

**PROBATE COURT OF BUTLER COUNTY, OHIO  
JOHN M. HOLCOMB, JUDGE**

**ADOPTION OF:** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**STATEMENT OF INTENTION**

The undersigned states that he or she will file the necessary pleadings to pursue the following type of action in regards to the above named:

Stepparent Adoption

Agency Adoption

Independent Relative Adoption

Social Worker: \_\_\_\_\_

Adult Adoption

Foreign Re-Adoption

Relative Placement

Non-Relative Placement

Request for Adoption Information

Independent Non-Relative Adoption

The undersigned acknowledge that if additional actions are not taken within ninety (90) days this case will be closed administratively subject to being reopened at a later date.

\_\_\_\_\_  
Signature, Attorney of Record

\_\_\_\_\_  
Signature, Applicant

\_\_\_\_\_  
Print Attorney Name

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature, Co-Applicant

\_\_\_\_\_

\_\_\_\_\_  
Print Co-Applicant Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Ohio Supreme Court ID Number

\_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email address