



**Register of Wills / Clerk of Orphans' Court
Lackawanna County Government Center
123 Wyoming Avenue Suite 521
Scranton Pa 18503-1632
570-963-6702
570-963-6377 (fax)**

Frances M Kovaleski
Register of Wills / Clerk of Orphans' Court

To Whom It May Concern:

It is our understanding that you are interested in obtaining information regarding an adoption that took place in Lackawanna County Orphans' Court division. An established procedure to handle such a request is attached. You may file a Petition for Release of Identifying Information or a Petition to Release Limited Information depending on your needs. The Petitioner must be:

1. An adoptee who is at least 18 years of age.
2. An adoptive parent of an adoptee who is:
 - (a) Under 18 years of age
 - (b) Adjudicated incapacitated and is 18 years of age or older
 - (c) Deceased
3. A legal guardian of an adoptee who is under 18 years of age or adjudicated
4. A descendant of a deceased adoptee
5. A birth parent of an adoptee who is 21 years of age or older
6. A parent of a birth parent of an adoptee who is 21 years of age or older
7. A birth sibling of an adoptee, if both the birth sibling and adoptee are 21 years of age or older and:
 - (a) A birth sibling remained in the custody of the birth parent and the birth parent consents, is deceased or adjudicated incapacitated

- (b) Both the birth sibling and the adoptee were adopted out of the same birth family**
- (c) The birth sibling was not adopted out of the birth family and did not remain in the custody of the birth parent**

The Petitioner may request information or contact with the following individuals

- 1. An adoptee who is 21 years of age or older**
- 2. A birth parent of an adoptee**
- 3. A parent of a birth parent of an adoptee who is 21 years of age or older, if the birth parent consents, is adjudicated incapacitated or is deceased,**
- 4. A birth sibling of an adoptee, if both the birth sibling and the adoptee are 21 years of age or older**
 - (a) The birth sibling remained in the custody of the birth parent and the birth parent consents, is deceased or adjudicated incapacitated**
 - (b) Both the birth sibling and the adoptee were adopted out of the same birth parent**

If you are interested in initiating a search to learn an identity in an adoption, you must fill out the PETITION FOR RELEASE IDENTIFYING INFORMATION at the cost of \$200.00 OR the PETITION for RELEASE NON-IDENTIFYING INFORMATION at the cost of \$100.00. Please make checks payable to the Clerk of Orphans' Court. It can either be mailed in or hand delivered to the office with your Petition.

The Court or agency shall, within 120 days of receiving the Petition for Identifying information will do the following:

- 1. The authorized representative shall use reasonable efforts to locate the subject of the search**
- 2. If the subject of the search is located, the authorized representative shall obtain written authorization from the subject before any identifying information is release or contact between the parties is made**
- 3. If the requester is an adoptee seeking the identity of a birth parent**
- 4. 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 the birth parent shall be disclosed**

PLEASE UNDERSTAND THAT OUR OFFICE HAS A LEGAL OBLIGATION OF CONFIDENTIALITY regarding all adoption proceedings. This prevents us from doing anything other than what has already been stated above. Please feel free to contact our office if you have any further questions regarding these procedures.

We wish you the best of luck in your search.

Respectfully,



Frances M Kovalski
Register of Wills/Clerk of Orphans' Court
Lackawanna County

IN RE: _____ : IN THE COURT OF COMMON PLEAS
: OF LACKAWANNA COUNTY
: ORPHAN'S COURT DIVISION
: OC No. 35-_____ - _____
: ADOPTION INQUIRY

**PETITION FOR DISCLOSURE OF IDENTIFYING ADOPTION
INFORMATION**

AND NOW, comes the Petitioner, _____, birth name if known
_____ by and through his/her counsel, _____,
Esquire (or if no attorney, *pro se*) and files the following Petition for Disclosure of Identifying Information
contained in the records of an adoption proceeding, and states, in support thereof, the following:

1. Petitioner is:

- adult adoptee _____ years of age, with a date of birth of _____.
- an adult natural parent of an adoptee who is 21 years of age or older.
- an adult searching for an adopted sibling 21 years of age or older
- an adult parent of an adoptee who is under the age of 18 or adjudicated incapacitated or deceased.

2. Petitioner resides at : _____
Number Street City State Zip

3. Petitioner can be reached at the following telephone number(s):

- 1. Home: (____) _____
- 2. Cell: (____) _____
- 3. Work: (____) _____

4. Petitioner avers that to the best of his/her knowledge and belief, s/he is an:

- adoptee whose adoption proceeding took place in Lackawanna County.
- natural parent of an adoptee whose adoption took place in Lackawanna County.
- sibling who was adopted or whose sibling was adopted in Lackawanna County.
- adoptive parent of an adoptee whose adoption took place in Lackawanna County.

