

# **BUTLER COUNTY PROBATE COURT ADULT 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 - 19.0
3. Petitioner's Photo Identification
4. Certified copy of person to be adopted birth certificate
5. Application Addendum- BCPC 639

All forms must be mailed or brought to Probate Court. **At the time of filing, a deposit of \$180.00 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 hearing.

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

1. Consent to adoption- 18.3
2. Final Decree of Adoption - 19.1
3. Ohio Department of Health Certificate of Adoption - HEA 2757
4. Application for Certified Copies of New Birth Certificate - HEA 2709
5. 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 in the Court.

**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 ADULT  
[R.C. 3107.02]**

The undersigned, \_\_\_\_\_, hereby petitions the court for permission to adopt, \_\_\_\_\_, an adult, and to have the adult's name changed to \_\_\_\_\_.

The Petitioner(s) may adopt because the adult:

is totally and permanently disabled.

is determined to be a person with a developmental disability under R.C. 5123.01.

had established a child-foster caregiver, kinship caregiver, or child-stepparent relationship with the petitioner as a minor.

was, at the time of the adult's eighteenth birthday, in the permanent custody of or in a planned permanent living arrangement with a public children services agency or a private child placing agency

is the child of the spouse of the Petitioner.

The undersigned states that:

neither parent of the adult is obligated to pay child support or cash medical support for the adult adoptee.

one or more of the adult's parents is obligated to pay child support or cash medical support for the adult adoptee through the \_\_\_\_\_ County Child Support Enforcement Agency.

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

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

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

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

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

\_\_\_\_\_  
Second 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)

## ENTRY

The Court will hear the petition on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_  
o'clock \_\_.M. The Court is located at 101 High Street, Second Floor, Hamilton, Ohio 45011

\_\_\_\_\_  
Date

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

# 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. \_\_\_\_\_

## FINAL ORDER OF ADOPTION OF ADULT

This day this cause came on to be heard on the petition of \_\_\_\_\_

\_\_\_\_\_ to adopt \_\_\_\_\_

\_\_\_\_\_, an adult, and on the evidence.

On consideration thereof the Court finds (R.C. 3107.02(B)):

and that the adoption should be granted.

It is ordered that the name of the adopted adult be changed to \_\_\_\_\_

It is therefore further ordered that a final decree of adoption be, and the same hereby is entered herein.

It is further ordered that at that time a Certificate of Adoption, certified by the Court, be forwarded to the State Department of Health, Division of Vital Statistics at \_\_\_\_\_

\_\_\_\_\_. Further, that a copy of this decree be forwarded to the Ohio State Department of Human Services for Statistical purposes.

\_\_\_\_\_  
Date

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

**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:	