

INDEPENDENT ADOPTIONS

I. PRE-PLACEMENT APPLICATION filed by atty for Adoptive Parents

- A. Atty brings in completed application (Form 20.1) using full, legal names, no initials and pays court costs**
- B. Court orders home study (Form 20.2)**
- C. Record Check – Petitioners make appointment with the court to process fingerprints for criminal background check. Prints need to be done yearly for the duration of the case. Please call 419-213-4794**

II. PLACEMENT APPLICATION filed by atty for birth parents

- A. Filed anytime prior to birth by legal birth parents (Form 20.3) and after Pre-Placement Application above**
- B. Court orders appointment of birth parent assessor (Form 20.4)**
- C. Assessor duties:**
 - * Provide birth parents with JFS materials about adoption and birth parents rights (no less than 72 hrs. before consent is signed by legal birth parents**
 - * Complete Ohio Law & Adoption Materials (JFS Form 1693 includes 5 components)**
 - * Complete Social/Medical History (JFS Form 1616)**
 - * Complete Lucas County assessment report**
- D. Putative Father Registry**
 - * Putative Father Registry Certification dated 16 or more days after the minor's birth**
 - * Affidavit setting forth the circumstances surrounding the service of a pre-birth notice to be submitted to court if applicable**
 - * If a pre-birth notice is served to putative father the court will not accept the Putative Father Certification unless the date on the document is 16 days or more after the date the pre-birth notice was served**
- E. Request For Info RE: Paternity Establishment Form Completed by Central Paternity Registry dated 15 or more days after the minor's birth**
- F. Court schedules Placement Hearing and serves notice on non-applying legal parent by personal service**

III. PLACEMENT HEARING

- A. More than 72 hours after child's birth or discussion of JFS materials, whichever is LATER**
- B. Home study must be completed and approved by Court, including criminal background check done within the last year.**
- C. Assessors report is provided, and 2 assessments have been held (one pre-birth and one post-birth)**
- D. Birth mother appears in court (as well as legal birth father), hearing includes**

1. Testimony regarding identity of birth father & contact
2. Court provides:
 - *Statement of Natural Parents (Form 20.5)
 - *Consent (Form 18.3)
 - * Placement Order to Petitioners (Form 20.8) after receipt of Putative Father Registry Certification, if applicable

IV. PETITION FOR ADOPTION

- A. **Atty Provides:**
 - *Petition for Adoption filed on date of Placement Order and no later than 90 days after placement (Form 18.0) using full, legal names, no initials
 - *Preliminary Estimate Account (Form 18.9)
- B. **Court Provides:**
 - *Order setting hearing on petition 33-45 days after placement (Form 20.11A)
 - *If notice of hearing on petition is required by law on birth father, then he must be served by personal service (Form 18.2NOH)
 - * Notice of hearing on petition to any non-consenting parent described above must be completed at least 20 days prior to hearing

V. INTERLOCUTORY HEARING

- A. **Father files objection**
 - *Interlocutory hearing is vacated and hearing on petition is continued (Form 20.12)
 - *Petitioner has burden of proving allegations in petition
 - *If father's consent is found necessary, petition is dismissed
 - *If father's consent is found not required, (Form 18.4) best interest hearing is scheduled by the court
- B. **No objection is filed**
 - *Interlocutory hearing proceeds
- C. **Paper hearing**
 - *If father is putative, must have on file the Certification from Ohio Putative Father Registry, having been provided by atty for the birth mother
 - *Updated home study is required before order is signed
 - *Even if no objection is filed by legal father, sign form 18.4 (JE Finding Consent Not Required)
- D. **If consent is not an issue (having been deemed unnecessary or having been obtained) and granting of the petition is in the best interests of the child, then an Interlocutory Order of Adoption (Form 18.5) is entered and final hearing is scheduled for 6 months after date of placement.**

