

**JAMES A. FREDERICKA, JUDGE  
TRUMBULL COUNTY PROBATE COURT  
161 High Street  
Warren, Ohio 44481  
(330) 675-2521  
Fax: (330) 675-3024  
www.trumbullprobate.org**

## **ADULT ADOPTION FILING REQUIREMENTS**

The following must be filed with the initial filing for the adoption of an adult:

- The filing fee is \$151.00.
- Petition for Adoption of Adult (Standard Probate Form 19.0)
- Copy of the adoptee's birth certificate
- Adoption Vital Statistics Form (Local Rules Appendix O-1)
  - A completed HEA 2757 Ohio Department of Health Certificate of Adoption must be submitted for adoptees born in Ohio.
  - For adoptees born outside of Ohio, the required documents for the Department of Vital Statistics/Department of Health in that state must be completed and submitted.
  - If the adoptee was born in Ohio and the Petitioner(s) are asking the Court to request a certified copy of the updated birth certificate from the Ohio Department of Health, **an additional payment of \$22.50** must be made at the time of filing.
- Supplemental Adoption Form—Adult Adoptions (Local Rules Appendix O-3)
- Statement of Adopted Person

All individuals and attorneys filing adoptions in the Trumbull County Probate Court are encouraged to familiarize themselves with Local Rule 75.4.

**\*\*The Trumbull County Probate Court accepts payment by cash, check, and money order only. The Court does not accept payment by debit or credit card.\*\***

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF THE ADOPTION** \_\_\_\_\_  
(Name after adoption)  
**CASE NO.** \_\_\_\_\_

**PETITION FOR ADOPTION OF ADULT**  
[R.C. 3107.02]

The undersigned respectfully petitions the court for permission to adopt \_\_\_\_\_  
an adult and to have the adult's name changed to \_\_\_\_\_.

The Petitioner may adopt the adult because the adult:

- ☐ is totally and permanently disabled.
- ☐ is determined to be a person with an intellectual disability
- ☐ had established a child-foster caregiver, kinship caregiver, or child-stepparent relationship with the petitioner as a minor.
- ☐ was, at the time of the adult's eighteenth birthday, in the permanent custody of or in a planned permanent living arrangement with a public children services agency or a private child placing agency.
- ☐ is the child of the spouse of the petitioner.

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Phone Number (include area code)

Attorney Registration No. \_\_\_\_\_

**ENTRY**

This cause is set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_ o'clock \_\_\_\_m.

\_\_\_\_\_  
**JAMES A. FREDERICKA, PROBATE JUDGE**

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)

**Child's Name After Adoption**

First Name

Middle Name

Last Name

**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)**

Attendant's Name (M.D., D.O., C.N.M., Other Midwife)

**Foreign Adoptions Only (from the Original Birth Certificate)**

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 \_\_\_\_\_

**PROBATE COURT OF VTWO DWN COUNTY, OHIO**  
**JAMES A. FREDERICKA, JUDGE**

**STATEMENT OF ADOPTED PERSON**

CASE NO. \_\_\_\_\_

CHILD'S NAME AFTER ADOPTION \_\_\_\_\_

THE CHILD NAMED IN THIS ADOPTION IS:

A minor who became available or potentially available for adoption on or before September 18, 1996 and at least one of the biological parents consented to the adoption or a probate court entered a finding that the biological parent(s) signature was not needed (O.R.C. 3107.39).

A minor who became available for adoption after September 18, 1996 (O.R.C. 3107.45).

**EXCLUSIONS FOR ODHS 1693 DISCLOSURE**

Foreign adoption finalized in another country and re-finalized in Ohio.

Foreign adoption finalized in Ohio only.

Step-parent adoption.

Involuntary surrender/ court commitment.

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

# **WEBCHECKS/ BACKGROUND CHECKS**

- If you are required to have a WEBCHECK/background check, you must go to the Trumbull County Sheriff's Department to have the check completed.
- The Trumbull County Sheriff's Department is a separate department from the Trumbull County Probate Court. The Trumbull County Sheriff's Department sets the hours for completing the checks.
- Please **call the Trumbull County Sheriff's Department at (330) 675-4040** for up to date information about when you can have your WEBCHECK/background check completed.
- The Trumbull County Sheriff's Department is located at the Trumbull County Jail, 150 High Street, Warren, Ohio 44481.
- The Trumbull County Sheriff reports that the cost for checks will range from \$35.00 to \$75.00, depending upon the type of check that must be performed.
- If you have questions or concerns about getting the WEBCHECK/background check completed or the transmission of your results, please call the Trumbull County Sheriff's Department at **(330) 675-4040**.

**IN THE COURT OF COMMON PLEAS  
PROBATE DIVISION  
TRUMBULL COUNTY, OHIO**

IN THE MATTER OF:	)	CASE NO.
THE ADOPTION OF	)	
	)	

**CONSENT TO WEBCHECK CRIMINAL BACKGROUND CHECK  
(ADOPTION)**

I, the undersigned, hereby authorize the Trumbull County Sheriff's Department to perform a criminal background check using the WEBCHECK system, to have the results sent directly to the Trumbull County Probate Court to become a permanent part of the Court's file, and to have the results sent by the Trumbull County Probate Court to the adoption assessor appointed by the Court.

