

# BUTLER COUNTY PROBATE COURT ADOPTION PETITION FILING REQUIREMENTS

\*\*\* ALL FORMS MUST BE TYPED, ONE SIDED PRINT ONLY \*\*\*

PLEASE NOTE THERE IS ONLY ONE COPY OF EACH FORM IN THE PACKET, IF ADDITIONAL FORMS ARE NEEDED FOR A SECOND PETITIONER OR ADULTS OVER THE AGE OF 18, PLEASE REFER TO THE INDIVIDUAL LIST OF FORMS ON THIS WEBSITE.

## **AT THE TIME OF INITIAL FILING**

1. Statement of Intention- BCPC 180S
2. Petition - 18.0
3. Petitioner's Photo Identification
4. Certified copy of minor's birth certificate
5. Application Addendum- BCPC 639
6. Authorization Forms (required for all adults over 18 in the household) - BC 324
7. Consent of custodial birth parent- 18.3 - **must** be notarized
8. Consent of the non-custodial birth parent, if possible- **must** be notarized - 18.3
9. Petitioner's Account (Preliminary)- 18.9
10. Putative Father Registry Form JFS - 01697 (obtain from Ohio Department of Job & Family Services if applicable)
11. Death Certificate of Biological Parent (If applicable)
12. Custody Affidavit - BC 308, **must** be notarized
13. Application For Appointment of Assessor - BC 318
14. Judgment Entry Appointing Assessor - BC 319
15. Entry Ordering Independent Home Study - BC 322

All forms must be mailed or brought to Probate Court. **At the time of filing, a deposit of \$225.00 is required.** Please confirm the amount with the clerk since filing fees may have changed subsequent to the date of this instruction sheet. This fee must be paid in cash, check or money order. Additional costs will be required at final hearing. Final paperwork will **not** be released without final court costs paid.

After the documents are filed Adoption Specialist, Kendra Young will contact you to schedule a mandatory pretrial; the attorney for the petitioners **must** appear at the pretrial.

## **PRIOR TO CONSENT / BEST INTEREST HEARING**

1. BCII and FBI Report on all household members 18 and older.
2. Petitioner's Account (Final) - 18.9 (must be filed at least 10 days prior to the hearing).
3. Home Study - JFS 01673\* or JFS 01698\* (must be filed at least 10 days prior to hearing).
4. Pre-finalization Form JFS 01699\* (must be filed at least 20 days prior to the hearing) (If Applicable)
5. If notice is being made by publication to non-custodial birth parent or putative father an affidavit of due diligence must be filed prior to the notice being published.
6. Social/Medical Information on birth parents - JFS 01616\* (If Applicable)
7. Affidavit of Proof of Publication (If service of notice was made by publication)

\* Completed by Assessor. All homestudy's and/or assessments are to be paid directly to assessor/ agency. It is the responsibility of the assessor/agency to file all appropriate documents with Probate Court.

## **AT THE TIME OF FINAL HEARING**

1. Judgment Entry Finding Consent Not Required - 18.4 (If Applicable)
2. If minor is over age 12, Consent to Adoption - 18.3
3. Final Decree of Adoption - 18.7
4. Adoption Certificate for Parents - 18.8
5. Ohio Department of Health Certificate of Adoption - HEA 2757
6. Receipt for Social Medical History - BC 323 (If Applicable)
7. Application for Certified Copies of New Birth Certificate - HEA 2709
8. Notice to Child Support Enforcement Agency- BCPC NCEA

### **\* PETITIONER AND ADOPTEE MUST APPEAR FOR FINAL HEARING\***

Updated birth certificate will be need to obtained by Attorney/ Petitioner from Vital Statistics **birth state of adoptee**. Payment to Vital Statistics is required.

Butler County Probate Court does **not** issue birth certificates.

**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

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

**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(S)**

The Petitioner states the following:

First Petitioner Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Second Petitioner Full Name (*if any*): \_\_\_\_\_ Age \_\_\_\_\_

Place of Residence: \_\_\_\_\_  
Street Address State Zip Code Duration of residence

Marital Status: \_\_\_\_\_ Date and Place of Marriage: \_\_\_\_\_

Relationship of Minor to Petitioner(s): \_\_\_\_\_

The petitioner(s) has/have facilities and resources suitable to provide for the nurture and care of the minor and it is the desire of the petitioner(s) 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(s), and was placed therein for adoption on the  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

The minor is not living in the home of the petitioner(s), and resides at \_\_\_\_\_  
\_\_\_\_\_ with \_\_\_\_\_.

