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 EIGHTEEN, 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 – Form 19.0.
3. Petitioner's Photo Identification.
4. Certified copy of birth certificate of person to be adopted.
5. Application Addendum – BCPC 639.

All forms must be mailed or brought to the 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 the 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 – Form 18.3.
2. Final Decree of Adoption – Form 19.1.
3. Ohio Department of Health Certification 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 need to be obtained by Petitioner/attorney from Vital Statistics of **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

_____
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 ADULT
[R.C. 3107.02]

The undersigned respectfully petitions the court for permission to adopt _____

an adult and to have the adult's name changed to _____.

The Petitioner 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

_____
Typed or Printed Name

_____
Address

_____
City State Zip Code

_____
Telephone Number (include area code)

_____
Petitioner

_____
Typed or Printed Name

_____
Address

_____
City State Zip Code

_____
Telephone Number (include area code)

CASE NO. _____

_____ _____

Email Address Email Address

Attorney Registration No._____

ENTRY

This cause is set for hearing on the _____ day of _____ , 20 __ at _____ _____ .M.

_____

PROBATE JUDGE

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

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 by 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

PRINT

SCO-CLC-PBT 0019.1 (Rev. 10/2022) Previous Editions Obsolete

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. $_____