

James A. Fredericka, Judge
TRUMBULL COUNTY PROBATE COURT
161 High Street
Warren, Ohio 44481
(330) 675-2521
fax: 675-3024
www.trumbullprobate.org

AGENCY ADOPTION FILING REQUIREMENTS

Deposit \$151.00 per application - Balance of court costs due day of hearing.

**The Probate Court accepts payment of cash, check and money order only.
The Court does not accept payment by debit or credit cards**

<u>When to File</u>	<u>Ohio Revised Code</u>	<u>Form No.</u>	<u>Form</u>
Initial Filing	R.C. 3107.05(A)	SPF 18.0	Petition for Adoption of Minor
Initial Filing			Statement of Adopted Person
Initial Filing			Supplemental Adoption Form
Initial Filing		HEA 2757	Ohio Department of Health Certificate of Adoption (Completed down to certification)
Initial Filing	R.C. 3107.10(B)	SPF 18.9	Preliminary Accounting
Initial Filing			Agency Consent Form(s) (Filed by agency)
Within 5 days from filing of petition	R.C. 3107.032		Petitioner and any person 18 years old or older living in the home submits to WEBCHECK criminal background check at Trumbull County Sheriff's Department. R.C. 2151.86 (C)(1)
Prior to Hrg.			Certified Copy of Birth Certificate (filed by agency)
Prior to Hrg.			Judgment Entry terminating parental rights and granting Permanent custody to agency.
Prior to Hrg.	R.C. 3107.12	ODHS 1699	Prefinalization Assessment (Filed by Agency at least 20 days prior to hearing)
Prior to Hrg.	R.C. 3107.10(B)	SPF 18.9	Final Accounting (Filed by petitioners at least 10 days prior to hearing). If agency is charging a fee, agency fees are required to be shown.
Prior to Hrg.	R.C. 3107.031	OHDS 1698	Home Study by Assessor (Filed by agency at least 10 days prior to hearing)
Prior to Hrg.	R.C. 3107.09(E)	ODHS 1616	Social and Medical History of parent(s) (Filed by agency)
Prior to Hrg.		OHDS 1693	Ohio Law and Adoption Materials (If applies, filed by agency)

****If a minor's consent is needed for an adoption,
it will be obtained by the Court on the date of the hearing.**

Petitioners may hire any agency that is appropriately licensed to perform the assessment and/or home study. The following agencies have asked to be included on the Court's list:

1. Building Blocks Adoption Service, Inc. (330) 725-5521
2. Caring for Kids (330) 928-0044
3. Northeast Ohio Adoption Services (330) 856-5582, ext 107
4. Open Arms Adoptions (330) 697-4751
5. Trumbull County Children Services Board (330) 372-2010
6. Adoption Circle (Kim) (614) 738-5456
7. Right Choice Family Solutions, LLC (980) 253-6922

Petitioners are responsible for:

- * Paying any necessary fees associated with the assessment and/or home study.
- * For assuring that a legally sufficient assessment and/or home study is filed.
- * For having the individual conducting the assessment and/or home study appear at the adoption hearing.

The Court does not recommend or require that Petitioners utilize any specific agency. Individuals may select any appropriately licensed agency, even if the agency is not included on this list.

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

CASE NO. _____

Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Typed or Printed Name

Phone Number (include area code)

Street Address

Attorney Registration No. _____

City State Zip Code

Phone Number (include area code)

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)

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 _____

**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) _____

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

IN THE MATTER OF _____) CASE NO. _____
 THE ADOPTION OF _____)
 _____) SUPPLEMENTAL ADOPTION FORM
 (NAME AFTER ADOPTION)

This form shall be filed with the Petition for Adoption and shall indicate if any of the following apply:

- 1. Either birth parent is deceased,**
- 2. A support order has been issued by any court or agency,**
- 3. Any other court action has ever been filed regarding this child, or**
- 4. Either birth parent has been previously married.**

G None of the above apply.

G Birth parent is deceased.

Name of deceased parent:	Date of Death:
Name of deceased parent's mother:	
Address of deceased parent's mother or date of death:	
Name of deceased parent's father:	
Address of deceased parent's father or date of death:	

G A support order has been issued regarding this child.

Court/Agency:	Case Number:
Case Name:	

G Other court action regarding this child (guardianship, juvenile, domestic relations):

Court:	Case Number:
Case Name:	Pending or closed?
Nature of Action:	Name of Attorney or Guardian ad Litem for Child:

Birth mother was previously married.
_____Number of previous marriages.

Birth father was previously married.
_____Number of previous marriages.

If more than one marriage, list the marriages chronologically. Duplicate as necessary.

Name of birth mother:	Name of birth father::
Address:	Address:
Name of former spouse #1:	Name of former spouse #1:
Date of termination of marriage:	Date of termination of marriage:
County of termination proceedings:	County of termination proceedings:
Case Name:	Case Name:
Case Number:	Case Number:

Name of former spouse #2:	Name of former spouse #2:
Date of termination of marriage:	Date of termination of marriage:
County of termination proceedings:	County of termination proceedings:
Case Name:	Case Name:
Case Number:	Case Number:

Attorney for Petitioner

Petitioner

Address

Address

Telephone Number

Telephone Number

Facsimile Number

Ohio Supreme Court Registration Number

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

IN THE MATTER OF THE 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 a gency 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: _____

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

Telephone Number (include area code)

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

Petitioner

Petitioner

ORDER APPROVING PETITIONER'S ACCOUNT

The Petitioner's Account filed in accordance with R.C. 3107.10 is hereby approved.

James A. Fredericka, Probate Judge

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.

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)
)

**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.

Signature

Date

Printed Name

Address

Telephone Number

Date of Birth