

Ohio Department of Job and Family Services
REQUEST FOR NOTIFICATION

Section 3107.17 (E) of the Ohio Revised Code requires the probate court finalizing each Ohio adoption to provide a copy of this form to each adoptive parent at the time a final decree of adoption is entered. The Probate Court shall explain, if this form is completed and filed with the court, the adoptive parent(s) will be notified of any correction or expansion of either the social or medical history of the biological parent(s) that is made during the minority of the adopted person. The correction or expansion of this non-identifying information is permitted by sections 3107.09 and 3107.091 of the Revised Code and is available to be viewed at the court by the adoptive parent (s) until the adoptive person reaches age 18. After the adopted person reaches age 18 the ability to view the non-identifying, social or medical history is available only to the adopted person, and only if he completes and files a copy of this form with the court.

In the event that adoptive parents or adopted persons relocate to another address, they should notify the court of their current address so that the court may notify them in the event that expanded or corrected social or medical history is filed with the court. Whenever an expanded or corrected social or medical history of biological parent(s) is filed with the court, the court is required to determine if a copy of this form has been filed with the court, and at that time, the person who filed the request is authorized, as outlined above, to view the information. If the person who filed this form is at the time authorized to view the corrected or expanded social and medical history, the court is required to immediately notify the authorized person that the new information is available to be viewed at the court upon request.

Upon request, the court is required to provide a copy of this form to any adoptive parent during the minority of the adopted person and to an adopted person who had reached the age of majority.

ADOPTED PERSON

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Date of Entry of Final Decree <small>(mm/dd/yyyy)</small>	Place of Final Adoption Decree	Adopted Person's Date of Birth <small>(mm/dd/yyyy)</small>

ADOPTIVE FATHER

Last Name	First Name	Middle Name
Address		
City	State	Zip Code

ADOPTIVE MOTHER

Last Name	First Name	Middle Name
Address		
City	State	Zip Code

Distribution: Original to probate court. One copy to adoptive parent(s)/adopted person

AUTHORIZATION OF RELEASE

By my signature below, I swear or affirm that I am a person authorized by Section 3107.17(D) of the Revised Code (by virtue of my status) as the
Adopted person named above who has reached the age of majority
Adoptive parent (of the adopted person named above)

to inspect social and medical histories regarding the above named adopted person for whom a final or interlocutory decree of adoption had been entered by a probate court of Ohio.

Authorized Individual(s) Applicable

Signature of Adopted Person	Date (mm/dd/yyyy)
Signature of Adoptive Father	Date (mm/dd/yyyy)
Signature of Adoptive Mother	Date (mm/dd/yyyy)