 1-800-585-SWAN.

Modification:

There are formal and informal types of modification that can occur with agreements, but in order for modifications to be legally enforceable, they must be approved by the court that finalized the adoption. Parties to an agreement may elect to utilize SWAN post-permanency units of service for facilitation and/or mediation in seeking to modify an agreement. Post-Permanency Services would have to be requested directly by the adoptive family by contacting the SWAN Helpline at 1-800-585-SWAN. Post-permanency services, unlike all other SWAN units of service, are available to any

adoptive family or child for whom adoption has been achieved, involving either public or private adoptions. For specifics related to the appointment of guardians ad litem when seeking to modify an agreement, refer to the section entitled "Appointment of Guardians Ad Litem" (GALs) below.

Formal Modification:

Formal modification is making changes to an agreement that have been approved by the court and thereby legally enforceable. Formal modification of an agreement can only be sought by the adoptive parent or the subject child who is 12 years of age or older. In order to seek formal modification to an agreement, action must be filed in the court that finalized the adoption. Before the court may enter an order modifying an agreement, it must find by clear and convincing evidence that modification serves the needs, welfare and best interest of the child. Examples of formal modification include:

- By being mutually agreed upon and then being provided directly to the Court for consideration and approval, thereby making the modification enforceable; or
- Through the use of facilitation or mediation and then being provided to the Court for consideration and approval, thereby making the modification enforceable

Informal Modification:

Parties may also informally modify an agreement. This could be done to ensure the agreement is appropriate considering the development and needs of the child over time, as well as any minor accommodations needed that may not warrant court involvement, such as changing the time or location of contact. Informal modifications are not legally enforceable because they are not approved by the court. Informal modification can be done when parties can agree as to what is in the best interests of the child which will prevent the need to return to the court. Examples of informal modification include:

- Through the use of facilitation or mediation, but not being provided to the Court for approval, which would make the modification not legally enforceable; or
- Through parties modifying the agreement on their own.

Enforcement:

Any party to an agreement, a sibling or a child who is the subject of an agreement may seek to enforce an agreement by filing an action in the court that finalized the adoption. These parties may request enforcement of the contact or communication specifically outlined in the agreement but may not request monetary damages.

For an agreement to be enforceable, it must be:

- (1) In writing.
- (2) Approved by the court on or before the date for any adoption decree.
- (3) If the child is 12 years of age or older when the agreement is executed, the child must consent to the agreement at the time of its execution.

Before the court may enter an order enforcing an agreement, it must find all of the following:

- (1) The party seeking enforcement of the agreement is in substantial compliance with the agreement.
- (2) By clear and convincing evidence, enforcement serves the needs, welfare and best interest of the child.

The court issuing final approval of an agreement shall have continuing jurisdiction over enforcement of the agreement until the child turns 18 years of age, unless the agreement otherwise stipulates or is modified by the court.

For specifics related to the appointment of guardians ad litem when seeking to enforce an agreement, refer to the section entitled "Appointment of Guardians Ad Litem" (GALs) below.

Parties to an agreement may elect to use facilitation and/or mediation when seeking to enforce an agreement. If facilitation or mediation is sought to enforce an agreement, SWAN units of service, specifically post-permanency units of service, could be requested. Post-permanency services, unlike all other SWAN units of service, are available to any adoptive family or child for whom adoption has been achieved, either through a public or private adoption.

Discontinuance:

A party to an agreement or a child that is at least 12 years of age or older may seek to discontinue an agreement by filing an action in the court that finalized the adoption. Before the court may enter an order discontinuing an agreement, it must find by clear and convincing evidence that discontinuance serves the needs, welfare and best interest of the child. For specifics related to the appointment of guardians ad litem when seeking to discontinue an agreement, refer to the section entitled "Appointment of Guardians Ad Litem" (GALs) below.

Appointment of Counsel:

Parties to an agreement are not entitled to court-appointed counsel for the purposes of modifying, enforcing or discontinuing an agreement, but are free to secure counsel at their own expense.

Appointment of Guardians Ad Litem (GALs):

When appointing a GAL, the court may appoint the same attorney who represents or has represented the child in any dependency or termination of parental rights proceedings. Appointment of GALs during the specific activities related to the agreements is as follows:

Development:

Where siblings have been freed for adoption through the termination of parental rights, following a dependency proceeding, and the prospective adoptive parent is not adopting all of the siblings, each such sibling who is under 18 years of age shall be represented by a GAL in the development of an agreement.

Modification:

Only a child over the age of 12 who is the subject of an agreement can seek to modify an agreement. GALs **may** be appointed to represent the interests of the subject child when seeking to modify an agreement.

Enforcement:

GALs **may** be appointed to represent the interests of the subject child and a sibling under 18 years of age when seeking to enforce an agreement.

Discontinuance:

GALs **may** be appointed to represent the interests of the subject child and a sibling under 18 years of age when seeking to discontinue an agreement.

Costs:

If the court finds that an action brought to modify, enforce or discontinue an agreement was wholly insubstantial, frivolous or not advanced in good faith, the court may award attorney fees and costs to the prevailing parties.

B. Information Registry:

The Pennsylvania Adoption Information Registry (PAIR):

Act 101 of 2010, which amended the Adoption Act, required the Department of Public Welfare to create and maintain an adoption medical history registry and a social history information registry. Since the AMHR was already in existence and managed by the PAE, that registry was expanded to include the additional medical requirements as well as the social history requirements of Act 101 of 2010.

This expanded registry, now known as the Pennsylvania Adoption Information Registry (PAIR) is an electronic database maintained by the PAE. The PAIR receives, files and retains medical and social history information for all adoptions finalized or registered in the Commonwealth.

The PAIR collects:

- Medical records and other information concerning an adoptee or an adoptee's birth family that is relevant to the present or future health care or medical treatment of the adoptee or the adoptee's birth family including but not limited to otherwise confidential or privileged information, if identifying information has been removed;
- Information about the birth parents of a child that may concern a potential hereditary or congenital medical problem;
- Information about the adoptee and birth relatives of the adoptee including economic, cultural and ethnic information and a developmental history of the adoptee including:

- The social experiences of the adoptee, including child abuse and neglect, out-of-home care and patterns of interpersonal relationships;
- The educational experiences of the adoptee, including the name of schools attended and dates of enrollment, academic performance, extracurricular activities and special interests;
- The current functioning of the adoptee, including behavioral patterns and relationships;
- The circumstances surrounding the adoption; and
- A summary of the original birth record that consists only of the names and ages of the birth parents, the date and county of the birth of the child and the name of the child given at birth.

Effective the date of this bulletin, all public and private child welfare agencies and individuals licensed by the Department to provide adoption services must provide medical and social history information on all children whose adoptions are finalized or registered in Pennsylvania and for whom the agency or individual has case responsibility to the PAIR.

The statute also requires the courts to provide any statements regarding medical and/or social history information that is filed in the court that terminated the parental rights. In order to reduce a duplication of efforts and the receipt of the same information from various agencies and the courts, it is suggested that the courts and the agencies develop a collaborative process to ensure that the information is provided to the PAIR.

Filing Medical and Social Information and/or Contact Requests to the PAIR:

Forms for registering, requesting information, updating information, authorizing the release of information and withdrawing the authorization of release of information with the PAIR can be found online at <http://www.adoptpakids.org/Forms.aspx> (See Appendix D, Act 101 Registration Form, Appendix E, Request for Adoption Information Form, Appendix F, Adoptee Authorization to Release Information and Registration Form, Appendix G, Birth Parent Authorization to Release Information and Registration Form, Appendix H, Withdrawal of Authorization to Release Information Form).

Public and Private Child Welfare Agencies and Licensed Individuals:

All public and private child welfare agencies and individuals licensed by the Department to provide adoption services shall submit medical and social history information on all children whose adoptions are finalized or registered in the Commonwealth to the PAIR.

Agencies/individuals will electronically submit all medical history, including medical records contained in the child's agency record concerning the adoptee or the adoptee's birth family that are relevant to the present or future health care or medical treatment of the adoptee or the adoptee's birth family including otherwise confidential or privileged information. Identifying information contained in the medical records shall be removed by the submitting agency prior to uploading the information unless there is a signed consent on file to provide the information to the PAIR for the purposes of sharing with the individuals named in the statute (see page 19, Requesting Medical and Social Information and/or Contact Requests from the PAIR). Copies of the signed consent to release the information shall be maintained in the child's file and included in the medical history that is uploaded to the PAIR.

It is recognized that some medical information is protected by law and may only be shared if a signed consent to release the information has been obtained. Additionally, some agency records may contain medical records or information that was obtained from providers that expressly prohibit the sharing of that information. Agencies/individuals should follow their established policies and procedures regarding the sharing of such medical information and shall not upload information that they are forbidden by statute to provide.

Examples of the types of medical information that may be submitted as part of the medical history includes medical records and agency records including, but not limited to, birth information, immunizations, dental care, information regarding serious illnesses, surgeries, hospitalizations, handicaps, allergies, medications and information about the birth parents of a child that may concern a potential hereditary or congenital medical problem.

Agencies/individuals will electronically submit all social history information contained in the record including information about the adoptee and birth relatives of the adoptee including their economic, cultural and ethnic information; a developmental history of the adoptee including the circumstances at birth, early development and subsequent age-appropriate task development; the social experiences of the adoptee, including child abuse and neglect history information, out of home care and patterns of interpersonal relationships; the educational experiences of the adoptee, including the name of the schools attended and dates of enrollment, academic performance, extracurricular activities and special interests; the current functioning of the adoptee, including behavioral patterns and relationships; and, the circumstances surrounding the adoption.

The social history information required is contained in the SWAN Child Profile if one exists. Agencies/individuals that are not SWAN affiliate agencies or SWAN workers may visit www.diakon-swan.org to find an outline of the SWAN Child Profile that they may use to meet this requirement or they may develop their own format provided they include all of the social history information required as listed above. A free online training of how to complete a child profile is available at www.swan-online.org. The Child Profile or social summary that is uploaded to PAIR must be current at the time of finalization and may include an updated Child Profile or social summary.

Agencies/individuals will register each child whose adoption was finalized or registered in the Commonwealth by completing the Act 101 electronic registration form (See Appendix D for a sample of the electronic form) and electronically uploading all medical history information and all Child Profiles or Child Social Summaries in a read only Portable Document Format (PDF) to the PAIR at www.pagov-pair.org. County agencies may collaborate with SWAN affiliate agencies and other private providers to develop a plan for the submission of information and may delegate that responsibility to the SWAN affiliate or private provider.

The PAIR will provide acknowledgement of the receipt of all information received to the agency/individual that submitted the information within 30 calendar days. Agencies/individuals should maintain the acknowledgement in the child's record as verification that the information was submitted. If a county delegates the responsibility of uploading the information to a SWAN affiliate or private provider, the provider should provide a copy of the acknowledgement to the county agency as verification that the information has been uploaded to the PAIR.

Adoptees, Adoptive Parents and Birth Parents:

Adoptees, adoptive parents and birth parents may submit and update medical and social history information with the registry at any time. In addition to providing medical and social history information, adoptees, adoptive parents and birth parents may authorize the release of identifying information and may amend or withdraw their authorization to release identifying information at any time by updating their information with the PAIR.

Adoptees and adoptive parents may also notify the PAIR whether or not they wish to have contact with the birth family and may update or change that request for contact at any time. Birth families may notify the PAIR whether or not they wish to have contact with the adoptee or adoptive family and may update or change that request for contact at any time.

Forms for requesting information and/or contact, registering information, updating information, authorizing the release of information and withdrawing the authorization of release of information or contact with the PAIR can be found online at <http://www.adoptpakids.org/Forms.aspx> (See Appendix E, Request for Adoption Information Form, Appendix, F, Adoptee Authorization to Release Information and Registration Form, Appendix G, Birth Parent Authorization to Release Information and Registration Form, Appendix H, Withdrawal of Authorization to Release Information Form).

Medical and social history information, updates to the registry and the filing of or changes to authorizations to release information will only be accepted in hard copy and must be signed by the registering individual or by the person requesting the change or update.

The PAIR will provide written acknowledgement of the receipt of all information received to the submitter of the information within 30 calendar days.

The Courts:

If a statement regarding medical and social history information is filed in the court that terminated the parental rights, a copy of the statement shall be forwarded to the PAIR. Courts shall register the information with the PAIR by completing and electronically submitting the Act 101 Registration Form (Appendix D) and the medical and social history statements in a read only Portable Document Format (PDF) to www.pagov-pair.org. To reduce the duplication of efforts county agencies and private providers should collaborate with the courts to determine who will be responsible for uploading information to the PAIR. The court may request the county agency or private provider to upload the information to the PAIR on their behalf.

The PAIR will provide written acknowledgement of the receipt of all information received to the submitter of the information within 30 calendar days. If a court delegates the responsibility of uploading the information to a county agency or private provider, the county agency or provider should provide a copy of the acknowledgement to the county court as verification that the information has been uploaded to the PAIR.

Requesting Medical and Social Information and/or Contact Requests from the PAIR:

Information contained in PAIR may be requested by and released to:

- An adoptee who is at least 18 years of age;
- An adoptive parent of an adoptee who is under 18 years of age or adjudicated incapacitated or deceased;
- A legal guardian of an adoptee who is under 18 years of age or adjudicated incapacitated;
- A descendant of a deceased adoptee;
- A birth parent of an adoptee who is at least 21 years of age;
- A parent of a birth parent of an adoptee who is at least 21 years of age if the birth parent consents, is incapacitated or deceased; and,
- A birth sibling of an adoptee if both the birth sibling and the adoptee are at least 21 years of age and:
 - The birth sibling remained in the custody of the birth parent and the birth parent consents, is deceased or adjudicated incapacitated;
 - Both the birth sibling and adoptee were adopted out of the same birth family; or,
 - The birth sibling was not adopted out of the birth family and did not remain in the custody of the birth parent.

Requests for medical and social history information and requests for contact by adoptees, adoptive parents, legal guardians, descendants of deceased adoptee, birth parents and birth siblings will only be accepted in hard copy and must be signed by the registering individual. Forms for providing and requesting information and/or contact can be found online at <http://www.adoptpakids.org/Forms.aspx> (See Appendix F, Adoptee Authorization to Release Information and Registration Form, Appendix G, Birth Parent Authorization to Release Information and Registration Form, Appendix E, Request for Adoption Information Form).

Release of Information Contained in the PAIR:

The PAIR will release either identifying or non-identifying information to the above named individuals.

Requests for Non-Identifying Information:

Non-identifying information shall be provided to the requestor within 30 calendar days of the request. Prior to the release of any information on file, the PAIR will redact any identifying information such as name, aliases, address, former addresses.

