

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF THE ADOPTION OF _____
CASE NO. _____ (Name after adoption)

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).

CASE NO. _____

Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Typed or Printed Name

Telephone Number (include area code)

Street Address

Attorney Registration No.

City State Zip Code

Telephone Number (include area code)

PROBATE COURT OF _____ COUNTY, OHIO

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

CASE NO. _____

**JUDGMENT ENTRY
SETTING HEARING AND ORDERING NOTICE**
[R.C. 3107.11]

On the _____ day of _____, 20____, _____

filed a petition to adopt _____

and to change the name of the minor to _____

It is ordered that the Petition For Adoption will be heard on the _____ day of _____,

20____, at _____ o'clock _____ M., and that notice be given as required by law.

Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ADOPTION OF _____
CASE NO. _____ (Name after adoption)

NOTICE OF HEARING ON PETITION FOR ADOPTION

Notice must be served not less than 20 days before the date of the hearing
[R.C. 3107.11]

To: _____
(Give Names and Addresses)

You are hereby notified that on the _____ day of _____, 20____, _____, filed in this Court a Petition for Adoption of _____ a minor, whose date of birth is _____, and for change of the name of the minor to _____. This Court, located at _____ will hear the petition on the _____ day of _____, 20____, at _____ o'clock _____.M.

It is alleged in the petition, pursuant to R.C. 3107.07, that the consent of _____ is not required due to the following: _____ (Name)

- That person is a parent who 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.
- That person is a parent who 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 born prior to January 1, 1997).

"A FINAL DECREE OF ADOPTION, IF GRANTED, WILL RELIEVE YOU OF ALL PARENTAL RIGHTS AND RESPONSIBILITIES, INCLUDING THE RIGHT TO CONTACT THE MINOR, AND, EXCEPT WITH RESPECT TO A SPOUSE OF THE ADOPTION PETITIONER AND RELATIVES OF THAT SPOUSE, TERMINATE ALL LEGAL RELATIONSHIPS BETWEEN THE MINOR AND YOU AND THE MINOR'S OTHER RELATIVES, SO THAT THE MINOR THEREAFTER IS A STRANGER TO YOU AND THE MINOR'S FORMER RELATIVES FOR ALL PURPOSES. IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST FILE AN OBJECTION TO THE PETITION WITHIN FOURTEEN DAYS AFTER PROOF OF SERVICE OF NOTICE OF THE FILING OF THE PETITION AND OF THE TIME AND PLACE OF HEARING IS GIVEN TO YOU. IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST ALSO APPEAR AT THE HEARING. A FINAL DECREE OF ADOPTION MAY BE ENTERED IF YOU FAIL TO FILE AN OBJECTION TO THE ADOPTION PETITION OR APPEAR AT THE HEARING."

_____, Probate Judge
By: _____
Deputy Clerk

CASE NO. _____

The State of Ohio, _____ Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of _____

At _____

At _____

_____, Probate Judge

By: _____
Deputy Clerk

RETURN

_____, County, Ohio

_____, 20__

Received this writ on the _____ day of _____, 20__, at _____ o'clock _____ M., and on the _____ day of _____, 20__, I served the same by delivering a true copy thereof personally to _____

FEEES

Service and return, 1st name, \$ _____

____ Additional names, at \$ _____

____ Miles traveled, at \$ _____

Total \$ _____

Sheriff

Deputy Sheriff

Name

Title

PROBATE COURT OF _____ COUNTY, OHIO

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

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

JUDGMENT ENTRY FINDING CONSENT NOT REQUIRED
[R.C. 3107.07]

The Court finds all parties properly before the Court by waiver of notice or by proper service and after hearing the testimony of witnesses, and the evidence, finds that the consent of _____ is not required because;

That person is a parent who 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.

That person is a parent who 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 born prior to January 1, 1997).

It is ordered that the consent of the above-named person is not required.

_____, Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

IN THE MATTER OF THE ADOPTION OF _____

(Name after adoption)

CASE NO. _____

FINAL DECREE OF ADOPTION

(After Interlocutory Order)

[R.C. 3107.14]

The Court finds that the minor has now lived in the home of the petitioner, _____

_____ for at least six months;

that a further report of the assessor has been filed and is approved; that the adoption is in the best interest of the minor being adopted; that the accountings, as required, have been filed, reviewed and approved; and that the minor is an adopted person.

It is therefore ordered that the Petition for Adoption is granted, and that the name of the minor is changed to _____.

