

PRIVATE AGENCY ADOPTION

PETITION FOR ADOPTION

1. Attorney files Petition (Form 18.0) using full legal names, no initials, Preliminary Account (Form 18.9) and pays court costs.
2. Agency provides:
 - * Consent (Form 18.3)
 - * Home Study/Pre-finalization Report (JFS Form 1699)
 - * Social Medical History (JFS Form 1616)
 - * ODH Vital Statistics, Certificate of Adoption (Form HEA 2757) with original or certified copy of child's birth certificate.
 - * Ohio Law & Adoption Materials (JFS Form 1693)
 - * Putative Father Registry Certification
 - * Copy of Permanent Surrender

FINAL HEARING

1. Scheduled 6 months after placement of child in home
2. Court Notifies:
 - * Petitioner(s) Attorney
 - * Agency
3. Petitioner(s) and child must appear
4. Final Account (Form 18.9) must be filed 10 days prior to final hearing.
5. Court provides:
 - * Notice of Final Hearing (Form 20.11A)
 - * Adoption Certificate for Agency (Form 20.19A)
 - * Request for Notification (Form 20.16)
 - * Final Decree of Adoption (Form 18.7)
6. Court forwards documents to State Bureau of Vital Statistics for new birth certificate.

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

IN THE MATTER OF THE ADOPTION OF _____ CASE NO. _____

(Name after adoption)

PETITION FOR ADOPTION OF A 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

City or Village or Township if unincorporated Area County

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 resources 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:

The minor will be an adopted person as defined in R.C. 3107.39;

The minor will be an adopted person as defined in R.C. 3107.45;

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 _____

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