Requests for Identifying Information:

Identifying information will only be released if an authorization to release identifying information has been filed by the adoptee or birth parent. Identifying information that may be released includes child profiles/child social summaries, medical information and information obtained on the birth parent or adoptee registration forms submitted. Identifying information shall be provided to the requestor within 30 calendar days of the request.

Requests for Contact:

Individuals who submit a request for contact to the PAIR will be provided with the birth family or adoptees identifying information that contains the contact information provided there is an authorization to release identifying information on file. If there is no authorization to release identifying information on file, within 30 calendar days the individual who submitted the request for contact will be notified of that fact in writing and will be asked to submit a Birth Parent or Adoptee Authorization to Release Information and Registration Form available online at <http://www.adoptpakids.org/Forms.aspx>. (See Appendix F, Adoptee Authorization to Release Information and Registration Form and Appendix G, Birth Parent Authorization to Release Information and Registration Form)

Additionally, all public and private child welfare agencies licensed to provide adoption services are the Department's designees to perform searches to locate the subject of the request. If there is no authorization form on file to release identifying information the PAIR will recommend the requestor contact the DPW licensed agency that managed their adoption or the court that finalized their adoption to request a search.

Courts and agencies, or their designees, involved in performing searches for birth family or adoptees shall contact the PAIR to see if there is an authorization form on file and if so, whether the authorization allows for the release of identifying or non-identifying information. No other information will be provided to the court, agency or their designee. The court, agency or their designee will notify the individual for whom they are performing the search if there is information on file so that the individual can then request the information from the PAIR. The PAIR will only release information upon written request to the individuals noted above, provided an authorization form for the release of the information is on file.

If the PAIR receives identifying or non-identifying information from an adoptee or birth parent and there is already a request for information from an adoptee or birth parent on file, within 120 days the PAIR will provide the information to the individual who previously requested it if the individual is at least 21 years of age.

C. Release of Information and Access to Records:

Public and private adoption agencies and the courts frequently receive requests for information related to adoption. These requests come most frequently from adoptees who want information about the circumstances of their birth, their family members and medical information. Many adoptees are also interested in pursuing contact with their birth family. Birth parents frequently contact agencies and courts because they want contact with their biological children who were adopted.

Prior to the implementation of Act 101 of 2010, the law protected adoption records by sealing them after the finalization and limiting the information that may be provided in response to a request for information.

In addition to requesting information from the PAIR, specified individuals may also request from the courts and agencies, where applicable, information that is non-identifying, identifying and request contact with family members. Act 101 of 2010 allows a single request form to be used by individuals to make their request for release of information to each location. The Appendices in this Bulletin includes the forms to be used to request information from the PAIR and the courts and agencies (see Appendix K – Court and Agency Request for Adoption Information (Non-identifying or Identifying) or Contact with Specified Persons).

However, effective the date of this bulletin, the list of individuals who may access information is expanded. The list of individuals who may be the subject of a request for information or contact is also expanded. In some situations, the subject of a request now includes the grandparents and siblings of an adoptee. Consequently, Act 101 greatly increases the opportunities for openness of adoption information in PA.

Although medical history information has been available since 1997 through the Adoption Medical History Registry, Act 101 of 2010 expands the type of information that may be collected and released. In addition to medical history, the registry is now required to receive an extensive social history on every adoption finalized in PA. This information may help to answer the questions that many individuals have about their genetic predisposition to medical conditions and diseases as well as provide them with information on the circumstances surrounding their birth. This information will not only benefit the adoptee, but their families, including their descendants.

Access to Court or Agency Records:

Act 101 requires that all court and licensed adoption agency records are maintained as permanent records and withheld from inspection except as provided after the effective date of this bulletin. The definitions of agency records (see page 2) includes all information collected by an agency relating to a birth family, an adoptive family and an adoptee. Act 101 changes the record retention requirement in DPW regulation (55 Pa. Code § 3350.14(e)) that previously allowed records to be destroyed 50 years from the date of placement. This means that agency records must now be maintained indefinitely in their entirety.

The definition of court record (see page 2) includes all petitions, exhibits, reports, notes of testimony, decrees and other papers pertaining to a proceeding under this chapter or former statutes relating to adoption.

Act 101 authorizes access to the court or agency records to the following entities solely for the purpose of releasing non-identifying or identifying information:

- The court which finalized the adoption;
- The agency that coordinated the adoption; or
- A successor agency authorized by the court which finalized the adoption.

Documentation in Agency Records:

Licensed adoption agencies shall maintain centrally located documentation to track requests for identifying and non-identifying information. The agency may maintain the documentation however it chooses, as long as it is centrally located. Information the agency must maintain includes the following:

- Name of adoptee;
- Date of request;
- Type of Information requested (identifying or non-identifying);
- Date the Agency acknowledged the request (30 days); and
- Date the Agency responded to the request (120 days).

The adoption agency shall maintain full documentation in the adoptee's case record regarding information requests and the authorized representative's activities in response to each request. During the annual licensing inspection process, the OCYF Regional Offices will ensure that licensed adoption agencies comply with the requirements contained in Act 101 of 2010.

Disposition of Agency Records upon Closure:

Any licensed adoption agency intending to cease operation as a legal entity must notify DPW. Written notice to OCYF is not required if the adoption agency is closing but has applied to operate as a new legal entity. The agency's required written correspondence shall be directed as soon as possible, but not less than 30 days prior to closure, to the appropriate OCYF regional office that performs the annual licensing of the legal entity.

Within this same 30 days, the agency shall submit a written plan to OCYF regarding the closure and the transfer of the physical adoption records to another agency licensed by DPW. This plan shall be subject to approval by OCYF and must include, at a minimum, the following information:

- The name, address and contact information of the agency where the physical adoption case records will be transferred and stored;
- The plan for ongoing case record storage and maintenance; and
- The details of how the transfer of records to another agency will be managed.

In preparation for the closure and the transfer of case records, the agency shall label all physical adoption case records maintained since the agency's inception. It is required that agencies identify the name of the court that finalized an adoption or where a petition to TPR or a petition to adopt was filed.

OCYF is required to notify the court identified by the closing agency of the name, address and telephone number of the agency to which the physical case records have been transferred. DPW developed a standardized notification to communicate this information to the courts (see Appendix N – Notification Letter from DPW to Courts). OCYF will maintain a master list of adoption agency closures and the agencies to which the case records were transferred.

This bulletin provides recommended best practice for identifying case records in order for the receiving agency to manage the incoming adoption case records. Case records should be easy to locate and identify in the event that an inquiry is made for information. The closing agency should provide to the receiving agency an electronic document that is a master list identifying each adoption record. Agencies may use a standard naming convention for labeling case records that includes the following information:

- The county two-digit code;
- The county's adoption decree's unique number;
- The child's birth initials;
- The name of the adoptive family;
- The adoption agency license number; and
- A unique identification number that is a sequential number assigned by the agency based on the number of records.

An example of the standard naming convention for a fictitious record in Adams County is: 01_(adoption decree number or finalization date)_MJS_Martin_11136_1001.

Attorney Records:

An attorney representing a party to an adoption proceeding or acting as counsel or GAL for a child in a proceeding may forward records and information relating to the child, the child's birth family and the adoptive family to the court which finalized the adoption, as established by general rule by the Supreme Court. Attorney records and information shall be treated as court records.

Fees:

Act 101 allows any court or agency the option to develop a fee structure and to charge reasonable fees for the services provided regarding the release of both non-identifying and identifying information. The release of non-identifying information, identifying information or requests for contact will commence on the date the fee is received by the court or agency. Agencies are encouraged to respond to requestors well before the required timeframe in order to avoid undue delays and to facilitate the process of obtaining information and/or contact.

Immunity from Liability:

A person or agency, including the Commonwealth and any of its governmental subdivisions, that participates in good faith in providing services as required by Act 101 of 2010 has immunity from civil liability that may otherwise result by reason of an action or failure to act. The good faith of any person or agency that provides services is presumed for the purpose of a civil proceeding.

Access to Information

Request for Information or Contact:

Act 101 of 2010 allows the following individuals to file a written request with the court which finalized the adoption, the agency which coordinated the adoption, or the successor agency for identifying or non-identifying information or contact:

- An adoptee at least 18;
- An adoptive parent of adoptee who is under 18, or adjudicated incapacitated and is 18 or older, or who is deceased;
- A legal guardian of adoptee who is under 18 or adjudicated incapacitated;
- A descendant of a deceased adoptee;
- A birth parent of an adoptee 21 or older;
- A parent of a birth parent of an adoptee 21 or older if the birth parent consents, is incapacitated or is deceased;
- A birth sibling of an adoptee if both are 21 or older and meet the following criteria:
 - The birth sibling remained in the custody of a birth parent and that birth parent consents, is deceased or is incapacitated;
 - The birth sibling and the adoptee were both adopted out of the same birth family; or
 - The birth sibling was not adopted out of the birth family and did not remain in the custody of the birth parent.

See Appendix K - Court and Agency Request for Adoption Information (Non-identifying or Identifying) or Contact with Specific Individuals Form.

Who may be a Subject of a Request for Information:

The individuals listed above may file a written request for information or contact with the following individuals:

- An adoptee 21 or older;
- A birth parent of adoptee;
- A parent of the birth parent of an adoptee who is 21 or older if the birth parent consents, is incapacitated or is deceased;
- A birth sibling of an adoptee if both the sibling and adoptee are 21 or older and the following criteria exist:
 - The birth sibling remained in custody of the birth parent and the birth parent consents to the release of the information or contact, is deceased or incapacitated;
 - The birth sibling and the adoptee were both adopted out of the same birth family; or
 - The birth sibling was not adopted out of the birth family and did not remain in the custody of the birth parent.

See Appendix K - Court and Agency Request for Adoption Information (Non-identifying or Identifying) or Contact with Specified Persons.

Requests for Non-identifying Information:

Non-identifying information does not reveal the identity of an individual. The term includes, but is not limited to, the following types of information:

- The date, time and location of the adoptee's birth;
- The adoptee's birth weight and other physical characteristics;
- Where the birth parents of the adoptee were born;
- The age of the birth parents when the adoptee was born;
- The marital status of the birth parents when the adoptee was born;
- The facts and circumstances relating to the nature and cause of the adoption;
- The nationality, ethnic background, race, tribal affiliation and religious preference of the birth parents of the adoptee;
- The educational level, course of study, general occupation, talents and hobbies of the birth parents of the adoptee;
- A general physical description of the birth parents and other birth relatives of the adoptee, including height, weight, color of hair, color of eyes, complexion and other similar information;
- Whether a birth parent of the adoptee had other children and, if so, available non-identifying information about these children;
- Information regarding the birth grandparents of the adoptee;
- The name of the agency involved in the adoption;
- The length of time the adoptee was in the custody of an adoptive parent;
- Whether the adoptee was ever placed in foster care and, if so, the number of foster care placements, the beginning and end dates of each foster care placement and anything significant that occurred in each foster care placement; and
- Available health history of the adoptee and birth relatives of the adoptee, including psychological and psychiatric information which may have an effect on the mental or physical health of the adoptee.

Act 101 of 2010 allows the court or agency to charge reasonable fees for non-identifying information (see Appendix M - Sample Response Letters from the Courts and Agencies to Requests for Information). The court or agency must notify the requestor within 30 days of the receipt of the request for information. This request must include the required fee, if applicable. The court or agency will redact any identifying information such as the name, aliases, address or former addresses prior to the release of any information on file.

The court or agency shall, within 120 days, review its records and furnish to the requestor any information concerning the adoption that will not compromise the confidentiality of the relationship between the adoptee and the adoptee's birth parent (see Appendix M - Sample Response Letters from the Courts and Agencies to Requests for Information).

The OCYF regional offices will ensure that licensed adoption agencies have completed the requirements for handling the requests for non-identifying information during the annual licensing inspection process. Documentation in agency case records will be required to determine that the requirements were met within the specified time frames required.

Requests for Identifying Information:

Act 101 of 2010 allows the court or agency to charge reasonable fees for identifying information (see Appendix K - Court and Agency Request for Adoption Information (Non-identifying or Identifying) or Contact with Specified Persons and Appendix M - Sample Response Letters from the Courts and Agencies to Requests for Information).

Any court or agency has the option to develop a fee structure. After the request and the fee are received, the court or agency will, within 120 days, do all of the following:

- Determine whether it has in its possession any records relating to the adoptee;
- Conduct a good faith search for identifying information by an authorized representative appointed by one of the following:
 - The court in which the adoption was finalized;
 - The agency that coordinated the adoption;
 - A successor, by merger or acquisition, of the agency that coordinated the adoption; or
 - If neither the agency nor successor exists, by an agency authorized by the court.

The OCYF regional offices will ensure that licensed adoption agencies have completed the requirements for handling the requests for identifying information during the annual licensing inspection process. Documentation in agency case records will be required to determine that the requirements were met within the specified time frames required.

Authorized Representative:

An authorized representative is an individual appointed to conduct a search and who has completed a standardized training program as required by DPW. DPW will develop standardized training for authorized representatives and provide training opportunities.

The authorized representative appointed by the court or agency shall ensure when conducting a search that no individual other than a birth parent is informed of the adoptee's existence and relationship to birth parent. DPW intends that each court and agency shall appoint one or more individuals as authorized representatives to carry out the requirements of Act 101 of 2010. Courts and agencies may contract with an authorized representative if the individual who is appointed is not an existing staff member. For instance, if a rural agency or court does not have an expert on the staff to fulfill the responsibilities required of the authorized representative, they may pursue a contract for these services.

County agencies may use casework staff, which could include the paralegal positions, to conduct diligent searches to support the work required of the authorized representatives. However, paralegals may not be assigned as authorized representatives. The duties and responsibilities of the authorized representatives are intended to be handled by individuals who are experienced in providing adoption services.

The authorized representative shall review the court and agency record for identifying information regarding the birth or adoptive family and shall determine whether an authorization form has been filed with the court or agency. The authorized representative shall do the following:

- Notify any other court or agency listed in its records of the existence of the request for identifying information;
- Ask any other court or agency listed in its records to advise if an authorization form has been filed;
- Contact the PAIR to advise of the request for identifying information and ask whether an authorization form has been filed with the registry (see page 14 of this Bulletin for the process used by PAIR); and
- Notify the requesting individual of its findings.

Authorization Form:

Courts or agencies may adapt the following Appendices to design their own forms to implement Act 101 of 2010:

- Appendix I - Court and Agency Birth Parent Authorization to Release Information and Request Contact Form;
- Appendix J - Court and Agency Adoptee Authorization to Release Information and Request Contact Form; and
- Appendix L - Court and Agency Withdrawal of Authorization to Release Information and Request Contact Form.