Date

Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

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

CASE NO. _____

ADOPTION CERTIFICATE FOR PARENTS

This is to certify, that in an action pending in this Court, on a petition filed by _____
_____ to adopt _____
a minor, satisfactory evidence was submitted to prove, and the Court found, that the minor was born
on the _____ day of _____, 20____, at _____
and that all necessary proceedings relative to an adoption were complied with; and the Court on
the _____ day of _____, 20____, decreed that the minor is legally
adopted by _____
and the minor's name is changed to _____
in the records of the Court.

WITNESS my signature and seal of said Court,
this _____ day of _____, 20____

Probate Judge

By: _____
Deputy Clerk

PROBATE COURT OF _____ COUNTY, OHIO

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

Telephone Number (include area code)

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

Petitioner

Petitioner

PROBATE COURT OF MONROE COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF:

CASE NO: _____

REQUEST FOR APPOINTMENT OF ASSESSOR

Now comes the Petitioner(s) herein and request the appointment of the following Assessor in the within matter:

The House of Samuel

1300 Clairmont

Cambridge OH 43725

740-439-5634

Petitioner

Petitioner

Attorney

PROBATE COURT OF MONROE COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF

CASE NO. _____

ENTRY APPOINTING ASSESSOR

The Court appoints _____
as the Assessor to conduct a home study in this matter as required by law.

The Assessor shall submit to the Court a written report of the home study at least ten (10) days prior to the date of hearing. The report shall contain the Assessor's opinion as to whether the petitioner(s) is/are suitable to adopt a minor child.

The costs of the home study and other proceedings shall be paid by the petitioner(s) seeking to adopt.

Upon request, the Assessor shall provide the petitioner(s) seeking to adopt a copy of the report of the home study. The Assessor shall delete from that copy any provisions concerning the opinion of other persons, excluding the assessor, of the petitioner(s) suitability to adopt a minor.

cc: (Assessor)
(Attorney for Petitioner(s))

STATEMENT OF ADOPTED PERSON

CASE NO. _____

CHILD'S NAME AFTER ADOPTION _____

THE CHILD NAMED IN THIS ADOPTION IS:

- A minor who became available or potentially available for adoption on or before September 18, 1996 and at least one of the biological parents consented to the adoption or a probate court entered a finding that the biological parent (s) signature was not needed (O. R. C. 3107.39).
- A minor who became available for adoption after September 18, 1996 (O.R.C. 3107.45).

EXCLUSIONS FOR ODES 1693 DISCLOSURE

- Foreign adoption finalized in another country and re-finalized in Ohio.
 - Foreign adoption finalized in Ohio only.
 - Step-parent adoption.
 - Involuntary surrender/ court commitment
 - Other (please specify) _____
-

SECTION III. DISCLOSURE STATEMENT

Statement Regarding Release of Identifying Information

The purpose of this section of the form is for you to decide whether to permit the Ohio Department of Health to provide an adopted person and adoptive parent identifying information about you which is contained in the adoption file maintained by the Department of Health. Please check one box only:

- Checking this space indicates that I do authorize the release of identifying information about me that is in the adoption file maintained by the Ohio Department of Health, which will be released, upon request, to: 1) the adoptive parent when the adopted person is between the ages of 18 and 21; and 2) to the adopted person when he/she is 21 years of age or older.
- Checking this space indicates that I do not authorize the release of identifying information about me, and I prohibit the release of identifying information in the adoption file maintained by the Ohio Department of Health.

The following Disclosure Statement Regarding the Release of Identifying Information was read aloud to me, and I fully understand its contents:

You may change your mind at any time and as many times as you desire regarding the decision you make about the release of identifying information by signing, dating, and filing a Denial of Release Form or Authorization of Release Form prescribed and provided by the Department of Health and by providing the Department with two forms of identification.

You have been provided with and have had the opportunity to review written materials about adoption provided by the Ohio Department of Human Services. By signing this section of this form, you will be acknowledging that you have been provided a copy of written materials about adoption prepared by the Ohio Department of Human Services, the adoption process and ramifications of consenting to adoption or entering into a voluntary permanent custody surrender agreement have been discussed with you, and you have been provided the opportunity to review and ask questions about the materials.

