



**LACKAWANNA COUNTY CHILDREN  
AND YOUTH SERVICES**

**ADOPTION FEE WAIVER  
(COUNSELING FUND)**

In accordance with Title 23 (Domestic Relations Code), subsection 2505 (e) (Counseling Fund), I hereby affirm that no Filing Fee need be paid or extracted in the instance of this Special Need Adoption/Subsidized Adoption.

\_\_\_\_\_  
(Adoptive Parent(s))

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone #)

I certify that to the best of my knowledge the above is true and in keeping with Pennsylvania Law.

\_\_\_\_\_  
(Supervisor)

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Executive Director)

\_\_\_\_\_, 20\_\_\_\_