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

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 case was \_\_\_\_\_ whose address is \_\_\_\_\_.

The attorney representing the minor during the permanent custody case was \_\_\_\_\_ whose address is \_\_\_\_\_.

A child support order exists and is administered by the \_\_\_\_\_ County Child Support Agency.

**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

\_\_\_\_\_, said agency has permanent Custody of the minor filed in the \_\_\_\_\_ Court in Case No. \_\_\_\_\_ Consent filed

**PERSONS WHOSE CONSENT TO THE ADOPTION IS NOT REQUIRED**

No person registered with Ohio's putative father registry within 15 days of the minor's birth. See verification attached.

A The consent of \_\_\_\_\_  
Name Address Relationship

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

B      The consent of \_\_\_\_\_  
Name Address Relationship

is/are not required because:

A    B

The parent has failed without justifiable cause to have more than de minimis contact with the minor for a period of one year immediately preceding the filing of the petition.

The parent has failed without justifiable cause to provide meaningful and regular maintenance and support of the minor as required by law or judicial decree for a period of one year immediately preceding the filing of the petition.

The person meets criteria set forth under subsection \_\_\_\_\_ of R.C. 3107.07 and therefore the person's consent is not required.

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
First Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Second Petitioner, *if any*

\_\_\_\_\_  
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 BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF: \_\_\_\_\_

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

## APPLICATION ADDENDUM

[TO BE COMPLETED WITH APPLICATION]

Please check the applicable box:

This is the original contact information for this case.

This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

Attorney for Petitioner(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Attorney's Registration No. \_\_\_\_\_

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Petitioner Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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Second Petitioner's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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

**APPLICATION ADDENDUM (Continued)**

Household Member Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Household Member Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Household Member Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Household Member Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Household Member Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

Case No. \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip

do hereby authorize: (1) Adult Protective Services in Butler County and surrounding counties to release to the Butler County Probate Court, for an *in camera* inspection by the Court, any reports that may involve me that concern allegations of abuse, neglect, or the exploitation of an adult, (2) Butler County Children Services in Butler County and surrounding counties to release to the Butler County Probate Court, for an *in camera* inspection by the Court, any reports that may involve me that concern allegations of abuse, neglect, or the exploitation of a child, (3) Butler County Sheriff and surrounding counties and municipalities to release to the Butler County Probate Court copies of any records of arrest and/or conviction concerning any criminal charges that I may have, and (4) Butler County Probate Court to obtain from Ohio Courts Network (OCN) current and previous residences, civil and criminal history records, driving records, birth records, public records or any criminal justice agency records that I may have in any federal, state, county, and municipal jurisdictions.

Date of Birth	
Social Security Number	
Drivers License Number/State Issued	
Marital Status	
Previous Address	
Maiden Name	
Spouse's Name	
Name of Former Spouse(s)	
Name(s) of Child(ren)	
A.K.A.	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

-----  
TO BE COMPLETED BY EACH AGENCY (Please check appropriate space and sign. If a record is located, attach record/information to this form.)

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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\_\_\_\_\_  
Adult Protective Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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\_\_\_\_\_  
Children Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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\_\_\_\_\_  
Sheriff's Department

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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\_\_\_\_\_  
Ohio Courts Network (OCN)



# PROBATE COURT OF BUTLER 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 \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Person authorized pursuant to R.C.  
Chapter 3107 to take this  
acknowledgment

\_\_\_\_\_  
Title

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE 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 Butler County Probate Court		
	ALL OTHER DISBURSEMENTS		
	TOTAL	\$0.00	\$0.00

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

## CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ 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 of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE PLACEMENT OF \_\_\_\_\_

(Current name of child)

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

## AFFIDAVIT

[R.C. 3127.23]

State of Ohio, County of BUTLER

s.s.

Affiant being first duly sworn, deposes and says:

1. That the child's present address, the places where the child has lived within the last five years, and the name and present addresses of each person(s) with whom the child has lived during that period are:
2. That affiant has has not participated as a party, witness, or in any other capacity in any litigation concerning the custody of the child(ren) in this or any other state.
3. That affiant has has no information of any custody proceeding concerning the custody the child(ren) pending in a court of this or any other state.
4. That affiant has has no knowledge of any person who is not a party to the proceedings who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren).

If 2, 3, 4 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

Affiant realizes that affiant has a continuing duty to inform the Court of any custody proceedings concerning the child(ren) in this or any other state of which affiant obtains information during the pendency of this proceeding.

\_\_\_\_\_  
Signature of Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

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

## APPLICATION FOR APPOINTMENT OF ASSESSOR

[R.C. 3107.012, 3107.031]

Now comes Petitioner(s) , \_\_\_\_\_ ,

and request(s) that the Court appoint an assessor to perform the services required to be performed by an assessor as set forth in Chapter 3107.

Petitioner(s) request(s) that the Court appoint \_\_\_\_\_

as the assessor in this case and represents to the Court that said person or agency is duly licensed as an assessor in accordance with the requirements of Section 3107.012 of the Revised Code.

Petitioner(s) understand(s) that the cost of the assessor services will be the sole responsibility of the Petitioner(s) and will contract directly with the assessor regarding payment for such services, subject to the provisions of section 3107.10 of the Revised Code.

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF

\_\_\_\_\_  
(Name after adoption)

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

## JUDGMENT ENTRY APPOINTING ASSESSOR

[R.C. 3107.012, 3107.031]

This matter having come before the Court on the Petitioner(s) Application For Appointment of Assessor and the Court being otherwise fully advised,

IT IS THEREFORE ORDERED that \_\_\_\_\_

be appointed assessor in this case and provide assessor services as required by Chapter 3107 of the Revised Code, and

IT IS FURTHER ORDERED that the cost of the assessor services will be the sole responsibility of the Petitioner(s) and that the Petitioner(s) is/are instructed to contract directly with the assessor regarding payment for such services, subject to the provisions of section 3107.10 of the Revised Code.

\_\_\_\_\_  
Probate Judge

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

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

## ENTRY ORDERING INDEPENDENT HOME STUDY

[R.C. 3107.031]

This day this cause came on to be heard upon the application of Petitioner(s), \_\_\_\_\_

\_\_\_\_\_, for an independent home study with  
(Full name of petitioner)

\_\_\_\_\_ for the purpose of ascertaining whether  
(Agency)

Petitioner(s) seeking to adopt the minor is/are suitable to adopt.

The Court hereby orders \_\_\_\_\_ to make an  
(Agency)

independent home study of the proposed placement to be conducted as provided in section 3107.031 of the Revised Code, and to file a written report of the home study with the Court.

The costs of the home study shall be paid by the person seeking to adopt the child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
(Type or Print Attorney's Name)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (Include area code)

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF

\_\_\_\_\_  
(Name after adoption)

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

## RECEIPT

[3107.09(E)]

The undersigned hereby acknowledges receipt of the Social and Medical History (ODHS 1616) in this matter.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Petitioner



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

**ADOPTION OF** \_\_\_\_\_  
(Name after adoption)

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

**NOTICE OF HEARING ON PETITION FOR ADOPTION**  
(Notice must be served not less than 30 days before the date of the hearing)  
[R.C. 3107.11]

**TO:** \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

You are hereby notified that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a Petition for Adoption of \_\_\_\_\_, a minor, whose date of birth is \_\_\_\_\_, and for change of the name of the minor to \_\_\_\_\_, was filed in this Court by, \_\_\_\_\_. The Court will hear the petition on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_ o'clock \_\_\_\_M. in this Court. The Court is located at 101 High Street, Second Floor, Hamilton, Ohio 45011 . 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 have more than de minimis contact with the minor for a period of one year immediately preceding the filing of the adoption petition.
- ☐ That person is a parent who has failed without justifiable cause to provide meaningful and regular maintenance and support of the minor as required by law or judicial decree for a period of one year immediately preceding the filing of the adoption petition.
- ☐ The person meets criteria set forth under subsection \_\_\_\_\_ of R.C. 3107.07 and therefore the person's consent is not required.

A FINAL DECREE OF ADOPTION, IF GRANTED, WILL TERMINATE YOUR PARENTAL RIGHTS AND RESPONSIBILITIES, INCLUDING THE RIGHT TO CONTACT THE MINOR. ALL LEGAL RELATIONSHIPS BETWEEN THE MINOR AND YOU AND YOUR RELATIVES WILL TERMINATE, SO THAT THE MINOR IS A STRANGER TO YOU AND YOUR RELATIVES FOR ALL PURPOSES, WITH THE EXCEPTION OF DIVISION (A)(1)(b) OF SECTION 3107.15 OF THE REVISED CODE.

IF YOU OBJECT TO THE ADOPTION, AND THE MINOR WAS LESS THAN ONE YEAR OF AGE AT THE TIME THE PETITION FOR ADOPTION WAS FILED, YOU MUST DO BOTH OF THE FOLLOWING:

(1) FILE A WRITTEN OBJECTION WITH THE COURT WITHIN FOURTEEN DAYS FROM THE DATE OF SERVICE OF NOTICE OF THE FILING OF THE PETITION AND OF THE TIME AND PLACE OF HEARING.

(2) APPEAR AT THE HEARING.

IF YOU OBJECT TO THE ADOPTION, AND THE MINOR WAS ONE YEAR OF AGE OR OLDER AT THE TIME THE PETITION FOR ADOPTION WAS FILED, YOU MUST DO BOTH OF THE FOLLOWING:

(1) FILE A WRITTEN OBJECTION WITH THE COURT WITHIN TWENTY-EIGHT DAYS FROM THE DATE OF SERVICE OF NOTICE OF THE FILING OF THE PETITION AND OF THE TIME AND PLACE OF HEARING. FOR GOOD CAUSE SHOWN, THE COURT MAY EXTEND THE TIME IN WHICH A WRITTEN OBJECTION MAY BE FILED.

(2) APPEAR AT THE HEARING.

A FINAL DECREE OF ADOPTION MAY BE ENTERED IF YOU FAIL TO FILE A WRITTEN OBJECTION ON TIME AND APPEAR AT THE HEARING.

RIGHT TO AN ATTORNEY: YOU HAVE A RIGHT TO BE REPRESENTED BY AN ATTORNEY. IF YOU ARE INDIGENT AND UNABLE TO EMPLOY AN ATTORNEY, YOU ARE ENTITLED TO HAVE AN ATTORNEY PROVIDED FOR YOU PURSUANT TO CHAPTER 120 OF THE REVISED CODE.

YOU MUST CONTACT THE BUTLER COUNTY PROBATE COURT, ADOPTION SPECIALIST - KENDRA YOUNG (*information below*), IF YOU WANT AN ATTORNEY TO BE APPOINTED FOR YOU:

101 HIGH STREET, SECOND FLOOR  
(513) 785-5346

THE COURT SHALL CONSIDER A WRITTEN REQUEST FOR AN ATTORNEY OR A NOTICE OF APPEARANCE FILED BY AN ATTORNEY ON YOUR BEHALF, IN ACCORDANCE WITH THE ABOVEMENTIONED TIME FRAMES, AS GROUNDS FOR AN EXTENSION TO FILE WRITTEN OBJECTIONS.

\_\_\_\_\_  
JOHN M. HOLCOMB, PROBATE JUDGE

By: \_\_\_\_\_  
Deputy Clerk

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

**ADOPTION OF** \_\_\_\_\_  
(Name after adoption)

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

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

The Court finds all parties are properly before the Court by waiver of notice or by proper service.

The Court further finds after hearing the testimony of witnesses, and the evidence, that the consent of  
\_\_\_\_\_ is not required because:

That person is a parent who has failed without justifiable cause to have more than de minimis contact with the minor for a period of one year immediately preceding the filing of the adoption petition.

That person is a parent who has failed without justifiable cause to provide meaningful and regular maintenance and support of the minor as required by law or judicial decree for a period of one year immediately preceding the filing of the adoption petition.

The person meets criteria set forth under subsection \_\_\_\_\_ of R.C. 3107.07 and therefore the person's consent is not required.

