

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 to "Bucks County Children and Youth" with the filing of this request.

SIGNATURES OF PERSONS MAKING REPORT:

Husband _____ Wife _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Attorney _____

Fee Paid _____