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Signature

---

Date

---

Printed Name

---

Address

---

---

Telephone Number

---

Date of Birth

**IN THE COURT OF COMMON PLEAS  
PROBATE DIVISION  
TRUMBULL COUNTY, OHIO**

IN THE MATTER OF:	) CASE NO.
THE ADOPTION OF	)
	)

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(ADOPTION)**

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---

Signature

---

Date

---

Printed Name

---

Address

---

---

Telephone Number

---

Date of Birth

**IN THE COURT OF COMMON PLEAS  
DIVISION OF PROBATE  
TRUMBULL COUNTY, OHIO  
JUDGE JAMES A. FREDERICKA**

**IN THE MATTER OF THE ADOPTION OF:** \_\_\_\_\_  
**CASE NUMBER:** \_\_\_\_\_

**SUPPLEMENTAL ADOPTION FORM—ADULT ADOPTIONS**

The prospective adopted person's information is as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

If the prospective adoptive person is being adopted by the spouse of a parent, that parent's information is as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

If the prospective adoptive person is being adopted by the spouse of a parent, the following information must be provided:

Date of Marriage: \_\_\_\_\_  
Location of Marriage: \_\_\_\_\_

A copy of the marriage license must be filed.



If the prospective adopted person is disabled, the following information must be provided:

Is the prospective adopted person under guardianship? \_\_\_ Yes \_\_\_ No

If yes, the Letters of Guardianship must be filed. If the guardian has been given authority to consent to the adoption by the Court, the Judgment Entry granting such authority must also be filed.

The names and addresses of the prospective adopted person's legal parents are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consent filed? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consent filed? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Petitioner Name

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Petitioner Name

\_\_\_\_\_  
Adult Adoptee Signature

\_\_\_\_\_  
Adult Adoptee Name

**IN THE COURT OF COMMON PLEAS  
DIVISION OF PROBATE  
TRUMBULL COUNTY, OHIO  
JUDGE JAMES A. FREDERICKA**

**IN THE MATTER OF THE ADOPTION OF:** \_\_\_\_\_  
**CASE NUMBER:** \_\_\_\_\_

**ADOPTION VITAL STATISTICS FORM**

**BIRTH CERTIFICATES ISSUED IN OHIO**

You must submit the following forms:

1. A proposed Ohio Department of Health Certificate of Adoption (HEA 2757); and
2. A Statement of Adopted Person.

If the proposed adoption is ultimately approved, the Court will request a certified copy of the new birth certificate if requested. If the Petitioner(s) would like the Court to request a certified copy of the new birth certificate from the Ohio Department of Health, this form must be accompanied by a deposit for the cost of the certified birth certificate and the mailing costs associated with the new birth certificate, the total cost of which is \$22.50. If this form is not accompanied by a deposit of \$22.50, the Court will not request a certified copy of the new birth certificate from the Ohio Department of Health.

Certified copies of the birth certificate can be obtained directly from the Ohio Department of Health without Court involvement.

\_\_\_\_\_ I/we want the Court to order a certified copy of the new birth certificate for us and have deposited \$22.50 with the Court for that cost.

When the Court receives the birth certificate, it should be mailed to (check ONE):

\_\_\_\_\_ The Attorney    \_\_\_\_\_ The Petitioner(s)    \_\_\_\_\_ The Adult Adoptee

\_\_\_\_\_ I/we do NOT want the Court to order a certified copy of the new birth certificate.

**BIRTH CERTIFICATES NOT ISSUED IN OHIO**

You must submit the following;

1. A proposed Certificate of Adoption on either the Ohio form or on the form prescribed by the state where the birth occurred.

It is the responsibility of the attorney arranging the adoption to make sure that all of the requirements of the state or country of birth are complied with so that the appropriate birth certificate or vital statistics records can be issued. If there is no attorney or agency arranging the adoption, it is the responsibility of the Petitioner(s).

You must submit to the Court any forms that the Department of Health/Department of Vital Statistics in the state or country issuing the birth certificate requires the Court to fill out for the issuance of a new birth certificate and/or updating of its vital statistics records. The forms must be completed prior to being submitted to the Court.

If there are any documents that the Court is being requested to send directly to the appropriate Department of Health/Department of Statistics, please complete the following:

What documents are you requesting the Court send?	<u>Yes</u>	<u>No</u>
1. _____	Certified?	
2. _____	Certified?	
3. _____	Certified?	
4. _____	Certified?	

\_\_\_\_\_ None.

The Court will send either the Ohio Certificate of Adoption or the state specific Certificate of Adoption submitted by the Petitioner(s) to the state Department of Health. Please provide the address for the Department of Health where the documents and the Certificate of Adoption should be sent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that you must advance the cost for each copy or certified copy that the Court must produce to send.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Petitioner Name

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Petitioner Name

\_\_\_\_\_  
Adult Adoptee Signature

\_\_\_\_\_  
Adult Adoptee Name