If an applicable authorization form is not located, all of the following apply:

- The authorized representative shall use reasonable efforts to locate the subject of the search. The search process may include, but is not limited to, the following, as reasonable and necessary:
 - i. A review of records for background information on birth family or adoptive family, including last known address, names of family members, Social Security numbers, occupations, addresses of employment, military services, names of schools attended, and dates and places of marriages and deaths;
 - ii. A review of the Diligent Search packet available at <http://www.diakon-swan.org> for a step by step process and resources available for use when looking for individuals;
 - iii. A search of public databases; and
 - iv. A review of any available county records, including those held by the voter's registration offices the recorder of deeds, the register of wills and the marriage license bureau.

- If the subject of the search is located, the authorized representative shall obtain written authorization from the subject before any identifying information is released or contact between the parties is made;
- If the requester is an adoptee seeking the identity of a birth parent, the identity of a deceased birth parent may be disclosed; and
- If the requester is an adoptee seeking the identity of both birth parents and only one birth parent agrees to the disclosure, only the information relating to that birth parent shall be disclosed.

An individual may withdraw their authorization form at any time by completing Appendix L - Court and Agency Withdrawal of Authorization to Release Information and Contact Request Form filed with the court or agency where the authorization to release information was previously filed.

Medical and Social History Information:

The following places are the locations where a statement regarding medical and social history information may be filed:

- The court that terminated parental rights;
- The court that finalized the adoption;
- The agency that coordinated the adoption; or
- The PAIR.

If a statement regarding medical and social history information is filed in the court that terminated the parental rights, a copy of the statement shall be forwarded to the court that finalized the adoption and the PAIR. Courts may submit the information in a Portable Document Format (PDF) to the PAIR at www.pagov-pair.org.

In order to reduce a duplication of efforts and the receipt of the same information from various agencies and the courts, it is suggested that the courts and the agencies develop a collaborative process to determine who will be responsible for forwarding information to the PAIR. The court may request the county agency or private provider to upload information to the PAIR on their behalf.

The PAIR will provide written acknowledgement of the receipt of all information received to the submitter of the information within 30 calendar days.

The OCYF regional offices will ensure that licensed adoption agencies have completed the requirements for handling the requests for medical and social history information during the annual licensing inspection process. Documentation in agency case records will be required to determine that the requirements were met within the specified time frames required. Agencies should maintain the acknowledgement from PAIR in the child's record as verification that the information was submitted as required. If a county agency delegates to a SWAN affiliate agency or private provider the responsibility to upload the information to PAIR, the provider agency should provide a copy of the acknowledgement from PAIR of receipt of this information to the county agency as verification that the information was provided.

Individuals Authorized to File, Update and Request Medical and Social History Information:

The following individuals may file, update and request a statement regarding medical and social history information at any time:

- An adoptee who is 18 or older;
- An adoptive parent or legal guardian of an adoptee who is under 18 or adjudicated incapacitated;
- A descendant of a deceased adoptee;
- A birth parent;
- A legal guardian of an adjudicated incapacitated birth parent; or
- A survivor of a deceased birth parent.

Notification:

Within 30 days of filing of a statement regarding medical and social history information, the court, agency or PAIR shall give notice of its receipt to the individual who filed the statement.

Within 120 days after a statement is filed, the court, agency or PAIR shall give notice of the filing to the individual who is at least age 21 and who the information is intended to benefit, if known or identified in its records.

Request for Information:

When the court or agency receives a written request for medical and social history information and the required reasonable fee from the requester, it shall notify the requester within 120 days whether it possesses any medical and social history information relating to the adoption. Within 120 days of locating medical and social history information, the court or agency shall do the following:

- For non-identifying information, review and furnish to the requester any medical & social history information that will not compromise the confidentiality of the relationship between the adoptee and the adoptee's birth parent; and
- For identifying information, if an authorization form is on file with the court, agency or PAIR, furnish to the requester the available identifying information in its records.

No Information or Authorization Form on File:

If a court or agency receives a request for medical and social history information and the required reasonable fee from the requester and finds that no such information is in its records or that no authorization form is on file, the court or agency shall contact the subject of the request and ask that the subject do the following:

- Provide non-identifying information for the benefit of the requester; and
- File an authorization form.

If the subject of the request cannot be located from the information contained in the court records, the court or agency will appoint an authorized representative to use reasonable efforts to locate the subject. Reasonable fees may be charged by courts and agencies for search activities.

If non-identifying information is provided by the subject of the request, the court or agency shall provide the non-identifying information to the requester. If an authorization form is filed, identifying information may also be provided.

Deceased Birth Parent:

Any information on file regarding the deceased birth parent may be disclosed if the requester is an adoptee seeking information about a birth parent.

Confidentiality:

In conducting a search, the court or agency shall ensure that no individual, other than a birth parent, is informed of the adoptee's existence and relationship to the birth parent of the adoptee.

An inquiry is not mandatory if an authorized representative of the court or agency conducting a search reasonably believes an inquiry may compromise the confidentiality relating to the relationship between the adoptee and a birth parent of the adoptee.

Refusal to Search:

The agency may decline to conduct a search to determine whether an individual will authorize the disclosure of identifying information or contact if the agency is satisfied that a request could cause physical or emotional harm to the requesting individual or others.

An agency may also decline to commence or conduct a search if the requester fails to pay the reasonable costs associated with commencing or conducting the search. An agency that declines to conduct a search shall refer the request to the court that finalized the adoption and inform the court of its reasons for declining the search request. The agency shall notify the requester of the referral and identify the court to which the referral was made.

If a court is satisfied that a request could cause physical or emotional harm to the requesting individual or others, the court receiving a request for identifying information or contact may decline to perform a search. A court that declines to conduct a search shall inform the requesting individual of its decision in writing and of the procedures for appeal of that decision.

The OCYF regional offices will ensure that licensed adoption agencies have completed the requirements for handling the refusal to search during the annual licensing inspection process. Documentation in agency case records will be required to determine that the requirements were met within the specified time frames required.

Original Birth Record:

No disclosure of information shall be made by a court, agency, the Department of Health (DOH) or any other Commonwealth agency regarding an adoptee's original birth record or regarding the documents or proof on which an amended certificate of birth is based or relating in any way to the birth parents unless the disclosure is made pursuant to the provisions of this section.

Filing of Consent to Issue a Copy of Summary Original Birth Record:

See Appendix O - Department of Health Forms.

The birth parents may, at the time their parental rights are terminated or at any time thereafter, place on file with the court and the DOH a consent form granting permission for the court or the DOH to issue a copy of the summary of the adoptee's original birth record, which summary discloses the identity of the birth parents, at any time after the adoptee turns 18 or, if less than 18, to the adoptive parent or legal guardian. If only one birth parent has filed a consent form, a copy of the summary of the original birth record naming only the consenting birth parent shall be issued.

The consent of a birth parent may be withdrawn at any time by filing a withdrawal of consent form with the court and DOH.

Courts have their own local processes in place by which they manage the birth parent's consent to grant permission to release a summary of the adoptee's original birth records as well as the withdrawal of this consent.

Birth parents should file their consent and withdrawal of consent separately with both the DOH and the local court.

Appendices

Appendix A - Notification Letter

Appendix B - Voluntary Post-Adoption Contact Agreement

Appendix C - Voluntary Post-Adoption Contact Agreement instruction sheet

Appendix D - Act 101 Registration Form

Appendix E - Request for Adoption Information Form

Appendix F - Adoptee Authorization to Release Information and Registration Form

Appendix G - Birth Parent Authorization to Release Information and Registration Form

Appendix H - Withdrawal of Authorization to Release Information Form

Appendix I - Court and Agency Birth Parent Authorization to Release Information and Request Contact Form

Appendix J – Court and Agency Adoptee Authorization to Release Information and Request Contact Form

Appendix K – Court and Agency Request for Adoption Information (Non-identifying or Identifying)

Appendix L – Court and Agency Withdrawal of Authorization to Release Information and Contact Request Form

Appendix M – Sample Response Letters from the Courts and Agencies to Requests for Information

Appendix N – Notification Letter from DPW to Courts

Appendix O – Department of Health Forms

Example Agreement

Child/Youth Brochure

Appendix A

In Re: *Name of Child(ren)*

NOTICE REQUIRED BY ACT 101 OF 2010
23 Pa. C.S. §§2731 – 2742

Date:

To: *Adoptive Parent(s), Birth Parent(s) and Child(ren)*

This is to inform you of an important option that may be available to you under Pennsylvania law. Act 101 of 2010 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 voluntary agreement is approved by the court. The agreement must be signed and approved by the court to be legally binding.

A birth relative is defined only as a parent, grandparent, stepparent, sibling, uncle or aunt of the child's birth family, whether the relationship is by blood, marriage or adoption.

This voluntary agreement may allow you to have continuing contact or communication, including, but not limited to:

- Letters and/or emails;
- Photos and/or videos;
- Telephone calls and/or text messages; or
- Supervised or unsupervised visits.

If you are interested in learning more about this option for a voluntary agreement, contact me at (XXX) XXX-XXXX or your attorney, if you have one.

Sincerely,

[Signature]

[Name]

[Title]

Please sign below to indicate your receipt of this Notice.

Name

Relationship to Child

Date

Adoptive Child(ren)'s Birth Name: _____

Docket No. _____

**COMMONWEALTH OF PENNSYLVANIA
VOLUNTARY POST-ADOPTION CONTACT AGREEMENT**

Adoptive Child(ren)'s Birth Name: _____

County: _____

Date: _____

Docket No.: _____

The following parties are knowingly entering into this voluntary post-adoption contact agreement regarding the following subject child(ren) who is/are being adopted hereinafter referred to as the "Child(ren)".

Subject Child(ren)'s Name (first, last)	Date of birth	Court Docket #

And the following parties:

Name (first, last)	Relationship to the child

Adoptive Child(ren)'s Birth Name: _____

Docket No. _____

PURPOSE

Pursuant to Act 101 of 2010, the parties hereto intend to enter into this voluntary Agreement for ongoing communication or contact between the adoptive parent(s) and the identified birth relative(s) and/or an adopted child(ren) and their identified birth relative(s), which:

- Is in the best interest of the child(ren);
- Recognizes the parties' interests and desires for ongoing communication or contact;
- Is appropriate given the role of the parties in the child(ren)'s life;
- Was entered into in anticipation of the finalization of the adoption;
- Is not legally enforceable unless approved by the court; and
- Cannot be grounds for setting aside an adoption decree due to any parties' failure to comply with its terms that are court approved.

The parties acknowledge that this agreement will not be in effect until the adoption is finalized. If the adoption with the undersigned pre-adoptive parent(s) does not occur, this agreement is void.

*The law on voluntary post-contact agreements: 23 Pa. C.S. §§2731 – 2742

CONTACT

We agree the Child(ren) need(s) stability and permanency with adoptive parents(s). We also agree that contact between the Child(ren) and birth relatives may have a positive impact on the Child(ren). We agree it is in the best interest of the Child(ren) that this adoption include the following contact:

Attach additional pages as needed.

Participants	Type of contact	Frequency/ Duration	Location	Conditions

Additional information:

Adoptive Child(ren)'s Birth Name: _____

Docket No. _____

APPENDIX B

VOLUNTARY POST-ADOPTION CONTACT AGREEMENT

Adoptive Child(ren)'s Birth Name: _____

Docket No. _____

The following contact information is provided by parties to this agreement as needed to facilitate contact.*

Name	Contact information

*The parties agree to update contact information as needed.

The following individuals participated in the development of this agreement.

Name	Agency	Role

ENFORCEMENT, MODIFICATION, AND DISCONTINUANCE

The parties acknowledge and understand the following on how to enforce, modify or discontinue this Agreement:

Enforcement of this Agreement:

For this Agreement to be enforceable, it must be: in writing, approved by the court on or before the date for any adoption decree; and if the child(ren) is/are 12 years of age or older when this Agreement is executed, the Child(ren) must consent to this Agreement at the time of its execution.

- Before the court may enter an order enforcing this Agreement, it must find all of the following:
- The party seeking enforcement of this Agreement is in substantial compliance with the Agreement.
- By clear & convincing evidence, enforcement serves the needs, welfare and best interests of the child
- This Agreement shall cease to be enforceable on the date the Child(ren) turns 18 years of age unless this Agreement otherwise stipulates or is modified by the court
- The court issuing final approval of this Agreement shall have continuing jurisdiction over enforcement of this Agreement until the child(ren) turns 18 years of age unless this Agreement otherwise stipulates or is modified by the court
- Any party to this Agreement, a sibling or a child who is the subject of this Agreement may seek to enforce this Agreement by filing an action in the court that finalized the adoption
- Any party to this Agreement, a sibling or a child who is the subject of this Agreement may request only specific performance in seeking to enforce this Agreement & may not request monetary damages or modification of this Agreement
- Pursuant to Section 2738(f) of Act 101 of 2010, the above listed methods of enforcement are the only remedy for enforcement of this Agreement.
- If you do not follow this agreement a court may order you to follow it. If you do not comply with an order of the court you may be found in contempt of court and the court may impose sanctions against you.

Modification of this Agreement:

- Informal modification: parties can informally change this Agreement based upon the age and needs of the Child(ren) without the involvement of the court, but only an Agreement authorized by the court is legally enforceable.
- Formal modification: Only the adoptive parent(s) or child(ren) over age 12 can request the court to formally modify this Agreement. Changes to this Agreement by the court would be enforceable. Before the court may enter an order modifying this Agreement, it must find by clear and convincing evidence that modification serves the needs, welfare and best interest of the Child(ren).
- Mediation: Parties can also use a mediator to develop or modify this Agreement at their own cost, but the changes would need to be approved by the court that finalized the adoption to be enforceable.

Discontinuance of this Agreement:

- A party to this Agreement or a child that is 12 years of age or older may seek to discontinue this Agreement by filing an action in the court that finalized the adoption
- Before the court may enter an order discontinuing this Agreement, it must find by clear and convincing evidence that discontinuance serves the needs, welfare, and best interest of the Child(ren).

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania.

- The law on voluntary post-contact agreements: 23 Pa. C.S. §§2731 – 2742

Costs:

- If the court finds that an action brought to modify, enforce or discontinue an agreement was wholly insubstantial, frivolous or not advanced in good faith, the court may award attorneys fees and costs to the prevailing parties.

Adoptive Child(ren)'s Birth Name: _____

Docket No. _____

CONSENT

The subject child, age 12 or older, herein consents to this agreement for ongoing contact and communication.

