

PRIVATE AGENCY ADOPTION

PURSUANT TO LUCAS CO. LOCAL RULE 57.1 (F)

EVERY FILING SHALL BE TYPEWRITTEN OR COMPUTER GENERATED. THE COURT MAY REFUSE ALL FILINGS NOT SO PREPARED OR CERTIFIED. NO PLEADINGS SHALL BE FILED SIGNED IN PENCIL.

I. PETITION FOR ADOPTION

A. Attorney provides:

- * Petition for Adoption (Form 18.0) using full, legal names, **no initials** and pays court costs.
- * Preliminary Account (Form 18.9)
- * Request For Info RE: Paternity Establishment Form completed by Central Paternity Registry dated 15 or more days after the minor's birth. E-Mailed information must be legible or a certification from the attorney will be required. Corresponding document required.
- * Putative Father Registry Certification dated 16 or more days after the minor's birth
- * Affidavit setting forth the circumstances surrounding the service of a pre-birth notice to be submitted to court if applicable
- * If a pre-birth notice is served to putative father the court will not accept the Putative Father Certification unless the date on the document is 16 days or more after the date the pre-birth notice was served

B. Agency provides:

- * Consent (Form 18.3) signed by executive director of agency
- * Home study (JFS Form 1673) with criminal background check done within the last year
- * Social Medical History (JFS Form 1616)
- * Ohio Law & Adoption Materials (JFS Form 1693)
- * Copy of Permanent Surrender
- * ODH Vital Statistics, Certificate of Adoption (Form HEA 2757) w/original or cert. copy of child's birth certificate

II. FINAL HEARING

- A. After receiving all of the above documents, hearing is scheduled for 6 months after placement of child in home
- B. Petitioners and child must appear
- C. Atty files Final Account (Form 18.9) at least 10 days before date of final hearing
- D. Agency files Prefinalization Adoption Report (JFS Form 1699) at least 10 days before date of final hearing
- E. Court provides:
 - * Notice of final hearing to atty and agency (Form 20.11A)
 - * Adoption Certificate for Agency (Form 20.19A)
 - * Request for Notification (Form 20.16)
 - * Final Decree of Adoption (Form 18.7)
 - * Adoption Certificate for Parents (if applicable)
- F. Court forwards documents to State BVS for new birth certificate
- G. Petitioner to wait at least 30 days after the final hearing to order the new birth certificate, following the instructions provided in the packet at the final hearing.

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

**PETITION FOR ADOPTION OF MINOR
[R.C. 3107.05]**

The undersigned petitions to adopt _____,
a minor, and to change the name of the minor to _____.

PETITIONER

The petitioner states the following:

Full Name: _____ Age _____

Full Name: _____ Age _____

Place of Residence: _____
Street Address

Post Office State Zip Code Duration of residence

Marital Status: _____ Date and Place of Marriage: _____

Relationship of Minor to Petitioner: _____

The petitioner has facilities and resource suitable to provide for the nurture and care of the minor and it is the desire of the petitioner to establish the relationship of parent and child with the minor.

MINOR TO BE ADOPTED

Birth Name: _____ Date of Birth: _____

Place of Birth: _____ Property and Value: _____

The minor is living in the home of the petitioner, and was placed therein for adoption on the _____
day of _____, 20____ by _____.

The minor is not living in the home of the petitioner, and resides at _____
_____.

A certified copy of the birth certificate of the minor is filed with this petition or is not available due to the following:

_____.

A Preliminary Estimate Accounting (Form 18.9), if required, is filed with this petition.

The minor is in the permanent custody of _____
whose address is _____.

The guardian ad litem during the permanent custody proceedings was _____
whose address is _____.

The attorney representing the minor during the permanent custody proceedings was

_____ whose address is _____.

PERSONS OR AGENCIES WHOSE CONSENT TO THE ADOPTION IS REQUIRED

Name: _____ Relationship: _____ Age, if minor _____

Address: _____ Consent filed

Name: _____ Relationship: _____ Age, if minor _____

Address: _____ Consent filed

_____, the agency has permanent
Custody of the minor filed under, _____, _____ Consent filed

PERSONS WHOSE CONSENT TO THE ADOPTION IS NOT REQUIRED

No person has timely registered pursuant to R.C. 3107.062 as a putative father of the minor. Attached is Ohio Department of Jobs and Family Services Form 1697.

A The consent of _____
Name Address Relationship

B The consent of _____
Name Address Relationship

is/are not required because:

A B

The parent has failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

The parent has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

State other grounds under R.C. 3107.07 (includes putative father of the minor).

Attorney for Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Telephone Number (include area code)

E-Mail Address

Attorney Registration No.

