

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

MINOR ADOPTION FILING REQUIREMENTS

The following must be filed with the initial filing for the adoption of a minor:

- The filing fee is \$151.00.
- Petition for Adoption of Minor (Standard Probate Form 18.0)
- Certified copy of the minor's birth certificate certified no more than thirty days prior to the filing of the Petition for Adoption of Minor
- Adoption Vital Statistics Form (Local Rules Appendix O-1)
 - A completed HEA 2757 Ohio Department of Health Certificate of Adoption must be submitted for children born in Ohio.
 - For children 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 minor 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—Minor Adoptions (Local Rules Appendix O-2)
- Preliminary Estimate Accounting (Standard Probate Form 18.9)
- Statement of Adopted Person
- Certification from the Ohio Putative Father Registry/Putative Parent Registry from the state of birth
- Consents signed by all individuals and entities whose consent is required must be filed. If a birth parent statutorily must appear before the Court to give their consent, the birth parent counseling must have been completed with the assessor and be ready for filing.

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.****

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:

_____.

CASE NO. _____

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)

**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

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 attorney arranging the adoption will send all documents directly.

To what department and address are you requesting the Court send the records?

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

Attorney Signature

Attorney Name

Petitioner Signature

Petitioner Name

Petitioner Signature

Petitioner Name

Adult Adoptee Signature

Adult Adoptee Name

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) _____

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, 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
- ☐ Putative father who has registered under R.C. 3107.062 (for a minor born on or after January 1, 1997)
- ☐ Putative father (for a minor born before January 1, 1997)
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

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

**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—MINOR ADOPTIONS

Court Actions:

1. Has any support or zero support order been issued regarding this minor?

_____ Yes _____ No

If yes, file a certified copy of all support orders that have been in effect within one year of the filing of the Petition for Adoption of Minor.

Court issuing order: _____

Case number: _____

2. Has any order allocating parenting time been issued concerning this minor?

_____ Yes _____ No

If yes, file a certified copy of all orders allocating parenting time concerning this minor that were in effect within one year of the filing of the Petition for Adoption of Minor.

Court issuing order: _____

Case number: _____

3. Does someone have court ordered permanent or legal custody of this minor?

_____ Yes _____ No

If yes, file a certified copy of the entry granting permanent or legal custody and complete the following:

Court issuing order: _____

Case number: _____

Type of custody: _____ Permanent _____ Legal

Pending or closed? _____

Is the custody order still in effect? _____ Yes _____ No

4. Has a court granted anyone a guardianship over this minor?

_____ Yes _____ No

If yes, file a certified copy of the letters of guardianship and complete the following:

Court granting guardianship: _____

Case number: _____

Pending or closed? _____

Is the guardianship still in place? _____ Yes _____ No

5. Does anyone other than a parent have court-ordered visitation with this minor?

_____ Yes _____ No

If yes, file a certified copy of the judgment entry granting visitation and complete the following:

Court issuing order: _____

Case number: _____

Pending or closed? _____

Is the visitation still ordered? _____ Yes _____ No

Individual(s) with visitation: _____

Address of individual(s) with visitation: _____

6. Is there or has there ever been a paternity or maternity action concerning this minor?

_____ Yes _____ No

If yes, file a certified copy of the judgment entry making a determination.

Court issuing order: _____

Case number: _____

Pending or closed? _____

7. Is there any order of protection, domestic violence protection order, or civil protection order in place that protects this minor or was one in effect during the one year immediately preceding the filing of the Petition for Adoption of Minor?

_____ Yes _____ No

If yes, file a certified copy of such order.

Court issuing order: _____

Case number: _____

Is the order still in effect? _____

Deceased Parents:

For each parent that is deceased, complete the following:

Name of deceased parent: _____
Date of death: _____

Name of deceased parent: _____
Date of death: _____

For each parent that is deceased, you must file a certified copy of his or her death certificate.

Incarcerated Parents:

For each parent that is incarcerated, complete the following:

Name of incarcerated parent: _____
Prisoner number: _____
Name of prison/jail: _____
Address of prison/jail: _____

Date of expected release: _____

Name of incarcerated parent: _____
Prisoner number: _____
Name of prison/jail: _____
Address of prison/jail: _____

Date of expected release: _____

Attorney Signature

Attorney Name

Petitioner Signature

Petitioner Name

Petitioner Signature

Petitioner Name