BUTLER COUNTY PROBATE COURT
ADOPTION PETITION FILING REQUIREMENTS

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

PLEASE NOTE THAT 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 EIGHTEEN, PLEASE REFER TO THE INDIVIDUAL LIST OF FORMS ON THIS WEBSITE.

AT THE TIME OF INITIAL FILING

1. Statement of Intention – BCPC 18.0S
2. Petition – Form 18.0
3. Petitioner's Photo Identification
4. Certified copy of minor's birth certificate
5. Application Addendum – BCPC 639A
6. Authorization Forms (required for all adults over eighteen in the household) – BCPC 324
7. Consent of custodial birth parent – Form 18.3 **(must be notarized)**
8. Consent of the non-custodial birth parent (if possible) – Form 18.3 **(must be notarized)**
9. Petitioner's Account (Preliminary) – Form 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 – BCPC 308 **(must be notarized)**
13. Application for Appointment of Assessor – BCPC 318
14. Judgment Entry Appointing Assessor – BCPC 319
15. Entry Ordering Independent Home Study – BCPC 322

All forms must be mailed or brought to the 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 eighteen and older.
2. Petitioner's Account (Final) – Form 18.9 (must be filed at least ten days prior to the hearing).
3. Home Study – JFS 01673* or JFS 01698* (must be filed at least ten days prior to the hearing).
4. Pre-finalization Form JFS 01699* (if applicable, must be filed at least twenty days prior to the hearing).
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 of birth parents – JFS 01616* (if applicable).
7. Affidavit of Proof of Publication (if service of notice was made by publication).

* denotes completed by Assessor. All homestudies 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 the Probate Court.

AT THE TIME OF FINAL HEARING

1. Judgment Entry Finding Consent Not Required – Form 18.4 (if applicable).
2. If minor is over age twelve, Consent to Adoption – Form 18.3.
3. Final Decree of Adoption – Form 18.7.
4. Adoption Certificate for Parents – Form 18.8.
5. Ohio Department of Health Certificate of Adoption – HEA 2757.
6. Receipt for Social Medical History – BCPC 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 need to be obtained by Attorney/Petitioner from Vital Statistics of 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

_____
Print Attorney Name

_____
Address

_____

_____
Phone Number

_____
Ohio Supreme Court ID Number

_____
Signature, Applicant

_____
Print Applicant Name

_____
Signature, Co-Applicant

_____
Print Co-Applicant Name

_____
Address

_____

_____
Phone Number

_____
Email address

PROBATE COURT OF BUTLER COUNTY, OHIO

JOHN M. HOLCOMB, 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 _____.

CASE NO. _____

☐ 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 _____.

☐ A child support order exists and is administered by the _____ County Child Support Enforcement 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

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

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.

CASE NO. _____

_____
Attorney for Petitioner

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip Code

_____
Telephone Number (include area code)

_____
Email 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)

_____
Email Address

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

ADOPTION OF: _____
(name after adoption)

CASE NO. _____

APPLICATION ADDENDUM

[TO BE COMPLETED WITH APPLICATON]

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. _____

Petitioner Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number _____

Email Address _____

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 ______________________

Household Member Name ______________________

Street Address ______________________

City, State, and Zip Code ______________________

Telephone Number ______________________

Email Address ______________________

Household Member Name ______________________

Street Address ______________________

City, State, and Zip Code ______________________

Telephone Number ______________________

Email Address ______________________

Household Member Name ______________________

Street Address ______________________

City, State, and Zip Code ______________________

Telephone Number ______________________

Email Address ______________________

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 _____
(name after adoption)

CASE NO. _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ of _____
Address

_____
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		No Record Located	

_____
Adult Protective Services

Record Located		No Record Located	

_____
Children Services

Record Located		No Record Located	

_____
Sheriff's Department

Record Located		No Record Located	

_____
Ohio Courts Network (OCN)

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

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, 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	DATE AND ADDRESS	DISBURSEMENT MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN'S NAME		
	PHYSICIAN'S ADDRESS		
	HOSPITAL/MEDICAL FACILITY'S NAME		
	HOSPITAL/MEDICAL FACILITY'S ADDRESS		
	ATTORNEY'S NAME		
	ATTORNEY'S ADDRESS		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY'S NAME		
	AGENCY'S ADDRESS		
	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		

FORM 18.9 - PETITIONER'S ACCOUNT

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

PRINT

SCO-OCS-DRS 0018.9 (Rev. 10/2022) Previous Editions Obsolete

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

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, or 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
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF THE ADOPTION OF _____
current name of child

CASE NO. _____

APPLICATION FOR APPOINTMENT OF ASSESSOR

[R.C. 3107.012, 3107.014, 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 and/or Chapter 5103 of the Revised Code.