E. Effect of Interlocutory Order

- * Birth parents can no longer object unless showing of fraud etc.
- * Birth parents can no longer withdraw their consent

VI. FINAL HEARING

A. Petitioners and child MUST appear

B. Prefinalization Adoption Assessment Report (JFS Form 1699) is reviewed, and had been filed at least 10 days prior to final hearing

C. Atty provides:

* Petitioners Final Account (Form 18.9) filed at least 10 days prior to final hearing

*ODH Vital Statistics Certificate of Adoption (Form HEA 2757) filed at least 10 days prior to final hearing, with original or certified copy of child's existing birth certificate

D. Court provides:

*Request For Notification (Form 20.16)

*Entry Approving Report and Finalizing Adoption (Form 18.6)

*Adoption Certificate For Parents (Form 18.8)

E. Court forwards documents to State BVS for new birth certificate.

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

Pre-Placement Application

Case No.: _____

Applicant _____
(Last, First, Middle)

Applicant _____
(Last, First, Middle)

Birthdate _____ Place of Birth _____

Birthdate _____ Place of Birth _____

Race/Ethnic Background _____

Race/Ethnic Background _____

Occupation _____

Occupation _____

Address _____

Phone # _____

City _____ State _____ Zip _____

County _____

E-Mail Address _____

E-Mail Address _____

Directions for reaching the residence:

Date of Marriage _____ Licensed Obtained (City, County, State) _____

Other Members of Household

Name _____ Birthdate _____ Sex _____ Relation to Applicant _____

Name _____ Birthdate _____ Sex _____ Relation to Applicant _____

Name _____ Birthdate _____ Sex _____ Relation to Applicant _____

Name _____ Birthdate _____ Sex _____ Relation to Applicant _____

Has either applicant been married before? Yes No If divorced, when and where was the divorce obtained and identify which applicant: _____

Have you ever applied to or adopted a child from any other source? Yes No If yes, what source, when and where? _____

Case No.: _____

Has either applicant been convicted of a criminal offense? Yes No If yes, what was the offense? _____

Have you had treatment for a serious or chronic illness? Yes No Explain: _____

Have you ever received, or been advised to seek, mental health services? Yes No Explain: _____

Have you ever received, or been advised to seek, treatment for alcohol/substance abuse? Yes No Explain: _____

Education

High School
Other:

High School
Other:

Present Employment

Employer Phone #

Length Employed Salary

Employer Phone #

Length Employed Salary

Insurance

Total Life Face Value

Total Life Face Value

Household Face Value

Household Face Value

Medical

Medical

Other:

Other:

Case No.: _____

List four references who have known you well (**include some who know your home life**)

_____ Name	_____ Address	_____ Telephone #	_____ Relationship
_____ Name	_____ Address	_____ Telephone #	_____ Relationship
_____ Name	_____ Address	_____ Telephone #	_____ Relationship
_____ Name	_____ Address	_____ Telephone #	_____ Relationship

How long has the child lived in this home _____

Is the father legal or putative _____

FOR RELATIVE ADOPTION ONLY:

Relationship of Applicant(s) to Adoptee(s): _____

Adoptee(s) name(s) as it now appears on birth certificate:

Adoptee(s) name(s) will remain the same will be changed to:

Adoptee(s) date(s) of birth: _____

Applicant(s) understand that this document is only an application and that additional information and documentation will be required. Applicant(s) understand that this Court will require further investigation for purposes of conducting a Homestudy.

Applicant

Applicant

Attorney of Record

Address

City State Zip

Phone #

Ohio Supreme Court Number

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

IN RE:
INFANT _____

CASE NO. _____

APPLICATION TO PLACE UNBORN CHILD FOR ADOPTION

Now comes _____, the birth parent of a presently unborn child and states that she/he is _____ years old. Birth mother also believes _____ to be the birth father. Child is due to be born about _____ at _____ Hospital.

Birth parent is aware that Court requires a Mandatory Assessment to be completed by a Court-Appointed Assessor and agrees to said requirement.

