

# **PUBLIC AGENCY ADOPTION**

## **I. PETITION FOR ADOPTION**

### A. Attorney provides:

- \* Petition for Adoption (Form 18.0) using full, legal names, no initials and pays court costs.

### B. Agency provides:

- \*Consent (Form 18.3)
- \*Home study/Prefinalization Report (JFS Form 1699)
- \*Social Medical History (JFS Form 1616)
- \*ODH Vital Statistics, Certificate of Adoption (Form HEA 2757) w/original or cert. copy of child's birth certificate

## **II. FINAL HEARING**

- A. After receiving all of the above documents, hearing is scheduled for 6 months after placement of child in home
- B. Petitioners and child must appear
- C. Court provides:
  - \*Notice of final hearing to atty; agency and CASA, if applicable (Form 20.11A)
  - \*Adoption Certificate for Agency (Form 20.19A)
  - \* Request for Notification (Form 20.16)
  - \* Final Decree of Adoption (Form 18.7)
  - \* Adoption Certificate for Parents
- D. Court forwards documents to State BVS for new birth certificate
- F. Petitioner to wait at least 30 days after the final hearing to order the new birth certificate, following the instructions provided in the packet at the final hearing.

**PROBATE COURT OF LUCAS COUNTY, OHIO  
JACK R. PUFFENBERGER, JUDGE**

**IN THE MATTER OF THE ADOPTION OF** \_\_\_\_\_  
(Name after adoption)

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

**PETITION FOR ADOPTION OF MINOR  
[R.C. 3107.05]**

The undersigned petitions to adopt \_\_\_\_\_,  
a minor, and to change the name of the minor to \_\_\_\_\_.

**PETITIONER**

The petitioner states the following:

Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Place of Residence: \_\_\_\_\_  
Street Address

Post Office State Zip Code Duration of residence

Marital Status: \_\_\_\_\_ Date and Place of Marriage: \_\_\_\_\_

Relationship of Minor to Petitioner: \_\_\_\_\_

The petitioner has facilities and resource suitable to provide for the nurture and care of the minor and it is the desire of the petitioner to establish the relationship of parent and child with the minor.

**MINOR TO BE ADOPTED**

Birth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Property and Value: \_\_\_\_\_

The minor is living in the home of the petitioner, and was placed therein for adoption on the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

The minor is not living in the home of the petitioner, and resides at \_\_\_\_\_  
\_\_\_\_\_.

A certified copy of the birth certificate of the minor is filed with this petition or is not available due to the following:  
\_\_\_\_\_  
\_\_\_\_\_.

A Preliminary Estimate Accounting (Form 18.9), if required, is filed with this petition.

The minor is in the permanent custody of \_\_\_\_\_  
whose address is \_\_\_\_\_.

The guardian ad litem during the permanent custody proceedings was \_\_\_\_\_  
whose address is \_\_\_\_\_.

The attorney representing the minor during the permanent custody proceedings was

\_\_\_\_\_ whose address is \_\_\_\_\_.

**PERSONS OR AGENCIES WHOSE CONSENT TO THE ADOPTION IS REQUIRED**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age, if minor \_\_\_\_\_

Address: \_\_\_\_\_  Consent filed

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age, if minor \_\_\_\_\_

Address: \_\_\_\_\_  Consent filed

\_\_\_\_\_, the agency has permanent

Custody of the minor filed under, \_\_\_\_\_, \_\_\_\_\_  Consent filed

**PERSONS WHOSE CONSENT TO THE ADOPTION IS NOT REQUIRED**

No person has timely registered pursuant to R.C. 3107.062 as a putative father of the minor. Attached is Ohio Department of Jobs and Family Services Form 1697.

A The consent of \_\_\_\_\_  
Name Address Relationship

B The consent of \_\_\_\_\_  
Name Address Relationship

is/are not required because:

A B

The parent has failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

The parent has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

State other grounds under R.C. 3107.07 (includes putative father of the minor).

\_\_\_\_\_  
\_\_\_\_\_

Attorney for Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Telephone Number (include area code)

Attorney Registration No. \_\_\_\_\_

Petitioner

Typed or Printed Name

Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Telephone Number (include area code)

**PROBATE COURT OF LUCAS COUNTY, OHIO  
JACK R. PUFFENBERGER, 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

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 <b>BEFORE</b> Adoption	2 Date of Birth (Month, Day, Year)	3 Sex	4 Place of Birth (City, County, State or Foreign Country)
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**Child's Name After Adoption**

First Name	Middle Name	Last Name
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**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			Relation to Child		Choose One			Relation to Child		
Mother	Father	Parent	Adoptive	Natural	Mother	Father	Parent	Adoptive	Natural	
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)	
									Yes No	

**Foreign Adoptions Only (Information from Original Birth Record)**

Time of Birth
Hospital/Birthing Facility
Registrar's Name & Date Filed by Registrar (Month, Day, Year)
Attendant's Name (M.D, D.O, C.N.M, Other Midwife) & Date Signed

**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 \_\_\_\_\_