Petitioner(s) request(s) that the Court appoint _____

as the assessor in this case and represents to the Court that said person is duly licensed as an assessor in accordance with the requirements of Section 3107.014 of the Revised Code.

Petitioner(s) understand(s) that the cost of the assessor's 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 3107.031 of the Revised Code.

_____
Attorney for Petitioner

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip

_____
Phone Number (include area code)

Attorney Registration No. _____

_____
Petitioner

_____
Typed or Printed Name

_____
Petitioner

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip

_____
Phone Number (include area code)

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

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. Upon request, the assessor must provide the prospective parents with a copy of the home study. The assessor must delete from the copy any content regarding the opinion of other persons, excluding the assessor, of the person's suitability to adopt a minor.

_____
Probate Judge

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

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
JOHN M. HOLCOMB, JUDGE

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 (JFS 1616) in this matter.

_____
Signature of Petitioner

_____
Signature of Petitioner

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

IN THE 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: _____

_____

_____

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 _____ ____ .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 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 AN 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 TO YOU PURSUANT TO CHAPTER 120 OF THE REVISED CODE. YOU MUST CONTACT THE COURT ON RECEIPT OF THIS NOTICE IF YOU ARE REQUESTING THAT AN ATTORNEY BE APPOINTED FOR YOU.

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

CASE NO. _____

The State of Ohio, Butler County 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

_____

_____

_____
John M. Holcomb, Probate Judge

By: _____

RETURN

_____ , County, Ohio

_____ , 20 _____

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

_____

_____

FEES

Service and return, 1st name, $ _____

____ Additional names, at $ _____

____ Miles traveled, at $ _____

_____ _____

Total $ _____

_____
Sheriff

_____
Deputy Sheriff

_____
Name

_____
Title

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 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 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 Probate Judge

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

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

CASE NO. _____

FINAL DECREE OF ADOPTION
(Without Interlocutory Order)
[R. C. 3107.02, 3107.14, and 3107.19]

This day this matter came on to be heard on the petition of _____ _____ for the adoption and change of name of the minor being adopted.

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 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 Probate Judge

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

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

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

CASE NO. _____

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

To: _____

_____

_____

You are hereby notified that on _____ _____ , 20 _____ an Order was issued by this Court regarding the minor child, _____
(name before adoption)

_____, whose date of birth is_____,

that is cause for termination of support for said child pursuant to R.C.3119.89.

Obligee Name and DOB:_____

Obligor Name and DOB: _____

Sets #:_____

Prior name(s) of minor child:_____

_____ _____
Date 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 of Butler 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 _____

Bureau of Vital Statistics
Application for Ohio Certified Birth Record Copies

Department of Health

As of Jan, 1, 2025, the fee for a search of an Ohio vital record is $21.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). If no birth record is found, a certified "No Record" statement will be issued only if the applicant is requesting their own record or that of a minor child if they are the legal guardian. Any payment made that exceeds $21.50 by more than $2 will be refunded if no record is provided. Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage. Individuals requesting a certified affidavit of paternity must submit this application with the registration number of the document. If not known, please call the Ohio Central Paternity at 1-888-810-6446 prior to completing this application.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

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

☐ **Birth Certificate**
$21.50 per certified copy

☐ **Heirloom Certificate**
$25.00 per certified copy

☐ **Affidavit of Paternity**
$7.00 per certified copy

APPLICANT INFORMATION (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:**	

RECORD INFORMATION (the person on the requested record for Ohio births only)

Full Name (indicate the child's full name as shown on the original birth record):		**If Name Has Changed Since Birth, Indicate New Name:**	
Date of Birth:		**City and County Where the Birth Occurred:**	
○ **Mother** ○ **Father** ○ **Parent**	**Name Before First Marriage:**	○ **Mother** ○ **Father** ○ **Parent**	**Name Before First Marriage:**

FEES (Please make checks / money orders payable to the Treasurer, State of Ohio)

BIRTH:

Please Indicate The Reason For Requesting This Record:

- ☐ **Dual Citizenship**
- ☐ **Genealogy**
- ☐ **International Legal Business**
- ☐ **Out of Country Marriage**
- ☐ **Drivers License**
- ☐ **Passport**
- ☐ **School**
- ☐ **Work Permit**

Number of Birth Record Copies:
_____ x $21.50 = $_____

AFFIDAVIT OF PATERNITY (AOP):

Central Paternity Registry 6-digit Number (Please call the Ohio Central Paternity Registry at (888)-810-6446 if you do not have this number.)
CPR# _____

Number of AOP Copies:
_____ x $7.00 = $_____

TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to Treasurer, State of Ohio. $_____