**IT IS SO ORDERED** that the consent of the above-named person is not required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
John M. Holcomb, Probate Judge

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

**ADOPTION OF** \_\_\_\_\_  
(Name after adoption)

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

**FINAL DECREE OF ADOPTION**

(Without Interlocutory Order)  
[R. C. 3107.02, 3107.14, and 3107.19]

On this day the petition of, \_\_\_\_\_, for the adoption and change  
of name of the minor, \_\_\_\_\_, came on to be heard.  
(Name before adoption)

The Court finds that notice has been given to all parties; that all consents have been filed or have been found not required; that the allegations in the petition are true; that the minor has been lawfully placed in the home of the petitioner; that the minor has lived in the home of the petitioner for at least six months as required by law; that a 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

\_\_\_\_\_  
John M. Holcomb, Probate Judge

# PROBATE COURT OF BUTLER 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 \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_

and that all necessary proceedings relative to an adoption were complied with; and the Court on the \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_, 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 \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_

Deputy Clerk

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

**ADOPTION OF** \_\_\_\_\_  
(Name before adoption)

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

**NOTICE TO CHILD SUPPORT ENFORCEMENT AGENCY  
[R.C. 3107.20]**

**TO:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Please take notice that on \_\_\_\_\_, 20\_\_ , an Order was issued by this Court regarding minor child, \_\_\_\_\_, whose date of birth is \_\_\_\_\_, (name before adoption) that is cause for termination of support for said child pursuant to R.C. 3119.88(A)(10) and 3119.89.

Obligee Name and DOB: \_\_\_\_\_

Obligor Name and DOB: \_\_\_\_\_

Sets # \_\_\_\_\_

Prior name(s) of minor child: \_\_\_\_\_

\_\_\_\_\_  
JOHN M. HOLCOMB, PROBATE JUDGE

By: \_\_\_\_\_  
Deputy Clerk

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: Mother Father Parent Gender: Female Male Choose One: Mother Father Parent Gender: Female 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 \_\_\_\_\_

# Ohio Department of Health • Vital Statistics

## Application For Certified Copies

### CERTIFICATE REQUESTED

<input type="checkbox"/> <b>Birth Certificate</b> \$21.50 per certified copy	<input type="checkbox"/> <b>Paternity Affidavit</b> \$7.00 per certified copy
<input type="checkbox"/> <b>Death Certificate</b> \$21.50 per certified copy	<input type="checkbox"/> <b>Stillbirth Abstract</b> (No Cause of Death) Free to birth parents <hr/> <input type="checkbox"/> <b>Fetal Death Certificate</b> (Cause of Death shown) \$21.50 per certified copy

#### Mailing Address

*Send completed application with required fee to:*

Ohio Department of Health  
 Vital Statistics  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

### RECORD INFORMATION (Information about the person on the requested record)

Full Name <i>(for birth, indicate child's full name as shown on the original birth record)</i> :		If Name was Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:

### CHARGES Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"

<b>Birth:</b>	<b>Please indicate if you are requesting the certificate for any of the following purposes:</b> <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of birth record copies: _____ x \$21.50 = \$ _____
<b>Death:</b>	<input type="checkbox"/> <b>No</b> , I do not need the Social Security Number included. <input type="checkbox"/> <b>Yes</b> , I request a copy with the SSN included. You must attach a copy of your identification showing you are an authorized requestor (see instructions page for complete listing of authorized requestors).	Number of death record copies: _____ x \$21.50 = \$ _____
<b>Acknowledgment of Paternity (AOP):</b>	<b>Central Paternity Registry 6-digit Number</b> <i>(please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):</i>	Number of AOP copies: _____ x \$7.00 = \$ _____
<b>Fetal Death or Stillbirth:</b>	<b>Did the stillbirth event occur at 20 weeks or less gestation?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(This information will help us determine how the record has been filed)</i>	Number of stillbirth abstract certificates: _____ <i>(Free to birth parents)</i> Number of fetal death record copies: _____ x \$21.50 = \$ _____
<b>Total Amount Due:</b> Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded.		\$ _____

### APPLICANT INFORMATION (Information about the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & ZIP:		Signature of Applicant:	