Name _____ Signature _____ Date _____

PARTIES TO THE AGREEMENT

The parties to this Agreement acknowledge that this Agreement has been entered into knowingly and voluntarily by all parties, is not a product of coercion, fraud or duress, and intending to be legally bound hereby, sign below. Signature constitutes agreement.

Name	Signature	Date

Adoptive Child(ren)'s Birth Name: _____

Docket No. _____

AFFIDAVIT PURSUANT TO SECTION 2735 OF ACT 101 OF 2010

Before me, the undersigned authority, personally appeared _____, having been duly sworn according to law, deposes and states that he/she entered into this Agreement knowingly and voluntarily, and he /she was not under the influence of any coercion, fraud or duress.

Date: _____

Signed: _____

Sworn and subscribed before me this _____ day of _____, 20__.

Notary Public Signature

(AFFIX STAMP OF NOTARY PUBLIC)

Appendix C

Instructions for completion of agreement

Parties:

The subject child(ren) is the individual(s) ages 18 and younger who is/are being adopted and for whom this agreement pertains.

Birth relative is a parent, grandparent, stepparent, sibling, uncle or aunt of the child's birth family, whether the relationship is by blood, marriage, or adoption that engages in this agreement.

Adoptive Parent(s): is the Adult(s) intending to adopt the subject child(ren) that engages in this agreement.

Purpose:

The purpose statements of this agreement should be discussed to ensure each party understands and is comfortable with the statements.

Contact:

This section summarizes the details of each type of communication between the parties. The following details should be addressed: participants, types of contact, frequency, duration, location, and conditions.

Participants identify who is to participant in the contact.

Types of contact may include but is not limited to the following:

- Mail/Letters
- Exchange of photographs or videos
- Gifts
- Telephone contact
- Electronic Communication
- Supervised and/or unsupervised Visits
- Other contact

Frequency specifies how often or when this contact will occur. It may also specify if this contact may increase or decrease over time. Informal agreements to change frequency, especially as the child ages, are appropriate but not enforceable unless changed by the court.

Duration specifies how long each direct contact (if applicable) will last. Informal agreements to change duration, especially as the child ages, are appropriate but not enforceable unless changed by the court.

Location specifies the exact location of where the direct contact (if applicable) will take place. Locations can be identified as an individual's residence, a public place, an agency.

Appendix C

Conditions may include preconditions for contact. Not all agreements will need conditions specified. Such conditions may include, but are not limited to the following:

- Confirmation of plan to participate prior to visit going forward. For example, this could be requiring a birth relative to call first or arrive first at a designated location before transporting a child.
 - Evidence of sobriety
 - Evidence of intent to follow through with each episode of contact.
- Requirements for consistent contacts.

Additional information specifies other details or parameters of contact. Not all agreements will need such details or parameters specified. Additional information may include, but is not limited to the following:

- The identification of additional individuals who may participate in the contact.
- Identification of the participant who is to initiate each contact.
- Identification of a one way contact.
- The name of the responsible individual(s) or agency to supervise a visit.
- The level of supervision a contact will require.
- The name of the individual(s) responsible to view and/or approve a letter or electronic forms of communication.
- The details for use of an intermediary to facilitate contact, such as a relative, friend, P.O. Box or agency.
- Identifies fiscal considerations related to contact and the responsible parties. Examples may include rental of post office boxes, cost of drug tests, transportation costs, long distance telephone fees, supervision fees.

Name identifies the person who has some responsibility for facilitating the contact. At a minimum, the birth relative(s) and the adoptive parent(s) should be identified here.

Contact information identifies how the parties in the case can communicate with each other outside of planned contact or to confirm face to face contact, when applicable. Parties to the case will need to agree to update this information as needed, as long as the agreement is in effect.

Parties to the Agreement: This section is reserved for each party to the agreement to affirm the following:

That they entered into the agreement knowingly and voluntarily;
That the agreement is not a product of coercion, fraud or duress; and
That the agreement is intended to be legally binding.

Name of party: (see previous description)

Signature: Each party must sign the agreement. Signature constitutes agreement with the plan and affirms the above statements.

Appendix C

Date: The date the party signs the agreement.

Name of Attorney (when applicable) identifies the attorney who is representing the party at the time of signature.

Signature (of attorney) (when applicable): Attorneys may sign the agreement, but are not required to sign.

Date: The date the attorney signs the agreement.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

**Pennsylvania Adoption Information Registry
Act 101 REGISTRATION FORM
(for use by Agencies, Courts and Others)
(Births in Pennsylvania only)
800-227-0225**

Please use this form to register information about an adopted child. When completed, please submit the requested documents to www.pagov-pair.org

I. ADOPTEE'S INFORMATION

ADOPTEE'S CURRENT NAME (Last, First, Middle)		ADOPTEE'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)	
DATE OF BIRTH (MM/DD/YYYY)		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH	COUNTY	CITY / MUNICIPALITY	STATE
COUNTY WHERE ADOPTION WAS FINALIZED (City/County, State)		DATE ADOPTION WAS FINALIZED (MM/DD/YYYY)	
BIRTH PARENT'S NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)	BIRTH PARENT'S NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)
BIRTH PARENT'S ADDRESS (Street, City, State, Zip)		BIRTH PARENT'S ADDRESS (Street, City, State, Zip)	
ADOPTIVE PARENTS' NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)	ADOPTIVE PARENTS' NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)
ADOPTIVE PARENT'S ADDRESS (Street, City, State, Zip)		ADOPTIVE PARENT'S ADDRESS (Street, City, State, Zip)	

II. AGENCY INFORMATION

AGENCY NAME	CASEWORKER (Full Name)			
AGENCY MAILING ADDRESS	E-MAIL			
CITY	STATE	ZIP	TELEPHONE #	FAX #

III. CHILD'S RECORDS

Records uploaded to DPW/OCYF

- Child Profile OR Child's Social Summary
- Child's Medical Records / Medical Information

I verify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

NAME of SUBMITTER	DATE
-------------------	------

If agency information for submitter is different than the information provided in Section II, please provide submitter's agency information below.

AGENCY NAME	CASEWORKER (Full Name)
-------------	------------------------

AGENCY MAILING ADDRESS		E-MAIL		
CITY	STATE	ZIP	TELEPHONE #	FAX #



You may request information about your own adoption or the adoption of a family member as listed below. If we have any information on file, we will provide it to you within 30 days. Any information on file will be mailed to the requestor. If no information is on file at the time of the request, a notice of that fact will be mailed. Requests remain active and if information is received in the future, information will then be mailed to the requestor. It is important to notify us of any change in your contact information. When you have completed the form, please forward it to: Pennsylvania Adoption Information Registry, P.O. Box 4379, Harrisburg, PA 17111-0379.

I am one of the following:

- Adoptee who is at least 18.
- Adoptive parent of an adoptee who is under 18 or adjudicated incapacitated or deceased.
- Legal guardian of an adoptee who is under 18 or adjudicated incapacitated.
- Descendent of a deceased adoptee.
- Birth parent of an adoptee who is at least 21.
- Birth grandparent of an adoptee who is at least 21 (Birth parent must consent to the release of the information or be incapacitated or deceased).

Birth sibling if both adoptee and sibling are at least 21 (check one):

- Sibling remained in the custody of the birth parent who has given consent for release of this information or who is incapacitated or deceased.
- Sibling was adopted out of the same birth family as the adoptee for whom I am requesting information.
- Sibling was not adopted out of the same birth family and did not remain in the custody of the birth parent.

REQUESTOR'S CONTACT INFORMATION

NAME (Last, First, Middle)		DATE OF BIRTH (MM/DD/YYYY)	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
I AM REQUESTING INFORMATION ABOUT:	<input type="checkbox"/> Adoptee	<input type="checkbox"/> Birth Parent	<input type="checkbox"/> Birth Sibling(s)
I AM REQUESTING:	<input type="checkbox"/> Identifying Information	<input type="checkbox"/> Non-Identifying Information	<input type="checkbox"/> Both <input type="checkbox"/> Contact
<p>Identifying Information will include names and contact information. Non-Identifying Information will not include names and contact information but could include medical, social and educational information, etc.</p>			

REQUEST FOR INFORMATION ABOUT THE PERSON LISTED BELOW

Please provide as much information about the person as you know.

CURRENT NAME (Last, First, Middle)		NAME RECORDED ON BIRTH CERTIFICATE (Last, First, Middle)	
DATE OF BIRTH (MM/DD/YYYY)	GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE
			HOSPITAL (if applicable)
BIRTH PARENT'S NAME (Last, First, Middle, Maiden)	DATE OF BIRTH (MM/DD/YYYY)	BIRTH PARENT'S NAME (Last, First Middle, Maiden)	DATE OF BIRTH (MM/DD/YYYY)
ADOPTIVE PARENTS' NAMES (Last, First, Middle)		LEGAL GUARDIAN'S NAME (Last, First, Middle, Maiden)	
I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in address.			
SIGNATURE		DATE	



**Pennsylvania Adoption Information Registry
Adoptee Authorization to Release Information
and Registration Form**

P.O. Box 4379, Harrisburg, PA 17111-0379 | 1.800.227.0225

Completing this form is voluntary. However, we encourage you to provide as much information as you can. You may choose to:

1. release information that will identify you to your birth parents or other family members;
2. provide only non-identifying information that will not identify you; or
3. both.

Each section of this form is designated as identifying or non-identifying. Please type or print in black or blue ink. If you don't know or are unsure about an answer, leave it blank.

Identifying information will include names and contact information.

Non-identifying information does not include names and contact information but does include medical, social and educational information, etc.

Please check the appropriate choice below:

- I am providing information for the first time. I am updating information previously submitted.

Please indicate your relationship to the child for whom you are completing this information:

- Adoptee at least 18 Adoptive parent of an adoptee under 18

I. ADOPTEE'S INFORMATION

ADOPTEE'S CURRENT NAME (Last, First, Middle)		ADOPTEE'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if known)
LOCATION WHERE ADOPTION WAS FINALIZED (City/County, State)		DATE ADOPTION WAS FINALIZED (MM/DD/YYYY)		

AUTHORIZATION TO RELEASE IDENTIFYING INFORMATION

You may select as many or as few of the choices listed below as you wish. I agree to release **identifying** information to the individuals checked below:

- My birth parent, provided I am at least 21.
 Parent of my birth parent if I am at least 21, if my birth parent is incapacitated or deceased.

My birth sibling if we are both 21 and:

- My sibling remained with the birth parent and has consent of the birth parent, unless incapacitated or deceased.
 My sibling and I were both adopted out of the same birth family.
 My sibling was not adopted out of the same birth family but did not remain with the birth parent.

- My descendants.

Even if you choose to release identifying information to your birth child, you may specify that you do or do not wish contact.

- I wish to have contact with my birth child. I do not wish to have contact with my birth child.

I understand that by my signature below, I am agreeing to the release of identifying information to the people checked above. I may change this consent at any time by updating this form or by submitting a Withdrawal of Authorization to Release Information Form.

SIGNATURE OF BIRTH PARENT		DATE	
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REGISTRATION INFORMATION

II. BIRTH MOTHER'S INFORMATION IF KNOWN (IDENTIFYING)

BIRTH MOTHER'S NAME (Last, First Middle)		PREVIOUS NAMES (Include maiden name, nicknames, and aliases. Last, First, Middle)	
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE

BIRTH MOTHER'S BACKGROUND INFORMATION (NON-IDENTIFYING)

RACE/ETHNICITY (Check all that apply)

American Indian/Alaska Native
 Asian
 African American/Black
 Native Hawaiian/Pacific Islander
 White
 Other _____
 Ethnicity Hispanic: Yes No

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				<input type="checkbox"/> Curly <input type="checkbox"/> Straight
COMPLEXION			HANDEDNESS	
<input type="checkbox"/> Light	<input type="checkbox"/> Olive	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed

III. BIRTH FATHER'S INFORMATION IF KNOWN (IDENTIFYING)

BIRTH FATHER'S NAME (Last, First Middle)		PREVIOUS NAMES (Include nicknames and aliases. Last, First, Middle)	
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE

BIRTH FATHER'S BACKGROUND INFORMATION (NON-IDENTIFYING)

RACE/ETHNICITY (Check all that apply)

American Indian/Alaska Native
 Asian
 African American/Black
 Native Hawaiian/Pacific Islander
 White
 Other _____
 Ethnicity Hispanic: Yes No

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				<input type="checkbox"/> Curly <input type="checkbox"/> Straight
COMPLEXION			HANDEDNESS	
<input type="checkbox"/> Light	<input type="checkbox"/> Olive	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed

IV. ADOPTIVE PARENT'S INFORMATION (IDENTIFYING)

ADOPTIVE PARENT'S NAME (Last, First Middle)		MAIDEN NAME (if applicable)	
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE

ADOPTIVE PARENT'S INFORMATION (IDENTIFYING)

ADOPTIVE PARENT'S NAME (Last, First Middle)		MAIDEN NAME (if applicable)	
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE	
STREET ADDRESS	CITY	STATE	ZIP CODE



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V. ADOPTEE'S BACKGROUND INFORMATION (NON-IDENTIFYING)

HIGHEST GRADE LEVEL ACHIEVED	<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> College	<input type="checkbox"/> Graduate Degree
I WOULD DESCRIBE MYSELF AS:	<input type="checkbox"/> Lower Income	<input type="checkbox"/> Middle Income	<input type="checkbox"/> Upper Income	
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
CHILDREN	<input type="checkbox"/> Boy # _____		<input type="checkbox"/> Girl # _____	
RACE/ETHNICITY (Check all that apply)				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____	Ethnicity Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				<input type="checkbox"/> Curly <input type="checkbox"/> Straight
COMPLEXION			HANDEDNESS	
<input type="checkbox"/> Light	<input type="checkbox"/> Olive	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed

VI. ADOPTEE'S PREGNANCY INFORMATION (NON-IDENTIFYING)

AGE AT FIRST MENSTRUAL PERIOD	IF APPLICABLE, AGE AT MENOPAUSE	NUMBER OF PREGNANCIES
NUMBER OF LIVE BIRTHS	NUMBER OF MISCARRIAGES	MULTIPLE BIRTHS
		<input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Other: _____
HISTORY OF REPRODUCTIVE SYSTEM PROBLEMS <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, check all that apply below)		
<input type="checkbox"/> Irregular Periods	<input type="checkbox"/> Painful Periods	<input type="checkbox"/> Fibroid Tumors (Benign)
<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Other _____	<input type="checkbox"/> Ovarian Cysts (Benign)
COMPLICATIONS DURING THIS PREGNANCY <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, check all that apply below)		
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Toxemia	<input type="checkbox"/> Urinary Tract Infections
<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> Other _____	
ANY INJURY DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, describe below)		
X-RAY PROCEDURES DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Month of Pregnancy: _____)		
If YES, purpose of X-Ray:		
DISEASES DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, list below)		
DISEASE	TREATMENT	
LENGTH OF PREGNANCY? <input type="checkbox"/> Premature - Number of weeks early: _____ <input type="checkbox"/> Full-Term <input type="checkbox"/> Post-Term - Number of weeks late: _____		
TOBACCO USE DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Average number of cigarettes daily: _____)		
ALCOHOL USE DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Average number of drinks weekly: _____)		
LIST OVER-THE-COUNTER, PRESCRIPTION, LEGAL AND ILLEGAL DRUGS TAKEN DURING PREGNANCY		
DURATION OF LABOR	Hours: _____	TYPE OF DELIVERY
		<input type="checkbox"/> Spontaneous <input type="checkbox"/> Breech <input type="checkbox"/> Breech <input type="checkbox"/> Caesarean
COMPLICATIONS DURING DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, describe below)		



VII. ADOPTEE'S MEDICAL HISTORY (NON-IDENTIFYING)

This section is for the adoptee or the adoptee's adoptive family or legal guardian to complete medical information about the adoptee. Check all that apply.

ALLERGIES

ENVIRONMENTAL		FOOD		OTHER (specify):
PLANT				
ANIMAL		DRUG/CHEMICAL		

EAR & EYE CONDITIONS

CATARACTS		FAR-SIGHTED		OTHER (specify):
GLAUCOMA				
COLOR BLINDNESS		ASTIGMATISM		
BLINDNESS		Cause: <input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary	Type: <input type="checkbox"/> Partial <input type="checkbox"/> Total	
DEAFNESS		Cause: <input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary	Type: <input type="checkbox"/> Partial <input type="checkbox"/> Total	

BLOOD, HEART & CIRCULATORY CONDITIONS

HEART ATTACK		HIGH BLOOD PRESSURE		OTHER (specify):
STROKE		ANEMIA		
HARDENING OF THE ARTERIES		HEMOPHILIA		
BLOOD CLOTS IN THE LEGS		SICKLE CELL ANEMIA		

BRAIN & NERVOUS SYSTEM CONDITIONS

ALZHEIMER'S DISEASE		PARKINSON'S DISEASE		OTHER (specify):
MULTIPLE SCLEROSIS		MIGRAINE HEADACHES		
EPILEPSY & OTHER SEIZURE OR CONVULSIVE CONDITIONS		HUNTINGTON'S DISEASE		
CEREBRAL PALSY		TOURETTE'S SYNDROME		

HORMONAL DISORDERS

DIABETES		OTHER (specify):		
THYROID DISORDER		Specify: <input type="checkbox"/> Overactive thyroid <input type="checkbox"/> Underactive thyroid <input type="checkbox"/> Goiter <input type="checkbox"/> Iodine deficiency		
PITUITARY GLAND DISORDER		Specify: <input type="checkbox"/> Excessive Hormone <input type="checkbox"/> Reduced Hormone <input type="checkbox"/> Growth hormone deficiency		



INTELLECTUAL & DEVELOPMENTAL CONDITIONS

DOWN SYNDROME		OTHER (specify):
PERVASIVE DEVELOPMENTAL DISORDER OR AUTISM		
MENTAL RETARDATION		Cause: <input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary
SPEECH/COMMUNICATION DISORDERS		Cause: <input type="checkbox"/> Brain damage <input type="checkbox"/> Developmental delay <input type="checkbox"/> Structural abnormality (mouth)
LEARNING DISORDERS		Specify: <input type="checkbox"/> Dyslexia (reading) <input type="checkbox"/> Dysgraphia (writing) <input type="checkbox"/> Minimal brain damage

MENTAL & BEHAVIORAL CONDITIONS

SCHIZOPHRENIA		ATTENTION DEFICIT DISORDER (ADD)		OTHER (specify):
ANXIETY DISORDER		ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		
MAJOR DEPRESSIVE DISORDER		DRUG ABUSE		
BIPOLAR DISORDER (MANIC DEPRESSIVE)		POST-TRAUMATIC STRESS DISORDER		
ALCOHOLISM		ANOREXIA NERVOSA		
OBSESSIVE COMPULSIVE DISORDER				

GASTROINTESTINAL URINARY SYSTEM CONDITIONS

KIDNEY DISEASE		Cause: <input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary
LIVER DYSFUNCTION		Cause: <input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary
GALL BLADDER DISORDER		Cause: <input type="checkbox"/> Gall stones <input type="checkbox"/> Infection <input type="checkbox"/> Tumor
ULCERS		OTHER (specify):
DIVERTICULITIS		
ULCERATIVE COLITIS/ CROHN'S DISEASE		

CANCER

BLOOD (Leukemia)		BRAIN		OTHER (specify):
COLON		HODGKIN'S DISEASE		
PROSTATE		PANCREAS		
UTERINE		LIVER		
BREAST		OVARIAN		
LUNG		CERVICAL		
SKIN		STOMACH		
BONE		THROAT		



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GENETIC CONDITIONS			
MUSCULAR DYSTROPHY	<input type="checkbox"/>	MARFAN'S SYNDROME	<input type="checkbox"/>
SPINA BIFIDA	<input type="checkbox"/>	TAY-SACHS DISEASE	<input type="checkbox"/>
CLUB FOOT	<input type="checkbox"/>	HARE LIP	<input type="checkbox"/>
DWARFISM	<input type="checkbox"/>	CLEFT PALATE	<input type="checkbox"/>
CYSTIC FIBROSIS	<input type="checkbox"/>	OTHER (specify):	
OTHER CONDITIONS			
HIGH CHOLESTEROL	<input type="checkbox"/>	OBESITY	<input type="checkbox"/>
ARTHRITIS	<input type="checkbox"/>	LUPUS	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	OTHER (specify):	
EXPOSURE TO CHEMICALS & TOXIC MATERIALS	<input type="checkbox"/>	Specify:	

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 9404 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in my address or submitted information.

SIGNATURE		DATE	
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Completing this form is voluntary. However, we encourage you to provide as much information as you can. You may choose to:

1. release information that will identify you to your birth child or their family;
2. provide only non-identifying information that will not identify you; or
3. both.

Each section of this form is designated as identifying or non-identifying. Please type or print in black or blue ink. Each birth parent who reports information must complete a separate form for each child placed for adoption. If you don't know or are unsure about an answer, leave it blank.

Identifying information will include names and contact information.

Non-identifying information does not include names and contact information but does include medical, social and educational information, etc.

Please check the appropriate choice below:

- I am providing family information for the first time. I am updating family information previously submitted.

Please indicate your relationship to the child for whom you are completing this information:

- Birth Mother Birth Father

I. CHILD'S INFORMATION				
CHILD'S CURRENT NAME (Last, First, Middle)		CHILD'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if applicable)
LOCATION WHERE PARENTAL RIGHTS WERE TERMINATED (City/County, State)		DATE PARENTAL RIGHTS WERE TERMINATED (MM/DD/YYYY)		

AUTHORIZATION TO RELEASE IDENTIFYING INFORMATION	
You may select as many or as few of the choices listed below as you wish. I agree to release identifying information to the individuals checked below:	
<input type="checkbox"/> My birth child (when he or she turns 18)	<input type="checkbox"/> My birth child's descendants (when my birth child is deceased)
<input type="checkbox"/> My birth child's adoptive parents (if my birth child is under 18 or adjudicated incapacitated)	<input type="checkbox"/> My birth child's birth grandparents provided my birth child is at least 21 or I am adjudicated incapacitated or deceased.
<input type="checkbox"/> My birth child's legal guardian	<input type="checkbox"/> My birth child's birth siblings if both are 21.
Even if you choose to release identifying information to your birth child, you may specify that you do or do not wish contact.	
<input type="checkbox"/> I wish to have contact with my birth child.	<input type="checkbox"/> I do not wish to have contact with my birth child.
I understand that by my signature below, I am agreeing to the release of identifying information to the people checked above. I may change this consent at any time by updating this form or by submitting a Withdrawal of Authorization to Release Information Form.	
SIGNATURE OF BIRTH PARENT	
DATE	



REGISTRATION INFORMATION

II. BIRTH MOTHER'S PERSONAL (IDENTIFYING) INFORMATION

BIRTH MOTHER'S NAME (Last, First Middle)		PREVIOUS NAMES (Include maiden name, nicknames, and aliases. Last, First, Middle)	
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE	
STREET ADDRESS		CITY	STATE ZIP CODE

BIRTH MOTHER'S BACKGROUND INFORMATION (NON-IDENTIFYING)

HIGHEST GRADE LEVEL ACHIEVED	<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> College	<input type="checkbox"/> Graduate Degree
I WOULD DESCRIBE MYSELF AS:	<input type="checkbox"/> Lower Income	<input type="checkbox"/> Middle Income	<input type="checkbox"/> Upper Income	
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
CHILDREN	<input type="checkbox"/> Boy # _____		<input type="checkbox"/> Girl # _____	
RACE/ETHNICITY (Check all that apply)				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____	Ethnicity Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				<input type="checkbox"/> Curly <input type="checkbox"/> Straight
COMPLEXION			HANDEDNESS	
<input type="checkbox"/> Light	<input type="checkbox"/> Olive	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed

BIRTH MOTHER'S OTHER CHILDREN - (IDENTIFYING) Use Additional Page if Needed

PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	FATHER'S NAME		
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	FATHER'S NAME		
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	FATHER'S NAME		
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	FATHER'S NAME		
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	FATHER'S NAME		



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III. BIRTH FATHER'S PERSONAL (IDENTIFYING) INFORMATION				
BIRTH FATHER'S NAME (Last, First Middle)		PREVIOUS NAMES (Include nicknames and aliases. Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE		
STREET ADDRESS		CITY	STATE	ZIP CODE
BIRTH FATHER'S BACKGROUND INFORMATION (NON-IDENTIFYING)				
HIGHEST GRADE LEVEL ACHIEVED	<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> College	<input type="checkbox"/> Graduate Degree
I WOULD DESCRIBE MYSELF AS:	<input type="checkbox"/> Lower Income	<input type="checkbox"/> Middle Income	<input type="checkbox"/> Upper Income	
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
CHILDREN	<input type="checkbox"/> Boy # _____		<input type="checkbox"/> Girl # _____	
RACE/ETHNICITY (Check all that apply)				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____	Ethnicity Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				<input type="checkbox"/> Curly <input type="checkbox"/> Straight
COMPLEXION			HANDEDNESS	
<input type="checkbox"/> Light	<input type="checkbox"/> Olive	<input type="checkbox"/> Medium <input type="checkbox"/> Dark	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed	
BIRTH FATHER'S OTHER CHILDREN - (IDENTIFYING) Use Additional Page if Needed				
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE			MOTHER'S NAME	
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE			MOTHER'S NAME	
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE			MOTHER'S NAME	
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE			MOTHER'S NAME	
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE			MOTHER'S NAME	
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE			MOTHER'S NAME	



IV. PREGNANCY, BIRTH AND EARLY CHILDHOOD HISTORY (BIRTH MOTHER ONLY - NON-IDENTIFYING)		
AGE AT FIRST MENSTRUAL PERIOD	IF APPLICABLE, AGE AT MENOPAUSE	NUMBER OF PREGNANCIES
NUMBER OF LIVE BIRTHS	NUMBER OF MISCARRIAGES	MULTIPLE BIRTHS
		<input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Other: _____
HISTORY OF REPRODUCTIVE SYSTEM PROBLEMS <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, check all that apply below)		
<input type="checkbox"/> Irregular Periods <input type="checkbox"/> Painful Periods <input type="checkbox"/> Fibroid Tumors (Benign) <input type="checkbox"/> Ovarian Cysts (Benign) <input type="checkbox"/> Endometriosis <input type="checkbox"/> Other _____		
THE QUESTIONS BELOW PERTAIN SPECIFICALLY TO THE PREGNANCY FOR THE CHILD IDENTIFIED IN SECTION I.		
COMPLICATIONS DURING THIS PREGNANCY <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, check all that apply below)		
<input type="checkbox"/> Bleeding <input type="checkbox"/> Toxemia <input type="checkbox"/> Urinary Tract Infections <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Other _____		
ANY INJURY DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, describe below)		
X-RAY PROCEDURES DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Month of Pregnancy _____)		
If YES, purpose of X-Ray:		
DISEASES DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, list below)		
DISEASE	TREATMENT	
LENGTH OF PREGNANCY?		
<input type="checkbox"/> Premature - Number of weeks early: _____ <input type="checkbox"/> Full-Term <input type="checkbox"/> Post-Term - Number of weeks late: _____		
TOBACCO USE DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Average number of cigarettes daily: _____)		
ALCOHOL USE DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Average number of drinks weekly: _____)		
LIST OVER-THE-COUNTER, PRESCRIPTION, LEGAL AND ILLEGAL DRUGS TAKEN DURING PREGNANCY		
DURATION OF LABOR	Hours: _____	TYPE OF DELIVERY <input type="checkbox"/> Spontaneous <input type="checkbox"/> Breech <input type="checkbox"/> Breech <input type="checkbox"/> Caesarean
COMPLICATIONS DURING DELIVERY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, describe below)		



V. FAMILY MEDICAL HISTORY (NON-IDENTIFYING)

This section applies only to the birth family member who is completing this form and his or her blood relatives.

- Check SELF if medical condition applies to the BIRTH PARENT who is completing the form.
- Check FAMILY if medical condition applies to a blood relative of the birth parent.
 - When FAMILY is checked, complete the RELATIONSHIP TO BIRTH PARENT column.
 - Indicate if family member is a maternal (birth parent's mother's side) or a paternal (birth parent's father's side) relative.

MEDICAL CONDITION (check all that apply)	SELF	FAMILY	RELATIONSHIP TO ADOPTEE	MEDICAL CONDITION (check all that apply)	SELF	FAMILY	RELATIONSHIP TO ADOPTEE
ALLERGIES							
ENVIRONMENTAL				FOOD			
PLANT				DRUG/CHEMICAL			
ANIMAL							
OTHER (specify):							
EAR & EYE CONDITIONS							
CATARACTS				FAR-SIGHTED			
GLAUCOMA				ASTIGMATISM			
COLOR BLINDNESS							
BLINDNESS	Cause:	<input type="checkbox"/> Hereditary	<input type="checkbox"/> Non-hereditary	Type:	<input type="checkbox"/> Partial	<input type="checkbox"/> Total	
DEAFNESS	Cause:	<input type="checkbox"/> Hereditary	<input type="checkbox"/> Non-hereditary	Type:	<input type="checkbox"/> Partial	<input type="checkbox"/> Total	
OTHER (specify):							
BLOOD, HEART & CIRCULATORY CONDITIONS							
HEART ATTACK				HIGH BLOOD PRESSURE			
STROKE				ANEMIA			
HARDENING OF THE ARTERIES				HEMOPHILIA			
BLOOD CLOTS IN THE LEGS				SICKLE CELL ANEMIA			
OTHER (specify):							
BRAIN & NERVOUS SYSTEM CONDITIONS							
ALZHEIMER'S DISEASE				PARKINSON'S DISEASE			
MULTIPLE SCLEROSIS				MIGRAINE HEADACHES			
EPILEPSY & OTHER SEIZURE OR CONVULSIVE CONDITIONS				HUNTINGTON'S DISEASE			
CEREBRAL PALSY				TOURETTE'S SYNDROME			
OTHER (specify):							



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MEDICAL CONDITION (check all that apply)	SEX	FAMILY	RELATIONSHIP TO ADOPTEE	MEDICAL CONDITION (check all that apply)	SEX	FAMILY	RELATIONSHIP TO ADOPTEE
HORMONAL DISORDERS							
DIABETES							
THYROID DISORDER			Specify: <input type="checkbox"/> Overactive thyroid <input type="checkbox"/> Underactive thyroid <input type="checkbox"/> Goiter <input type="checkbox"/> Iodine Deficiency				
PITUITARY GLAND DISORDER			Specify: <input type="checkbox"/> Excessive hormone <input type="checkbox"/> Reduced hormone <input type="checkbox"/> Growth hormone deficiency				
OTHER (specify):							
INTELLECTUAL & DEVELOPMENTAL CONDITIONS							
DOWN SYNDROME							
PERVASIVE DEVELOPMENTAL DISORDER OR AUTISM							
MENTAL RETARDATION			Cause: <input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary				
SPEECH/COMMUNICATION DISORDERS			Cause: <input type="checkbox"/> Brain damage <input type="checkbox"/> Developmental delay <input type="checkbox"/> Structural abnormality (mouth)				
LEARNING DISORDERS			Specify: <input type="checkbox"/> Dyslexia (reading) <input type="checkbox"/> Dysgraphia (writing) <input type="checkbox"/> Minimal brain damage				
OTHER (specify):							
MENTAL & BEHAVIORAL CONDITIONS							
SCHIZOPHRENIA				ATTENTION DEFICIT DISORDER (ADD)			
ANXIETY DISORDER				ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)			
MAJOR DEPRESSIVE DISORDER				DRUG ABUSE			
BIPOLAR DISORDER (MANIC DEPRESSIVE)				POST-TRAUMATIC STRESS DISORDER			
ALCOHOLISM				ANOREXIA NERVOSA			
OBSESSIVE COMPULSIVE DISORDER							
OTHER (specify):							
GASTROINTESTINAL URINARY SYSTEM CONDITIONS							
KIDNEY DISEASE			Cause: <input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary				
LIVER DYSFUNCTION			Cause: <input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary				
GALL BLADDER DISORDER			<input type="checkbox"/> Gall stones <input type="checkbox"/> Infection <input type="checkbox"/> Tumor				
ULCERS							
DIVERTICULITIS							
ULCERATIVE COLITIS/CROHN'S DISEASE							
OTHER (specify):							



**Pennsylvania Adoption Information Registry
Birth Parent Authorization to Release Information
and Registration Form**

P.O. Box 4379, Harrisburg, PA 17111-0379 | 1.800.227.0225

MEDICAL CONDITION (check all that apply)	S E L F	F A M I L Y	RELATIONSHIP TO ADOPTEE	MEDICAL CONDITION (check all that apply)	S E L F	F A M I L Y	RELATIONSHIP TO ADOPTEE
CANCER							
BLOOD (Leukemia)				BRAIN			
COLON				HODGKIN'S DISEASE			
PROSTATE				PANCREAS			
UTERINE				LIVER			
BREAST				OVARIAN			
LUNG				CERVICAL			
SKIN				STOMACH			
BONE				THROAT			
OTHER (specify):							
GENETIC CONDITIONS							
MUSCULAR DYSTROPHY				MARFAN'S SYNDROME			
SPINA BIFIDA				TAY-SACHS DISEASE			
CLUB FOOT				HARE LIP			
DWARFISM				CLEFT PALATE			
CYSTIC FIBROSIS							
OTHER (specify):							
OTHER CONDITIONS							
HIGH CHOLESTEROL				OBESITY			
ARTHRITIS				LUPUS			
ASTHMA							
EXPOSURE TO CHEMICALS & TOXIC MATERIALS (specify):							
OTHER (specify):							

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 9404 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in my address or submitted information.

SIGNATURE		DATE	
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P.O. Box 4379
Harrisburg, PA 17111-0379
800-227-0225

Instructions:

You may choose to withdraw your authorization to release identifying information at any time. Please provide as much information as you know. Type or print in black or blue ink.

Please check the appropriate choice. I am one of the following:

- Adoptee at least 18 Birth Parent Adoptive Parent of an adoptee under 18 or who is adjudicated incapacitated or deceased.

I. ADOPTEE'S INFORMATION

CURRENT NAME (Last, First, Middle)		CHILD'S NAME AS RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if known)
	LOCATION WHERE ADOPTION WAS FINALIZED (City/County/State)		DATE ADOPTION WAS FINALIZED (MM/DD/YYYY)	

II. BIRTH PARENT'S INFORMATION

BIRTH PARENT'S NAME (Last, First Middle)		PREVIOUS NAMES (Include maiden name, nicknames, aliases. Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE		
STREET ADDRESS		CITY	STATE	ZIP CODE

III. ADOPTIVE PARENT'S INFORMATION

Adoptive parent may submit a withdrawal of a previous authorization for the release of information for their child who is under 18 or one who was adjudicated incapacitated or who is deceased.

ADOPTIVE PARENT'S NAME (Last, First Middle)		MAIDEN NAME (If applicable)		
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE		
STREET ADDRESS		CITY	STATE	ZIP CODE

WITHDRAWAL OF CONSENT TO RELEASE INFORMATION

- I hereby withdraw my authorization to release Identifying Information.
(Identifying information includes names and contact information)

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code).

SIGNATURE	DATE
-----------	------

BIRTH PARENT AUTHORIZATION TO RELEASE INFORMATION and REQUEST CONTACT FORM

This form is provided as a sample that may be adapted for use by the courts and the agencies.

Completing this form is voluntary, however we encourage you to provide as much information as you can. You may choose to 1) release information that will identify you to your birth child or their family, or 2) contact with specific individuals. Please type or print in black or blue ink. Each birth parent who reports information must complete a separate form for each child placed for adoption. If you don't know or are unsure about an answer, leave it blank.

Please check the appropriate choice below:

- I am providing family information for the first time. I am updating family information previously submitted.

Please indicate your relationship to the child for whom you are completing this information

- Birth Mother Birth Father

REGISTRATION INFORMATION**I. Birth Parent's Personal Information**

BIRTH PARENT'S NAME (First, Middle, Last)		PREVIOUS NAMES Include Maiden Name, Nickname, Aliases (First, Middle, Last)	
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE	
		()	
STREET ADDRESS		CITY	STATE ZIP

II. CHILD'S INFORMATION

CHILD'S CURRENT NAME		CHILD'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (First, Middle, Last)	
DATE OF BIRTH (MM/DD/YYYY)		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH	COUNTY	CITY / MUNICIPALITY	STATE HOSPITAL (if applicable)
WHERE PARENTAL RIGHTS WERE TERMINATED (City/County, State)		DATE PARENTAL RIGHTS WERE TERMINATED (MM/DD/YYYY)	

AUTHORIZATION TO RELEASE IDENTIFYING INFORMATION

You may select as many or as few of the choices listed below as you wish. I agree to release **identifying** information to the individuals checked below:

- My birth child (when he or she turns 18) My birth child's birth grandparents provided my birth child is at least 21 or is adjudicated incapacitated or deceased
- My birth child's adoptive parents My birth child's birth siblings if both are 21
- My birth child's legal guardian
- My birth child's descendants

Even if you choose to release identifying information to your birth child, you may specify that you do or do not wish **contact**.

- I wish to have contact with my birth child. I do not wish to have contact with my birth child.

I understand that by my signature below, I am agreeing to the release of identifying information to the people checked above. I may change this consent at any time by updating this form.

Signature of Birth Parent		Date	
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ADOPTEE AUTHORIZATION to RELEASE INFORMATION and REQUEST CONTACT FORM

This form is provided as a sample that may be adapted for use by the courts and the agencies.

Completing this form is voluntary, however we encourage you to provide as much information as you can. You may choose to release information that will identify you to your birth parents or other family members. Please type or print in black or blue ink. If you don't know or are unsure about an answer, leave it blank.

Please check the appropriate choice below:

- I am providing information for the first time. I am updating information previously submitted.

Please check the appropriate choice. I am an **Adoptee at least 18**
 Adoptive parent of an adoptee under 18

I. ADOPTEE'S INFORMATION

ADOPTEE'S CURRENT NAME (Last, First, Middle)

ADOPTEE'S NAME RECORDED ON ORIGINAL BIRTH
CERTIFICATE (Last, First, Middle)

DATE OF BIRTH (MM/DD/YYYY)

GENDER

MALE FEMALE

PLACE OF BIRTH

COUNTY

CITY / MUNICIPALITY

STATE

HOSPITAL (if known)

LOCATION WHERE ADOPTION WAS FINALIZED
(City/County, State)

DATE ADOPTION WAS FINALIZED
(MM/DD/YYYY)

AUTHORIZATION TO RELEASE IDENTIFYING INFORMATION

You may select as many or as few of the choices listed below as you wish.

I agree to release **identifying** information to the individuals checked below:

- My birth parent, provided I am at least 21
- Parent of my birth parent if I am at least 21, if my birth parent consents or is incapacitated or deceased
- My birth sibling if we are both 21 and (check one)
- My sibling remained with the birth parent and has consent of the birth parent, unless incapacitated or deceased
- My sibling and I were both adopted out of the same birth family
- My sibling was not adopted out of the same birth family but did not remain with the birth parent
- My descendants

Even if you choose to release identifying information to your birth family, you may specify that you do or do not wish **contact**.

- I wish to have contact with my birth family. I do not wish to have contact with my birth family.

I understand that by my signature below, I am agreeing to the release of identifying information to the people checked above. I may change this consent at any time by updating this form or submitting the withdrawal form.

Signature of adoptee (if at least 18) or
adoptive parent for adoptee under 18

Date

COURT AND AGENCY REQUEST FOR ADOPTION INFORMATION (NON-IDENTIFYING OR IDENTIFYING) OR CONTACT WITH SPECIFIED PERSONS

This form is provided as a sample that may be adapted for use by the courts and the agencies.

You may request information about your own adoption or the adoption of a family member as listed below. If the court or agency has any information on file, we will provide what is allowable by law to you within 120 days. Any information released will be mailed to the requestor. If no information is on file at the time of the request, a notice of that fact will be mailed. Requests remain active and if information is received in the future, information will then be mailed to the requestor. **It is important to notify us of any change in your contact information.** When you have completed the form, please forward it to: (insert the information for the court that finalized the adoption, the agency that coordinated the adoption or the successor agency) Please type or print in black or blue ink. If you don't know or are unsure about an answer, leave it blank.

I (the requestor) am one of the following:

- Adoptee who is at least 18
- Adoptive parent of an adoptee who is under 18, or adjudicated incapacitated or deceased
 - Legal guardian of an adoptee who is under 18, or adjudicated incapacitated
 - Descendent of a deceased adoptee
 - Birth parent of an adoptee who is at least 21
 - Birth grandparent of an adoptee who is at least 21 (Birth parent must consent to the release of the information or be adjudicated incapacitated or deceased)
- Birth sibling if both adoptee and sibling are at least 21 and (check one):
- Sibling remained in the custody of the birth parent who has given consent for release of this information or who is incapacitated or deceased
 - Sibling was adopted out of the same birth family as the adoptee for whom I am requesting information
 - Sibling was not adopted out of the same birth family and did not remain in the custody of the birth parent

I am requesting information about or contact with the following individuals:

- An adoptee 21 or older;
- A birth parent of adoptee;
- A parent of the birth parent of an adoptee who is 21 or older if the birth parent consents, is incapacitated or is deceased;

A birth sibling of an adoptee if both the sibling and adoptee are 21 or older and the following criteria exist:

- The birth sibling remained in custody of the birth parent and the birth parent consents to the release of the information or contact, is deceased or incapacitated;
- The birth sibling and the adoptee were both adopted out of the same birth family; or
- The birth sibling was not adopted out of the birth family and did not remain in the custody of the birth parent.

REQUESTOR'S CONTACT INFORMATION

NAME (Last, First, Middle)

DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS

CITY

STATE

ZIP

TELEPHONE

()

I am requesting Identifying Information Non-Identifying Information Both

Identifying Information will include names and contact information.

Non-identifying Information does not include names and contact information but could include medical, social and educational information, etc.

You may specify that you do or do not wish **contact** with the person whose information you are requesting.

- I **do** wish to have contact with the individual specified.
- I **do not** wish to have contact with the individual specified.

REQUEST FOR ADOPTION INFORMATION ABOUT OR CONTACT WITH SPECIFIED PERSONS						
Please provide as much information as you know about this person.						
CURRENT NAME (Last, First, Middle)				NAME RECORDED ON THE ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)				GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if known)		
ADOPTIVE PARENT INFORMATION						
ADOPTIVE MOTHER'S NAME (Last, First, Middle, Maiden)			ADOPTIVE FATHER'S NAME (Last, First, Middle)			
MAILING ADDRESS			MAILING ADDRESS			
CITY		STATE	ZIP	CITY		STATE ZIP
BIRTH PARENT INFORMATION						
BIRTH MOTHER'S NAME (Last, First, Middle, Maiden)			BIRTH FATHER'S NAME (Last, First, Middle)			
MAILING ADDRESS			MAILING ADDRESS			
CITY		STATE	ZIP	CITY		STATE ZIP
ADDITIONAL INFORMATION						
LEGAL GUARDIAN'S NAME (Last, First, Middle, Maiden)			COUNTY COURT OR AGENCY THAT FACILITATED OR ARRANGED THE ADOPTION			
MAILING ADDRESS			MAILING ADDRESS			
CITY		STATE	ZIP	CITY		STATE ZIP
BIRTH CERTIFICATE STATE FILE NUMBER			DATE OF ADOPTION FINALIZATION			
PLACE OF ADOPTION FINALIZATION		COUNTY	CITY	STATE		
I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in address.						
SIGNATURE				DATE		

WITHDRAWAL of AUTHORIZATION TO RELEASE INFORMATION and CONTACT REQUEST

This form is provided as a sample that may be adapted for use by the courts and the agencies.

Instructions;

You may choose to withdraw your authorization at any time to release identifying information and/or your request to have contact with specific individuals at any time. Please provide as much information as you know. Type or print in black or blue ink.

Please check the appropriate choice:

I am one of the following:

- Adoptee at least 18
 Birth Parent
 Adoptive Parent of an adoptee under 18 or one who is adjudicated incapacitated or deceased

I. ADOPTEE'S INFORMATION

CURRENT NAME (Last, First, Middle)		CHILD'S NAME as RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
PLACE OF BIRTH	COUNTY	CITY / MUNICIPALITY	STATE	HOSPITAL (if known)
LOCATION WHERE ADOPTION WAS FINALIZED (City/County, State)			DATE ADOPTION WAS FINALIZED (MM/DD/YYYY)	

II. BIRTH PARENT'S INFORMATION

BIRTH PARENT'S NAME (Last, First, Middle)		PREVIOUS NAMES Include Maiden Name, Nickname, Aliases (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE		
		()		
STREET ADDRESS		CITY	STATE	ZIP

III. ADOPTIVE PARENT'S INFORMATION

Adoptive parent may submit a withdrawal of a previous authorization for the release of information for their child who is under 18 or one who was legally declared adjudicated incapacitated or who is deceased.

ADOPTIVE PARENT'S NAME (Last, First, Middle)		MAIDEN NAME (if applicable)		
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE		
		()		
STREET ADDRESS		CITY	STATE	ZIP

WITHDRAWAL OF CONSENT TO RELEASE INFORMATION and/or CONTACT REQUEST

I hereby withdraw my authorization to release information and/or consent for contact:

- Identifying Information Contact

Identifying information includes names and **contact** information.

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code).

Signature	Date
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**Sample Response Letters from the Courts and Agencies
to Requests for Information**

- 1. Response to Initial Request for Information**
- 2. Response to Request for Non-identifying Information**
- 3. Response to Request for Identifying Information**
- 4. Response to Request for Non-identifying and Identifying Information**

Courts or agencies may adapt the sample Request for Adoption Information (Non-identifying or Identifying) or Contact with Specific Individuals Form and these responses.

Act 101 allows any courts or agency to charge reasonable fees for services provided in researching and responding to requests for adoption information or contact. Fee schedules may be established and attached to these responses.

1. Response to Initial Request for Information

Date:

Ms. Jane Doe
123 Main Street
Anytown, PA

Dear

This letter is in response to your request for adoption information from a court or agency adoption record or contact with specified persons.

Your request for information or contact has been reviewed and the following circumstances apply:

- An adoption record was located.
- An adoption record was located. The county court and/or the adoption agency identified in record is: _____
- Unable to locate record. Please provide additional information:
 - Name of adoptee before adoption
 - Name of adoptee after adoption
 - Date of adoptee's birth
 - Date of final adoption decree
- No adoption record was found with the information you provided.

In order for us to complete a more detailed review of our records on your behalf, please complete and return the enclosed Court and Agency Request for Adoption Information (Non-identifying or Identifying) or Contact with Specified Persons Form. Time requirements for releasing non-identifying information, identifying information or requests for contact will commence on the date the fee, if charged, is received by the court or agency. Act 101 of 2010 allows any court or agency to charge reasonable fees for the services provided in researching and providing adoption information. The fee schedule for this court/agency is attached.

If you do not know the location of the county court where the adoption was finalized, please send a written request to Division of Vital Records, P.O. Box 1528, New Castle, Pennsylvania 16103. Information regarding the adoptee must include their name after adoption, date of birth and county of birth. Written requests must be signed and include verification of address with a government issued identification or two pieces of mail confirming your address. The services from the Division of Vital Records are provided at no charge.

You may also inquire about adoption information or contact with specified individuals by contacting the Pennsylvania Adoption Information Registry (PAIR). The PAIR Request for Adoption Information Form may be found online at www.pagov-pair.org. Information provided by PAIR, if any is available, is free.

Sincerely,

Attachments (Fee schedule and Form)

Response to Request for Non-identifying Information

Date:

Ms. Jane Doe
123 Main Street
Anytown, PA

Dear

As required by 23 Pa. C.S. §2932, a court or agency receiving a written request for non-identifying information shall, within 30 days, notify the individual requesting the information of the receipt of the request. This letter acknowledges receipt of your written request received on **(insert date written request received)** for non-identifying information from an adoption record.

Within 120 days of **(insert date written request received)** the court or agency shall review its records and furnish to you any information allowed by law concerning the adoption that will not compromise the confidentiality of the relationship between the adoptee and the adoptee's birth parent.

You may also inquire about adoption information or contact with specified individuals by contacting the Pennsylvania Adoption Information Registry (PAIR). The PAIR Request for Adoption Information Form may be found online at www.pagov-pair.org. Information provided by PAIR, if any is available, is free.

Sincerely,

3. Response to Request for Identifying Information

Date:

Ms. Jane Doe
123 Main Street
Anytown, PA

Dear

This letter acknowledges receipt of your written request for identifying information from an adoption record received on **(insert date written request received)**.

As required by 23 Pa. C.S. §2933, a court or agency receiving a written request for identifying information or contact shall within 120 days of **(insert date written request received)** do all of the following:

- Determine whether it has in its possession any records relating to the adoptee;
- Conduct a good faith search for identifying information done by an authorized representative. The authorized representative shall review the court and agency record for identifying information regarding the birth or adoptive family and shall determine whether an authorization form has been filed with the court or agency;
- Notify any other court or agency listed in its records of the existence of the request for identifying information;
- Ask any other court or agency listed in its records to advise if an authorization form has been filed;
- Contact the Pennsylvania Adoption Information Registry, PAIR, at www.pagov-pair.org and advise the registry of the request for identifying information and ask whether an authorization form has been filed; and
- Notify the requesting individual of its findings.

If an applicable authorization form is not located, all of the following apply:

- The authorized representative shall use reasonable efforts to locate the subject of the search;
- If the subject of the search is located, the authorized representative shall obtain written authorization from the subject before any identifying information is released or contact between the parties is made;
- If the requester is an adoptee seeking the identity of a birth parent, the identity of a deceased birth parent may be disclosed; and
- If the requester is an adoptee seeking the identity of both birth parents and only one birth parent agrees to the disclosure, only the information relating to that birth parent shall be disclosed.

You may also inquire about adoption information or contact with specified individuals by contacting the PAIR. The PAIR Request for Adoption Information Form may be found online at www.pagov-pair.org. Information provided by PAIR, if any is available, is free.

Sincerely,

4. Response to Request for Non-identifying and Identifying Information

Date:

Ms. Jane Doe
123 Main Street
Anytown, PA

Dear

As required by 23 Pa. C.S. §2932, a court or agency receiving a written request for non-identifying information shall, within 30 days, notify the individual requesting the information of the receipt of the request. This letter acknowledges the receipt of your written request for non-identifying information from an adoption record received on **(insert date written request received)**.

Within 120 days of **(insert date written request received)** the court or agency shall review its records and furnish to you any information allowable by law concerning the adoption that will not compromise the confidentiality of the relationship between the adoptee and the adoptee's birth parent.

This letter acknowledges receipt of your written request for identifying information from an adoption record received on **(insert date written request received)**.

As required by 23 Pa. C.S. §2933, a court or agency receiving a written request for identifying information or contact shall within 120 days of **(insert date written request received)** do all of the following:

- Determine whether it has in its possession any records relating to the adoptee;
- Conduct a good faith search for identifying information done by an authorized representative. The authorized representative shall review the court and agency record for identifying information regarding the birth or adoptive family and shall determine whether an authorization form has been filed with the court or agency;
- Notify any other court or agency listed in its records of the existence of the request for identifying information;
- Ask any other court or agency listed in its records to advise if an authorization form has been filed;
- Contact the Pennsylvania Adoption Information Registry, PAIR, at www.pagov-pair.org and advise the registry of the request for identifying information and ask whether an authorization form has been filed; and
- Notify the requesting individual of its findings.

If an applicable authorization form is not located, all of the following apply:

- The authorized representative shall use reasonable efforts to locate the subject of the search;
- If the subject of the search is located, the authorized representative shall obtain written authorization from the subject before any identifying information is released or contact between the parties is made;
- If the requester is an adoptee seeking the identity of a birth parent, the identity of a deceased birth parent may be disclosed; and
- If the requester is an adoptee seeking the identity of both birth parents and only one birth parent agrees to the disclosure, only the information relating to that birth parent shall be disclosed.

You may also inquire about adoption information or contact with specified individuals by contacting the PAIR. The PAIR Request for Adoption Information Form may be found online at www.pagov-pair.org. Information provided by PAIR, if any is available, is free.

Sincerely,

**NOTIFICATION LETTER FROM THE DEPARTMENT OF PUBLIC WELFARE
TO THE COURTS REQUIRED BY ACT 101 OF 2010
23 Pa. C.S. §2915 (c) (4)**

Date:

To: [Court]

This letter is to advise you that the court receiving this notification was identified by the agency below as one of the following:

- the court that finalized an adoption;
- the court where a petition to terminate parental rights was filed; or
- the court where a petition to adopt was filed.

Section 2915 (relating to court and agency records) requires the Department of Public Welfare (DPW) to notify each court identified by the agency that is ceasing their operation of the name, address and telephone number of the agency to which the case records have been transferred. Section 2915 further requires that all court and agency records shall be maintained as permanent records.

Effective April 25, 2011, Act 101 changes the record retention requirement in DPW regulation (55 Pa. Code § 3350.14 (e)) that previously allowed records to be destroyed 50 years from the date of placement. This means that adoption records must now be maintained indefinitely in their entirety.

Please note that _____ [Name of agency ceasing operation] has ceased its operation as a licensed adoption agency in the Commonwealth of Pennsylvania effective on this date _____ [Date] and their adoption case records were transferred to _____ [Name of agency receiving the case records].

The case records are now available at the following agency:

Agency Name:

Agency Address:

Agency Telephone Number:

Sincerely,

[Signature]

[Name]

[Title]



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

BIOLOGICAL PARENT REGISTRATION IDENTIFICATION FORM

Each biological parent desiring to register must file a separate form with the Division of Vital Records, P.O. Box 1528, New Castle, PA 16103.

CHILD'S PERSONAL DATA	1. NAME (First, Middle, Last)	2. SEX	3. DATE OF BIRTH (Month, Day, Year)
	4a. HOSPITAL NAME (If no hospital, give street & no.)	4b. CITY, BORO, OR TOWNSHIP OF BIRTH	4c. COUNTY OF BIRTH
	5. MOTHER'S MAIDEN NAME (First, Middle, Last)		
	6. IF KNOWN, LIST COURT, DOCKET NUMBER, COUNTY, STATE, AND DATE OF ADOPTION		

Pursuant to Act 1984-195 [23 Pa. C.S. § 2905] and 28 Pa. Code § 1.49, a biological parent voluntarily completing and filing this form with the Department of Health requests the Department to release the identifying information to the adoptee, adoptive parents, or legal guardian upon request. Information on the Certificate of Live Birth will be released only if both biological parents have completed and have on file a valid consent form.

If there is a change of address, a new form should be completed by the biological parent. At any time a biological parent(s) may revoke the release of identifying information by contacting the Department of Health and completing and filing the necessary forms.

AFFIDAVIT OF BIOLOGICAL PARENT	<p>Being duly sworn or by solemn affirmation, I state that I am the biological parent of the above child and do hereby authorize the Department of Health to release the following information upon request of the adoptee if eighteen (18) years of age or older, or if less than eighteen (18) years of age, to the adoptive parent or legal guardian:</p> <p>Signature of Biological Parent _____</p> <p>Current Name of Biological Parent _____ <small>(Please Print)</small></p> <p>Complete Address _____ <small>(Please Print)</small></p>
---	---

SEAL	<p>Sworn (or affirmed) before me and subscribed in my presence this _____ day of _____, _____, by the person whose signature appears above and whose identity is either personally known to me or satisfactorily proven to me.</p> <p style="text-align: right;">_____ SIGNATURE OF OFFICIAL ADMINISTERING OATH</p> <p><i>Please use stamp or print name, municipality, county, and commission expiration date below.</i></p>
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

WITHDRAWAL OF BIOLOGICAL PARENT CONSENT FORM

A biological parent completing this form revokes the authority of the Department of Health to release identifiable information to an adoptee, adoptive parents, or legal guardian. File form with the Division of Vital Records, P.O. Box 1528, New Castle, PA 16103. The Division of Vital Records will notify the biological parent in writing upon receipt of this form.

CHILD'S PERSONAL DATA	1. NAME (First, Middle, Last)	2. SEX	3. DATE OF BIRTH (Month, Day, Year)
	4a. HOSPITAL NAME (if no hospital, give street & no.)	4b. CITY, BORO, OR TOWNSHIP OF BIRTH	4c. COUNTY OF BIRTH
	5. MOTHER'S MAIDEN NAME (First, Middle, Last)		
	6. IF KNOWN, LIST COURT, DOCKET NUMBER, COUNTY, STATE, AND DATE OF ADOPTION		
AFFIDAVIT OF BIOLOGICAL PARENT	<p>Being duly sworn or by solemn affirmation, I state that I am the individual who completed and filed the Biological Parent Registration Identification Form for release of identifiable information to the above-referenced child. I hereby instruct the Department of Health not to release any information, and they may destroy the identifiable information form that I previously submitted.</p> <p>Signature of Biological Parent _____</p> <p>Current Name of Biological Parent _____ (Please Print)</p> <p>Complete Address _____ (Please Print)</p>		
SEAL	<p>Sworn (or affirmed) before me and subscribed in my presence this _____ day of _____, 19____, by the person whose signature appears above and whose identity is either personally known to me or satisfactorily proven to me.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE OF OFFICIAL ADMINISTERING OATH</p> <p><i>Please use stamp or print name, municipality, county, and commission expiration date below.</i></p>		

VOLUNTARY POST-ADOPTION CONTACT AGREEMENT

This Agreement is entered on the _____ day of _____, 2011, between ADOPTIVE FATHER and ADOPTIVE MOTHER (hereinafter referred to as the "Adoptive Parents") and BIRTHMOTHER (hereinafter referred to as the "Birthmother"), and concerns voluntary ongoing post-adoption communication and contact with the following child:

CHILD'S NAME AND DOB: (hereinafter referred to as the "Child").