Petitioner

Typed or Printed Name

Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Telephone Number (include area code)

E-Mail Address

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

ADOPTION OF: _____
 (Name after Adoption)

CASE NO.: _____

PETITIONER'S ACCOUNT
 [R.C. 3107.055]

PRELIMINARY ESTIMATE ACCOUNTING
 (To be filed not later than date petition filed)

FINAL ACCOUNTING
 (To be filed not later than 10 days prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	EXPENSES PURSUANT TO R.C. 3107.055(C)(9)		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
	TOTAL		

CASE NO.: _____

[Reverse of Form 18.9]

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this ____ day of _____, 20____, that this accounting is true and accurate.

Attorney or Agency

Typed or Printed Name

Address

City State Zip Code

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this ____ day of _____, 20____.

Petitioner

Petitioner

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

CONSENT TO ADOPTION
[R.C. 3107.06, 3107.08 & 3107.081]

The undersigned _____

[check one of the following seven capacities by which your consent is given]

- Mother
- Father
- Parent
- Putative father who has registered under R.C. 3107.062
- Agency having permanent custody
- Minor, who is more than twelve years of age (this consent must be executed in the presence of the Court)
- Other _____

hereby waives notice of the hearing on the Petition For Adoption to be filed in the court, and consents to the adoption of _____

(Name before adoption)

as proposed in the petition.

The undersigned further states that this consent is voluntarily executed irrespective of disclosure of the name or other identification of the prospective adopting parents.

Sworn to before me and signed in my presence this _____ day of _____, 20_____

Person authorized pursuant to R.C.
Chapter 3107 to take this
acknowledgement

Title

INFORMATION PROVIDED ON THIS FORM IS TO BE USED TO ESTABLISH A NEW CERTIFICATE OF BIRTH FOR THE ADOPTED CHILD.

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF ADOPTION

State Use Only
Original SFN _____
Amended SFN _____
Envelope # _____
AFS # _____

CHILD'S PERSONAL DATA

1 Name of Child BEFORE Adoption	2 Date of Birth (Month, Day, Year)	3 Sex	4 Place of Birth (City, County, State or Foreign Country)
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Child's Name After Adoption

First Name	Middle Name	Last Name
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ADOPTIVE PARENT(S)' PERSONAL DATA

The following information provided below will be used to create the new birth record. List information as it existed on child's date of birth.

Choose One			Relation to Child		Choose One			Relation to Child		
Mother	Father	Parent	Adoptive	Natural	Mother	Father	Parent	Adoptive	Natural	
Current First Name					Current First Name					
Current Middle Name					Current Middle Name					
Current Last Name					Current Last Name					
Last Name Prior to First Marriage					Last Name Prior to First Marriage					
Date of Birth (Month, Day, Year)			Birth Place (State or Foreign Country)		Date of Birth (Month, Day, Year)			Birth Place (State or Foreign Country)		
Parent(s) Residence at Time of Child's Birth (Number and Street)										
City		County			State		Zip Code		Inside City Limits (Yes or No)	
									Yes No	

Foreign Adoptions Only (Information from Original Birth Record)

Time of Birth
Hospital/Birthing Facility
Registrar's Name & Date Filed by Registrar (Month, Day, Year)
Attendant's Name (M.D, D.O, C.N.M, Other Midwife) & Date Signed

Certification

Probate Court, _____ County, Ohio

I hereby certify that the child named above was adopted on _____ (Date)

by _____ (Name(s) of Petitioner(s))

as set forth in the final decree of adoption, Case No., _____

Date _____ Probate Judge _____

Deputy Clerk _____

Ohio Central Paternity Registry

P.O. Box 183206 Columbus, OH 43218-3206 PHONE: 888-810-6446

REQUEST FOR INFORMATION RE: PATERNITY ESTABLISHMENT

Instructions:

Complete the top portion of the form and email to: kandacebillingsley@maximus.com. Use a separate form for each child. We require 72 hours from the date of email to return search results. Search results will be based upon the data provided *exactly* as it is on the form.

Utilizing the electronic form filled version of the form is preferred, however, clearly printed copies will be accepted.

Person/Agency requesting information: _____

Contact Phone Number: _____ Return Email Address: _____

CHILD FIRST NAME: _____ MIDDLE: _____ LAST: _____

D.O.B. _____

MOTHER FIRST NAME: _____ MIDDLE: _____ LAST: _____

D.O.B. _____

FATHER FIRST NAME: _____ MIDDLE: _____ LAST: _____

D.O.B. _____

CPR SEARCH RESULTS:

No paternity records on file

Paternity establish by Affidavit _____ CPR # _____
Received from: Hospital CSEA Vital Statistics Mail

Paternity established by Administrative Order
Case Number # _____
Date _____

Paternity established by Court Order CPR# _____
Case Number # _____
Date _____

Additional Notes: