

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

**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**

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 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 _____