Birth parent further states that she/he is aware that prior to the Placement Hearing, all medical records regarding the infant and the birth parent(s) shall be provided to the attorney representing the prospective adoptive applicant(s).

Birth parent is also aware that this Placement Hearing must be held anytime after 72 hours from the time of the infant's birth. She/he further states that she/he is aware of his/her right to contest the decree of adoption subject to the limitations of Section 3107.16 of the Ohio Revised Code.

Birth parent further authorizes the Court to order the hospital to release said child to foster care prior to the Court's Placement hearing.

Birth Mother

Birth Father

Birth Mother *(Please Print Name)*

Birth Father *(Please Print Name)*

Address

Address

Phone No.

Phone No.

Attorney

Attorney Name *(Please Print Name)*

Date

Address

Phone Number

**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

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Typed or Printed Name

Telephone Number (include area code)

Street Address

Attorney Registration No. _____

City State Zip Code

Telephone Number (include area code)

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

ADOPTION OF: _____
 (Name after Adoption)

CASE NO.: _____

PETITIONER'S ACCOUNT
 [R.C. 3107.055]

PRELIMINARY ESTIMATE ACCOUNTING
 (To be filed not later than date petition filed)

FINAL ACCOUNTING
 (To be filed not later than 10 days prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	EXPENSES PURSUANT TO R.C. 3107.055(C)(9)		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
	TOTAL		

CASE NO.: _____

[Reverse of Form 18.9]

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this ____ day of _____, 20____, that this accounting is true and accurate.

Attorney or Agency

Typed or Printed Name

Address

City State Zip Code

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this ____ day of _____, 20____.

Petitioner

Petitioner

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 BEFORE 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: Mother Father Parent	Gender: Female Male	Choose One: Mother Father Parent	Gender: Female Male
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)

Other Required Information (From the Original Birth Certificate)

Foreign Adoptions Only (from the Original Birth Certificate)

Attendant's Name (M.D, D.O, C.N.M, Other Midwife)	Time of Birth			
Mailing Address (Number, Street, City, County, State, Zip Code)	Hospital/Birthing Facility			
Registrar's Name	Registrar's Name & Date Filed by Registrar (Month, Day, Year)			
Date Filed by Registrar (Month, Day, Year)	Attendant's Name (M.D, D.O, C.N.M, Other Midwife) & Date Signed			
Parent(s) Current Mailing Address	Street	City or Village	State	Zip Code
Attorney's Name and Address	Street	City or Village	State	Zip Code

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 _____

Ohio Central Paternity Registry

P.O. Box 183206 Columbus, OH 43218-3206 PHONE: 888-810-6446

REQUEST FOR INFORMATION RE: PATERNITY ESTABLISHMENT

Instructions: ● Complete the top portion of the form and fax to CPR @ 614-523-3679. ● Use a separate form for each child. ● We require *72 hours* from the date on the fax to return search results. ● Search results will be based upon the data provided *exactly* as it is on the form. ● Utilizing the electronic form filled version of this form is preferred, however *clearly printed* copies will be accepted.

Person/Agency requesting information: _____

Contact Phone Number: _____ Return Fax Number: _____

CHILD FIRST NAME: _____ MIDDLE: _____ LAST: _____

D.O.B. _____

MOTHER FIRST NAME: _____ MIDDLE: _____ LAST: _____

D.O.B. _____

FATHER FIRST NAME: _____ MIDDLE: _____ LAST: _____

D.O.B. _____

CPR SEARCH RESULTS:

___ No paternity records on file

___ Paternity established by Affidavit _____ CPR # _____
Received from: Hospital CSEA Vital Statistics Mail

___ Paternity established by Administrative Order _____ CPR # _____
Case Number # _____
Date _____

___ Paternity established by Court Order _____ CPR # _____
Case Number # _____
Date _____

Additional Notes: