

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
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
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:

Information recorded in this box should match information currently listed on the Birth Record			
Child's Information			
1. Full Name of Child _____	2. Date of Birth _____	3. Place of Birth (city and county) _____	4. Sex _____
Information of parent(s) currently listed on the Birth Record			
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.

State of Ohio, _____ (Name of Affiant) **Affidavit**

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

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. _____

Applicant's Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number _____

Email Address _____

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 _____

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

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

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

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

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NO. _____

CONSENT TO GENDER DESIGNATION CHANGE

The undersigned _____

[Check one of the following capacities by which your consent is given]

- Mother
- Legal Father
- Alleged Father

Hereby waives notice of the hearing on the Application for Gender Designation Change and consents to the sex marker for _____ being changed on the birth certificate from _____ to _____ as proposed in the Application.

Signature

Typed/Printed Name

Sworn to before me and signed in my presence this _____ day of _____, _____.

Notary Public

CASE NO. _____

LICENSED PROFESSIONAL'S STATEMENT

To be completed by a physician, psychologist, therapist, nurse practitioner, or social worker who is licensed to practice in the United States that certifies the gender identity of the applicant.

Physician

Psychologist

Therapist

Social Worker

Nurse Practitioner

I, _____
LICENSED PROFESSIONAL FULL NAME LICENSE/CERTIFICATE NO. ISSUING STATE

am the physician of _____, whose date of birth is _____
PATIENT NAME

My professional opinion is that the patient's gender identity is _____ .

I certify that my practice includes the treatment and counseling of persons with gender identity concerns, including the applicant _____, who is my patient.

I certify under the penalty of perjury that all information on this form is true and correct.

Signature of Licensed Professional

Date Signed

Typed Name of Professional

Name of Hospital or Clinic

Phone Number

Address

City/State/Zip

**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