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

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, _____. 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, _____ 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 _____ 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

Print Form

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

IN THE MATTER OF: _____

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 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
JOHN M. HOLCOMB, JUDGE

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