PUBLIC AGENCY ADOPTION

PURSUANT TO LUCAS CO. LOCAL RULE 57.1 (F)

EVERY FILING SHALL BE TYPEWRITTEN OR COMPUTER GENERATED. THE COURT MAY REFUSE ALL FILINGS NOT SO PREPARED OR CERTIFIED. NO PLEADINGS SHALL BE FILED SIGNED IN PENCIL.

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

CASE NO.	(Name after adoption)
	ETITION FOR ADOPTION OF MINOR [R.C. 3107.05]
The undersigned petitions to adopt	
a minor, and to change the name o	of the minor to
The petitioner states the following:	PETITIONER
Full Name:	Age
Full Name:	Age
Place of Residence:	Street Address
	Zip Code Duration of residence
Marital Status:	Date and Place of Marriage:
Relationship of Minor to Petitioner:	
	source suitable to provide for the nurture and care of the minor and it is the desire of the hip 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	e home of the petitioner, and was placed therein for adoption on the
day of, 20	0by
The minor is not living in	the home of the petitioner, and resides at
A certified copy of the birth certifica	ate of the minor is filed with this petition or is not available due to the following:
•	(Form 18.9), if required, is filed with this petition. anent custody of
whose address is	
	uring the permanent custody proceedings was
whose address is	

The a	ttorney representing the minor during the per	rmanent custody procee	edings was			
whose	e address is					
	PERSONS OR AGENCIES WH	IOSE CONSENT T	O THE ADOPTION IS REC	UIRED		
	Name:	Relationship:	Age, if minor			
	Address:		□ Con	sent filed		
	Name:	Relationship:	Age, if minor			
	Address:			sent filed		
	-		, the agency has	s permanent		
	Custody of the minor filed under,		, □ Con	sent filed		
	PERSONS WHOSE CON	SENT TO THE AD	OPTION IS NOT REQUIRE	:D		
	No person has timely registered pursuant Department of Jobs and Family Services Fo		a putative father of the minor	. Attached is Ohio		
Α	The consent ofName	Address		Relationship		
5				Relationship		
В	The consent ofName	Address	_	Relationship		
period of the	B The parent has failed without justifiable of at least one year immediately preceding petitioner. The parent has failed without justifiable of the parent has failed without justifiable.	the filing of the adoption	on petition or the placement of the for the maintenance and supp	ne minor in the home nort of the minor as		
	ed by law or judicial decree for a period of acement of the minor in the home of the petit			e adoption petition or		
	☐ State other grounds under R.C. 3107.0	7 (includes putative fath	ner of the minor.			
Attorr	ney for Petitioner	Petitioner	Petitioner			
Typed or Printed Name		Typed or	Printed Name			
Stree	t Address	Petitioner				
City	State Zip	Code Typed or	Printed Name			
Telep	hone Number (include area code)	Street Ad	dress			
E-Ma	il Address	City	State	Zip Code		
Attorn	ey Registration No	Telephon	ne Number (include area code)			
		E-Mail A	ddress			

CASE NO

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

	R OF THE ADOPTION OF	(Name after adoption)
	CONSENT TO ADO [R.C. 3107.06, 3107.08 &	
The undersigne	d	
[check o	ne of the following seven capacities b	y which your consent is given]
	Mother	
	Father	
	Parent	
	Putative father who has registered u	nder R.C. 3107.062
	Agency having permanent custody	
	in the presence of the Court)	rs of age (this consent must be executed
	Other	
consents to the	adoption of(Name before a	
as proposed in	•	,
_	d further states that this consent is vo	•
disclosure of the	e name or other identification of the pr	ospective 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 PER	SONAL DATA			
1 Name of Child BEFORE Adoption	2 Date of Birth (Month, D	Day, Year) 3 Sex	4 Place of Birth	(City, County, State or Foreign Country)	
	Child's Name	After Adoption			
First Name	Middle Na	-		Last Name	
The following information provided	ADOPTIVE PARENT(S d below will be used to create the	•		existed on child's date of birth.	
Choose One	Relation to Child	Choose		Relation to Child	
Mother Father Parent	Adoptive Natural	Mother Fath	ner 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) Birt	th 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	9	Inside City Limits (Yes or No)	
				Yes No	
Time of Birth	oreign Adoptions Only (Inform	nation from Original	Birth Record)		
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 name	ed above was adopted on			(Date)	
by				(Name(s) of Petitioner(s))	
as set forth in the final decree of adoption, Case No.,					
Date		Probat	e Judge		
		Deput	y Clerk	<u> </u>	

HEA 2757 (10/2020) 5335.06