

# PROBATE COURT OF BUTLER COUNTY, OHIO

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

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

## SELF-REPRESENTATION ACKNOWLEDGMENT

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court strongly recommends that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case without the assistance of an attorney.
2. I have the time, knowledge, and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information available on the Court's website, [www.butlercountyprobatecourt.org](http://www.butlercountyprobatecourt.org)
5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Butler County Probate Court Local Rules of Practice, and all other rules, regulations, policies and procedures, and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and personas represented by attorneys in similar probate proceedings.
7. If I do not fulfill my responsibilities in this case properly and in a timely manner I will be subject to the compliance policies in the Butler County Probate Court Local Rules.
8. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
9. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
10. If I violate anything in this Self-Representation Acknowledgment, the Court may terminate my authority to proceed further with this case, or may require that I must be represented by an attorney to continue with this case.

\_\_\_\_\_  
Fiduciary/Applicant/Guardian

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

\_\_\_\_\_  
Address

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

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

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

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER 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 Applicant(s) \_\_\_\_\_

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

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

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

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

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

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

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Applicant's Name \_\_\_\_\_

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

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

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

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

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Co-Applicant's Name \_\_\_\_\_

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

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

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

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

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

**APPLICATION ADDENDUM (Continued)**

Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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Additional Party's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

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

**IN THE MATTER OF** \_\_\_\_\_

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

**APPLICATION FOR CORRECTION OF BIRTH RECORD**  
**[R.C. 3705.15]**

In the Probate Court of Butler County on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ appeared \_\_\_\_\_ requesting that their birth record be corrected in accordance with Section 37.05.15 of the Revised Code as follows:

<b>Information recorded in this box should match information currently listed on the Birth Record</b>			
<b>Child's Information</b>			
1. Full Name of Child _____	2. Date of Birth _____	3. Place of Birth (city and county) _____	4. Sex _____
<b>Information of parent(s) currently listed on the Birth Record</b>			
5. Parent's Name _____		6. Parent's Name _____	
7. Place of Birth _____	8. Date of Birth _____	9. Place of Birth _____	10. Date of Birth _____

**ITEMS TO BE CORRECTED OR ADDED**

Box No.	_____	Reads as	_____	Should Read	_____
Box No.	_____	Reads as	_____	Should Read	_____
Box No.	_____	Reads as	_____	Should Read	_____
Box No.	_____	Reads as	_____	Should Read	_____

The undersigned being first duly sworn, says the facts stated in the foregoing Application are true as they verily believe and pray that the Court order the correction of the registration of birth.

\_\_\_\_\_  
Signature of Registrant or Applicant

\_\_\_\_\_  
Address

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

### SUPPORTING AFFIDAVITS

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

**State of Ohio,** \_\_\_\_\_ (Name of Attending Physician) **Affidavit of Physician**

The undersigned, being first duly sworn, deposes and says that they were the physician in attendance at the birth of \_\_\_\_\_ and that the facts stated herein are true as they verily believe.  
(Name of Applicant)

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Address

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

**NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavits of two persons having personal knowledge of the facts.**

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**State of Ohio,** \_\_\_\_\_ **Affidavit**  
(Name of Affiant)

The undersigned, being first duly sworn, deposes and says that they have read the application of \_\_\_\_\_ and that they have personal knowledge of the facts therein and that the statements made in the application are true as they verily believe.  
(Name of Applicant)

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

\_\_\_\_\_  
Address

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

**State of Ohio, \_\_\_\_\_ Affidavit**  
(Name of Affiant)

The undersigned, being first duly sworn, deposes and says that they have read the application of \_\_\_\_\_ (Name of Applicant) and that they have personal knowledge of the facts therein and that the statements made in the application are true as they verily believe.

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

\_\_\_\_\_  
Address

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

**IN THE MATTER OF** \_\_\_\_\_

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

**JOURNAL ENTRY ORDERING CORRECTION OF BIRTH RECORD**

The Court on consideration of the evidence submitted finds and orders that notice of hearing be dispensed with and the birth record of registrant be corrected in accordance with the facts set forth above and that a certified copy of the order of the Court be forthwith transmitted to the Director of Health as provided by law.

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

**CERTIFICATION OF JUDGMENT ENTRY**

The above Judgment Entry Ordering Correction of Birth Record is a true copy of the original kept by me as custodian of the records of this Court.

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

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

\_\_\_\_\_  
Date