

## 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. A list of locations will be provided by your social worker.**

### **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. Fax information must be legible or a certification from the attorney will be required. Corresponding document required.**
- 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. After your child is placed, a social worker will need to visit you in your home and write a report that is sent to the court to report your child's progress. Each visit requires a report and has a \$150.00 fee.
- D. 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.**

**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  
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 \_\_\_\_\_.





**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 <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 \_\_\_\_\_

# 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:

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\_\_\_ 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: