

ADOPTION COUNSELING APPLICATION FORM – PROFESSIONAL REFERRAL

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

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

Client’s Name: _____

Address: _____

Phone: _____ Email: _____

Child’s Date of Birth: _____

Orphans’ Court File No (if known): _____

Has client signed a consent or voluntary relinquishment for adoption?

YES NO DATE: _____

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

Relative/Kinship Adoption

Private Adoption

***OCY Termination**

*Montgomery County Office of Children & Youth

Has the client previously had counseling? YES NO

Who is the client’s preferred counseling provider (if any)? (counselor name, practice name, & phone):

How many sessions are requested? _____ What is the cost/session? _____

Referring Professional’s Information (name & contact information):

COURT USE ONLY

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