

BARBARA G. REILLY
CLERK OF ORPHANS' COURT, BUCKS COUNTY, PENNSYLVANIA

REQUEST FOR PRE-PLACEMENT HOME STUDY
(NON-AGENCY INTERMEDIARY OR NO INTERMEDIARY)

1. Name(s) or Person(s) Proposing to Adopt and Making this Request:

Address: _____

2. Name of Intermediary _____

Address: _____

3. Basis for venue in Bucks County pursuant to Section 2302 of the Adoption Act.

4. A fee of \$650.00 shall be paid with the filing of this request.

SIGNATURES OF PERSONS MAKING REPORT:

Husband _____ Wife _____

Attorney _____

Fee Paid _____

Home Phone _____

Work Phone _____