

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.

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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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