Signature of biological parent	Date
Signature and certificate number of assessor	Date
Signature of witness	Date

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)
----------------------------------	-------------------------------------	--------	------------------------------------------------------------

Child's Name After Adoption

First Name	Middle Name	Last Name
------------	-------------	-----------

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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Choose One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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)
------	--------	-------	----------	--------------------------------

Other Required Information (From the Original Birth Certificate)

Foreign Adoptions Only (from the Original Birth Certificate)

Attendant's Name (M.D, D.O, C.N.M, Other Midwife)	Time of Birth
Mailing Address (Number, Street, City, County, State, Zip Code)	Hospital/Birthing Facility
Registrar's Name	Registrar's Name & Date Filed by Registrar (Month, Day, Year)
Date Filed by Registrar (Month, Day, Year)	Attendant's Name (M.D, D.O, C.N.M, Other Midwife) & Date Signed

Parent(s) Current Mailing Address	Street	City or Village	State	Zip Code
Attorney's Name and Address	Street	City or Village	State	Zip Code

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 _____

**STATE OF WEST VIRGINIA
CERTIFICATE OF ADOPTION**

(formerly Adoption Information Form)

INSTRUCTIONS

Prompt submission of this report when properly completed will expedite the filing of a new birth certificate.

CLERK OF CIRCUIT COURT:

Under the provisions of West Virginia State Code §16-5-16, it is the duty of the Clerk of Circuit Court to forward this form, properly completed, to the Vital Registration Office within 10 days following the end of the month in which the final adoption decree was issued.

Sections A. and B. should be completed by the WV DHHR Representative, Licensed Adoption Agency Representative, Petitioner's Attorney, or the Adoptive Parent if acting *pro se*.

When the final decree of adoption is ordered by the Court, the Circuit Clerk should complete Section C. and mail the completed form to the:

Vital Registration Office
ATT: Corrections Unit
PO Box 11012
Charleston, WV 25339-1012

GENERAL INFORMATION

Upon receipt of the Certificate of Adoption from a Clerk of the Court (preferred), or upon receipt of a certified copy of a final decree of adoption accompanied by all other information necessary to locate the original birth certificate and construct the new post-adoption birth certificate (less preferred but acceptable), the State Registrar shall make and file a new birth certificate.

OUT OF STATE BIRTHS - ADOPTIONS IN WEST VIRGINIA:

Although birth certificates for these children are not placed on file in West Virginia, the State Registrar will forward Certificates of Adoption for persons born outside of West Virginia to the proper registration authorities in the state of birth where new birth certificates can be placed on file.

TO OBTAIN A SUPPLY OF BLANK CERTIFICATES OF ADOPTION:

- 1) Write to us at the address above, or
- 2) FAX a request on your letterhead to: 304-558-1051, or
- 3) Call us at: 304-558-2931 and ask to speak with the Corrections Unit, or
- 4) Print or download the PDF version of this form from our web site. Go to:

<http://www.wvdhhr.org/bph/hsc/vital/Forms.asp>



STATE OF WEST VIRGINIA
CERTIFICATE OF ADOPTION
(formerly Adoption Information Form)

(Read information and instructions on reverse side before completing.)

A. INFORMATION REGARDING ORIGINAL STATUS OF CHILD

Original Name of Child _____ Birth Certificate No. _____
Sex _____ Date of Birth _____
Place of Birth _____
Name of Father _____
Name of Mother Before First Marriage _____
Current Legal Name of Mother _____

B. INFORMATION FROM ADOPTIVE PARENTS FOR NEW CERTIFICATE OF BIRTH

(All information requested below MUST be provided before a new birth certificate can be constructed for filing.)

Child's Name After Adoption _____

Adoptive/Biological Father

Adoptive/Biological Mother

Name _____ Full Current Legal Name _____
Full Name Before First Marriage _____
Birth Date _____ Birth Date _____
Birth Place (State) _____ Birth Place (State) _____
Social Security No. _____ Social Security No. _____

Residence of Adoptive Parent(s): _____
Street City County State Zip
Mailing address (if different): _____
Street City State Zip

Is this a single parent adoption, i.e., will only one parent appear on the birth certificate? Yes No

This adoption is by (mark one) :

() Stepparent w/ or w/o birth parent () Grandparent(s) () Other Relative(s) () Non-Relative(s)

WV DHHR Representative, Licensed Adoption Agency Representative, Attorney, or Adoptive Parent if acting pro se providing this information:

Name _____ Title _____
Address _____ Telephone _____
Signature _____ Date _____

C. CERTIFICATION OF CLERK OF CIRCUIT COURT Case or Civil Action No. _____

On this ____ day of _____, 20__ the Circuit Court of _____ County,
Judge _____ presiding, ordered a decree of adoption in the case of the child and
parent(s) described above.

The attorney was _____ Address _____

Signed and Sealed by: _____ Date _____

(Clerk of Circuit Court)

THIS FORM FOR OFFICIAL USE ONLY
UPON CONVICTION, PENALTIES FOR MISUSE
INCLUDE FINES, IMPRISONMENT OR BOTH.