5. Petitioner hereby petitions to discover any and all identifying information contained in
Lackawanna County Orphan's Court adoption records regarding the proceeding in which
Petitioner was adopted.

6. The reason(s) why Petitioner is requesting the identifying information is/are as follows:
(PLEASE TYPE REASONS FOR REQUEST BELOW.)

Respectfully Submitted:

Signature

IN RE: _____ : IN THE COURT OF COMMON PLEAS
: OF LACKAWANNA COUNTY
: ORPHAN'S COURT DIVISION
: OC No. 35- _____ - _____
: ADOPTION INQUIRY

PETITION FOR DISCLOSURE OF NON-IDENTIFYING ADOPTION INFORMATION

AND NOW, comes the Petitioner, _____, birth name if known _____ by and through his/her counsel, _____, Esquire (or if no attorney, *pro se*) and files the following Petition for Disclosure of Non-identifying Information contained in the records of an adoption proceeding, and states, in support thereof, the following:

7. Petitioner is:
- adult adoptee _____ years of age, with a date of birth of _____.
 - an adult natural parent of an adoptee who is 21 years of age or older.
 - an adult searching for an adopted sibling 21 years of age or older.
 - an adult parent of an adoptee who is under the age of 18 or adjudicated incapacitated or deceased.

8. Petitioner resides at : _____
Number Street City State Zip

9. Petitioner can be reached at the following telephone number(s):

- 1. Home: (____) _____
- 2. Cell: (____) _____
- 3. Work: (____) _____

10. Petitioner avers that to the best of his/her knowledge and belief, s/he is an:

- adoptee whose adoption proceeding took place in Lackawanna County
- natural parent of an adoptee whose adoption took place in Lackawanna County
- sibling who was adopted or whose sibling was adopted in Lackawanna County
- adoptive parent of an adoptee whose adoption took place in Lackawanna County

11. Petitioner hereby petitions to discover any and all non-identifying information contained in Lackawanna County Orphan's Court adoption records regarding the proceeding in which Petitioner was adopted, to the extent that such information will not jeopardize the anonymity of the parties (natural parents/ adoptive parents/ siblings and adoptee) involved.

12. The reason(s) why Petitioner is requesting the non-identifying information is/are as follows:
(PLEASE TYPE REASONS FOR REQUEST BELOW.)

Respectfully Submitted:

Signature

IN RE: _____ : IN THE COURT OF COMMON PLEAS
: OF LACKAWANNA COUNTY
: ORPHAN'S COURT DIVISION
: OC No. 35-_____ - _____
: ADOPTION INQUIRY

PETITION FOR AUTHORIZATION OF A DESIGNATED SEARCH AGENT

AND NOW, comes the Petitioner, _____, birth name if known _____ by and through his/her counsel, _____ Esquire (or if no attorney, *pro se*) and files the following Petition for Authorization of A Designated Search Agent for the purposes of contacting a natural parent, a natural sibling, or a natural child, and avers the following in support thereof:

13. Petitioner is:
- adult adoptee _____ years of age, with a date of birth of _____.
 - an adult natural parent of an adoptee who is 21 years of age or older.
 - an adult searching for an adopted sibling 21 years of age or older
 - an adult parent of an adoptee who is under the age of 18 or adjudicated incapacitated or deceased.
14. Petitioner resides at : _____
- | | | | | |
|--------|--------|------|-------|-----|
| Number | Street | City | State | Zip |
|--------|--------|------|-------|-----|
15. Petitioner can be reached at the following telephone number(s):
- 1. Home: (____) _____
 - 2. Cell: (____) _____
 - 3. Work: (____) _____
16. Petitioner avers that to the best of his/her knowledge and belief, s/he is an:
- adoptee whose adoption proceeding took place in Lackawanna County
 - natural parent of an adoptee whose adoption took place in Lackawanna County
 - sibling who was adopted or whose sibling was adopted in Lackawanna County
 - adoptive parent of an adoptee whose adoption took place in Lackawanna County
17. Petitioner hereby petitions for authorization of a designated agent to search for and contact: the natural parents, siblings of the adoptee or the adoptee him/herself.
18. The reason(s) why Petitioner is requesting the authorization is/are as follows:
(PLEASE TYPE REASONS FOR REQUEST BELOW.)

Respectfully Submitted:

Signature