I. PURPOSE AND ACKNOWLEDGEMENT

Pursuant to Act 101 of 2010 (23 Pa. C.S. §2731-2742), the parties hereto intend to enter into this voluntary agreement for ongoing communication or contact between an adopted child and her birthmother, and the parties hereto agree that this Agreement:

1. Is in the best interest of the Child; and,
2. Recognizes the parties' interests and desires for ongoing communication or contact; and,
3. Is appropriate given the role of the parties in the Child's life; and,
4. Is entered into in anticipation of the finalization of the adoption; and,
5. Is not legally enforceable unless approved by the court; and,
6. That any breach or violation of this Agreement cannot be grounds for setting aside the adoption decree on the basis of any parties' failure to comply with its terms that are court approved.

II. ONGOING CONTACT AND COMMUNICATION

We agree the Child need(s) stability and permanency with the Adoptive Parents. We also agree that contact between the Child and the Birthmother may have a positive impact on the Child. We agree it is in the best interest of the Child that this adoption include the following contact:

- A. The Adoptive Parents will provide pictures of the Child and a letter of the Child's progress, to Birthmother at least two (2) times per year, once near the Child's birthdate and another approximately 6 months later.
- B. Birthmother has the option to provide gifts for the Child around the Child's birthdate and at Easter.
- C. At Birthmother's option and upon Birthmother's request, Adoptive Parents agree to meet with Birthmother for a visit between Birthmother and the Child, at least two (2) times per year. One of the visits shall be around the Child's birthdate and the second can be around a major holiday, or such other date as the parties shall mutually agree.
 - 1) If Birthmother opts to request a visit in accordance with Paragraph C, then the visits shall be at a mutually agreed upon place and duration. The duration shall be for a period of two (2) hours, but can of a different duration if the parties all agree. The only persons at the visit shall be Adoptive Parents, Child and Birthmother, unless the parties all agree to another person(s) being involved in the visit.
- D. Adoptive Parents have agreed to keep the name of "_____" for the Child.

- E. Adoptive Parents shall allow Birthmother to have access to a "Facebook" page (as long as such service or similar service is available at no cost to Adoptive Parents) as a "friend" whereby Adoptive Parents may post pictures of the Child at their discretion.
- F. Birthmother and Adoptive Parents agree to respect each other's confidentiality, even though they know each other's full names, such that none of them will give out the names of the other party or publish it on the internet or otherwise, so that confidentiality surrounding this adoption shall be maintained as much as possible by the Birthmother and Adoptive Parents.
- G. Birthmother agrees that any pictures or communications provided to her are for her (Birthmother's) exclusive possession only. Birthmother agrees that she will not publish information on or about the Child, or cause to be posted, or distributed, any pictures, communication or information about the Child, on any social network or media, or website on the internet or otherwise, including but not limited to Facebook, Myspace, Twitter, etc. as she acknowledges and agrees to the importance of respecting and maintaining the Child's privacy and confidentiality. Any violation of this provision will be cause to immediately discontinue this Agreement and all communication and contact under this Agreement.

- H. The parties agree that the liason for effectuating this Agreement shall be LIASON NAME, a mutual friend of the parties (hereinafter referred to as the "Liason"). Accordingly, all contact between the parties shall be through the Liason, including the scheduling of visits, exchange of letters and pictures, exchange of gifts/cards/etc., and any other communication or contact between the parties. If the Liason shall cease to be available to serve in this capacity, then the parties shall contact their attorneys to arrange for another person to serve as a liason to effectuate this Agreement.
- I. Birthmother agrees to respect the decision of the Adoptive Parents as to how the Birthmother will be identified to the Child and agrees that it is within the sole discretion of the Adoptive Parents as to when and what the Adoptive Parents tell the Child about her adoption and identity of the Birthparents. Birthmother shall not do or say anything to the Child that would be contrary to Adoptive Parents decisions.
- J. Except as otherwise provided herein, Birthmother shall not contact or attempt to contact the Child by any direct or indirect means, including but not limited to, email, social networking sites, or any other type of website, text messaging, etc., unless expressly agreed upon in writing by the Adoptive Parents.

III. CONTACT INFORMATION

The following contact information is provided by parties to this agreement as needed to facilitate contact.

Name	Contact Information
<u>LIASON NAME, Liason</u>	<u>LIASON ADDRESS</u>
	<u>LIASON PHONE NUMBERS</u>

The parties and Liason agree to update their respective contact information with the Liason and otherwise as may be needed to effectuate this Agreement.

IV. ENFORCEMENT, MODIFICATION AND DISCONTINUANCE

The parties acknowledge and understand the following on enforcement, modification, or discontinuance of this Agreement:

A. Enforcement of this Agreement:

Enforcement is governed by Act 101 of 2010, Section 2738.

1. For this Agreement to be enforceable, it must be: in writing and approved by the court on or before the date of the adoption decree; and if the child(ren) is/are 12 years of age or older when this Agreement is executed, the Child(ren) must consent to this Agreement at the time of its execution.
2. Before the court may enter an order enforcing this Agreement, it must find all of the following:
 - a) The party seeking enforcement of this Agreement is in substantial compliance with this Agreement; and,
 - b) By clear and convincing evidence, enforcement serves the needs, welfare and best interests of the Child(ren).

3. This Agreement shall cease to be enforceable on the date the Child(ren) turns 18 years of age unless this Agreement otherwise stipulates or is modified by the court.
4. The court issuing final approval of this Agreement shall have continuing jurisdiction over enforcement of this Agreement until the Child(ren) turns 18 years of age, unless this Agreement otherwise stipulates or is modified by the court.
5. Any party to this Agreement, a sibling or a child who is the subject of this Agreement, may seek to enforce this Agreement by filing an action in the court that finalized the adoption.
6. Any party to this Agreement, a sibling or a child who is the subject of this Agreement, may request only specific performance in seeking to enforce this Agreement and may not request monetary damages or modification of this Agreement.
7. Pursuant to Section 2738(f) of Act 101 of 2010, the above listed method of enforcement is the only remedy for enforcement of this Agreement.
8. If any party does not follow this Agreement, a court may order that party to follow it. If a party does not comply with an order of the court, that party may be found in contempt of court and the court may impose sanctions against the party.

B. Modification of this Agreement:

Modification is governed by Act 101 of 2010, Section 2737.

1. Informal modification: parties can informally change this Agreement based upon the age and needs of the Child(ren) without the involvement of the court, but only an Agreement approved by the court is legally enforceable.
2. Formal modification: Only the adoptive parent(s), or child(ren) 12 years or older, can request the court which finalized the adoption to formally modify this Agreement. Changes to this Agreement by the court would be enforceable. Before the court may enter an order modifying this Agreement, it must find by clear and convincing evidence that modification serves the needs, welfare and best interest of the Child(ren).
3. Mediation: Parties can also use a mediator to develop or modify this Agreement, but the changes would need to be approved by the court that finalized the adoption to be enforceable.

C. Discontinuance of this Agreement:

Discontinuance is governed by Act 101 of 2010, Section 2739.

1. A party to this Agreement or a child that is 12 years of age or older may seek to discontinue this Agreement by filing an action in the court that finalized the adoption.
2. Before the court may enter an order discontinuing this Agreement, it must find by clear and convincing evidence that discontinuance serves the needs, welfare, and best interest of the Child(ren).

V. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania. The parties acknowledge and agree that this Agreement shall be construed in accordance with Act 101 of 2010, 23 Pa. C.S. §2731-2742.

VI. COSTS AND ATTORNEY FEES

If the court finds that an action brought to modify, enforce or discontinue this Agreement was wholly insubstantial, frivolous or not advanced in good faith, the court may award attorneys fees and costs to the prevailing parties pursuant to Act 101 of 2010, Section 2742.

CONSENT OF CHILD(REN) AGE 12 YEARS OR OLDER

The subject child, age 12 years or older at the time this Agreement is executed, herein consents to this Agreement for ongoing contact and communication.

Name NOT APPLICABLE Signature _____ Date _____

ACKNOWLEDGMENT AND SIGNATURES

The parties to this Agreement acknowledge that each has had the right and opportunity to consult with his/her own legal counsel before entering into this Agreement.

Each of the parties to this Agreement intend for it to be presented to the Court having jurisdiction in order to obtain court approval of this Agreement. The parties each waive notice of presentation to the Court for approval of this Agreement.

The parties to this Agreement acknowledge that this Agreement has been entered into knowingly and voluntarily by all parties, is not a product of coercion, fraud or duress, and intending to be legally bound hereby, sign below.

WITNESS:

Agreement to serve as Liason:

SIGNATURES:

_____ Date: _____
BIRTHMOTHER, Birthmother

_____ Date: _____
ADOPTIVE FATHER, Adoptive Father

_____ Date: _____
ADOPTIVE MOTHER, Adoptive Mother

_____ Date: _____
LIASON NAME, Liason

COUNTY OF _____)

COMMONWEALTH OF PENNSYLVANIA)

AFFIDAVIT PURSUANT TO SECTION 2735 OF ACT 101 OF 2010

Before me, the undersigned authority, personally appeared BIRTHMOTHER, having been duly sworn according to law, deposes and states that he/she entered into this Agreement knowingly and voluntarily, and he/she was not under the influence of any coercion, fraud or duress.

Date: _____

Signed: _____
BIRTHMOTHER

Sworn to and subscribed before me,
a notary public, this _____ day of
_____, 2011.

Notary Public

(AFFIX STAMP OF NOTARY PUBLIC)

COUNTY OF _____)

COMMONWEALTH OF PENNSYLVANIA)

AFFIDAVIT PURSUANT TO SECTION 2735 OF ACT 101 OF 2010

Before me, the undersigned authority, personally appeared ADOPTIVE FATHER,
having been duly sworn according to law, deposes and states that he/she entered into
this Agreement knowingly and voluntarily, and he/she was not under the influence of
any coercion, fraud or duress.

Date: _____

Signed: _____
ADOPTIVE FATHER

Sworn to and subscribed before me,
a notary public, this ____ day of
_____, 2011.

Notary Public

(AFFIX STAMP OF NOTARY PUBLIC)

COUNTY OF _____)

COMMONWEALTH OF PENNSYLVANIA)

AFFIDAVIT PURSUANT TO SECTION 2735 OF ACT 101 OF 2010

Before me, the undersigned authority, personally appeared ADOPTIVE MOTHER, having been duly sworn according to law, deposes and states that he/she entered into this Agreement knowingly and voluntarily, and he/she was not under the influence of any coercion, fraud or duress.

Date: _____

Signed: _____
ADOPTIVE MOTHER

Sworn to and subscribed before me,
a notary public, this ____ day of
_____, 2011.

Notary Public

(AFFIX STAMP OF NOTARY PUBLIC)

WHO CAN I CONTACT TO DISCUSS A VOLUNTARY POST ADOPTION CONTACT AGREEMENT?

- Your Caseworker
- Your Guardian ad litem
- Child Welfare Court
- Your attorney (in cases of private adoption)

INFORMATION REGISTRY

The Pennsylvania Adoption Information Registry (PAIR) is a database of information about youth who have been adopted. The information in PAIR includes social history information and medical history information. You can use the PAIR to register your adoption information and to request your social and medical history, if any is on file. You may also use the PAIR to request contact with your birth relatives, including your birth parents, birth grandparents and birth siblings. Your birth parents and birth siblings can also register with the PAIR to request contact with you. You must be at least 18 to file information with the PAIR. If you are not 18, your adoptive parent can file information on your behalf. To file information or to request information from the PAIR, please visit www.adoptpakids.org

RELEASE OF AND ACCESS TO INFORMATION

In addition to requesting information from the PAIR, certain individuals may also request information from courts and agencies including information that is non-identifying, identifying as well as requesting contact with family members.

VOLUNTARY POST ADOPTION CONTACT AGREEMENT

AN EXPLANATION FOR YOUTH BY YOUTH

Have you ever considered being adopted? Do you have siblings who are being adopted? If so, you need to know about voluntary post-adoption contact agreements... these agreements can keep you in contact with your family after you or your siblings have been adopted. They provide the opportunity to benefit from an adoptive family while maintaining relationships with your relatives



A family is a place where minds come in contact with one another. If these minds love one another, the home will be as beautiful as a flower garden.

But if these minds get out of harmony with one another, it is like a storm that plays havoc with the garden. - Buddha

***This brochure was developed by the
Pennsylvania Youth Advisory Board***

PURPOSE

The purpose of this brochure is to explain to you what a voluntary post-adoption contact (agreement) is and how it benefits you. It is an agreement between you, birth relative(s) and adoptive parents. The agreement allows you to still have contact with your birth family after you have been adopted. However, choosing to participate or not participate in this agreement DOES NOT affect your adoption status at all.

WORDS TO KNOW

Parties – Everyone that is involved with the agreement. This includes you, birth relatives and adoptive parents. If you have a caseworker or guardian ad litem they too may be involved.

Birth Relatives – A parent, grandparent, stepparent, sibling, aunt or uncle who is related to you by blood, marriage or adoption.

PAIR – The Pennsylvania Adoption Information Registry which is a database of information about youth who have been adopted.

Youth – Any person under the age of 18.

TYPES OF CONTACT

Different types of contact can be included in the agreement that you, your birth relatives and your adoptive parents develop. Examples of these types of contact include:

- Mail/letters
- Photos/Videos
- Phone Calls
- Emails
- Visits

These types of contact can occur as little or as often as the parties decide. This will be determined while the agreement is being written. Later the youth can decide to increase or decrease the amount of visits, he/she has to discuss this with their adoptive parents and then petition the court. These changes can be made without going to court; however, they are not enforceable unless authorized by the court.

LOCATION OF CONTACT

The location of the contact or visits can be anywhere the agreement states. These places could be:

- The home of a birth relative or adoptive parents
- A park or restaurant

- A Children and Youth Agency

During the creation of the contract, these locations will be determined by the parties involved. It has to be a place where the parties feel safe.

FREQUENTLY ASKED QUESTIONS

What is a voluntary post-adoption contract agreement?

A voluntary post-adoption contract agreement is an agreement between you, your birth relatives and adoptive parents. The agreement allows you to have contact with your birth relatives after you have been adopted. It is approved by the courts and outlines what type of contact occurs and how often.

What if I don't want a voluntary post adoption contact agreement?

That's fine. These agreements are voluntary and can only be entered into if you, your adoptive parents and your birth relatives agree to have one. Also, you can have different agreements for different birth relatives.

Does a voluntary post adoption agreement affect my adoption at all?

No. Entering into an agreement or refusing to enter into an agreement will not affect your adoption.