

APPENDIX A

**ADVANCE DEPOSITS FOR COURT COSTS**

A deposit in the amounts set forth below shall be required upon the filing of the following actions and proceedings.

1. Full Estate.....	\$161.00
2. Release from Administration*.....	\$92.00 and up
3. Ancillary Administration.....	\$161.00
4. Summary Administration .....	\$60.00
5. Short Form Release*.....	\$30.00 and up
6. Release from Administration – Real Property Only*.....	\$42.00 and up
7. Guardianship.....	\$161.00
8. Trust.....	\$125.00
9. Adoption.....	\$151.00
10. Placement for Adoption.....	\$151.00
11. Name Change.....	\$112.00
12. Will Deposit.....	\$25.00
13. Minor’s Settlement.....	\$ 76.00
14. Wrongful Death Settlement.....	\$ 71.00
15. Land Sale.....	\$135.00
16. Other Adversary Proceeding (Determination of Heirship, Declaratory Judgment, Concealed Assets, Will Validation, etc.).....	\$135.00
17. Copy of Claim under R.C. 2117.06.....	\$15.00
18. Release of Medical Records.....	\$60.00
19. Personal Service.....	\$ 25.00
20. Copy per page.....	\$ 0.10

\*Actual costs are dependent on filings in release.

Deposits will be applied as filings occur. Additional deposits are due as required by the Court.

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

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

**IN THE MATTER OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**NOTICE OF LITIGATION**

The undersigned represents to the Court that this matter is involved in litigation, being:

Case No.: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Style of Case: \_\_\_\_\_

Nature of Case: \_\_\_\_\_

Name of Judge: \_\_\_\_\_

wherein the estate is  Plaintiff  Defendant, was filed on \_\_\_\_\_. Estate litigation counsel is:

Name: \_\_\_\_\_ Ohio Supreme Court No. \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_

Email: \_\_\_\_\_

The undersigned further represents that the Court will be notified within 30 days of the conclusion of the litigation, including Civ.R.41 dismissals, and that a Status of Litigation Report will be filed yearly.

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

\_\_\_\_\_  
Typed or Printed Name      Ohio Supreme Ct. No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fiduciary Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

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

IN THE ESTATE OF \_\_\_\_\_ CASE NO. \_\_\_\_\_

\_\_\_\_\_, DECEASED COMPUTATION OF COUNSEL FEES
FULL ADMINISTRATION

- I. Probate Assets - per the approved Inventory
A. Personal Property - inventory total
4% of first \$200,000
3% of next \$300,000
2% of balance of
Total
B. Real Estate - transferred by certificate
(inventory total of real estate)
2% of first \$25,000
1% of balance of
Total
C. Real Estate - sold to spouse or per statutory or testamentary power
(inventory total of real estate)
3% of first \$25,000
2% of balance of
Total
D. Real Estate sold per land sale proceedings
(inventory total of real estate)
4% of first \$25,000
3% of balance of
Total
II. Non-Probate Assets - Attach separate itemization of legal services
rendered relative to non-probate assets. (Identify service, specific
non-probate asset, date and time spent, rate per hour, and total).

TOTAL FEE REQUESTED \_\_\_\_\_

\_\_\_\_\_  
Fiduciary Signature/Approval

\_\_\_\_\_  
Attorney Signature and Supreme Court No.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Note:

- The inventory includes all probate assets owned by decedent at time of death. The values are the date of death values and the inventory does not include interest income or non-probate property. The final appraisal value of real estate is the date of death value. Fees taken on assets which are later reappraised at a lower value shall be adjusted.
Fees shall not be paid until approved by journal entry and are payable upon filing of the final account.
When the attorney is also the fiduciary, the attorney fee shall be reduced by one-half.
In lieu of the computation form, the attorney may itemize all legal services rendered.

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

**IN THE MATTER OF:** \_\_\_\_\_

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

**APPLICATION TO ENTER INTO CONTINGENT FEE CONTRACT**

The undersigned applies to the Court for authority to enter into the contingent fee contract, attached as Exhibit A, with:

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned represents that legal services are necessary as a result of the following described matter:

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

The undersigned further represents that no fees will be paid until reviewed by the Court and allowed by judgment entry.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiduciary

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

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

IN THE ESTATE OF \_\_\_\_\_ CASE NO. \_\_\_\_\_
\_\_\_\_\_, DECEASED

COMPUTATION OF EXECUTOR/ADMINISTRATOR COMMISSION

I. Personal Estate (In Estate)
0 to \$100,000 @ 4% \_\_\_\_\_
\$100,001 to \$400,000 @ 3% \_\_\_\_\_
\$400,001 to \_\_\_\_\_ @ 2% \_\_\_\_\_
Total ..... \$ \_\_\_\_\_

II. Real Estate (Not Sold In Estate)
Value from Ohio Estate Tax Return of \_\_\_\_\_ @ 1% \$ \_\_\_\_\_

III. Non-Probate Assets (Except Joint & Survivorship)
Value from Ohio Estate Tax Return of \_\_\_\_\_ @ 1% \$ \_\_\_\_\_

IV. Summary
A. Total Commission Requested (Per I, II & III). ..... \$ \_\_\_\_\_
B. Less Commissions previously approved by the Court ..... \$ \_\_\_\_\_
C. Balance of Commission requested from Estate ..... \$ \_\_\_\_\_

- V. Note
A. Commissions will not be allowed when there is a delinquency in filing an account.
B. Commissions will be shared equally between co-fiduciaries, unless the will provides otherwise.
C. Commissions may be reduced when citations have been issued and when extraordinary attorney fees have been granted.
D. Commissions shall not be paid until allowed by judgment entry.

\_\_\_\_\_
Date

\_\_\_\_\_
Fiduciary Signature

\_\_\_\_\_
Type or Print Name

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

**GUARDIAN'S COMPENSATION**

- I. Ordinary Compensation of Guardian of Estate
  - A. Income on Principal
    - 3% of the first \$1,000.00
    - 2% of the balance in excess of \$1,000.00
  - B. Expenditures Approved by the Court
    - 3% of the first \$1,000.00
    - 2% of the balance in excess of \$1,000.00
  - C. Minimum Compensation
    - \$50.00 per year
- II. Extraordinary Compensation and Personal Services
  - By application as provided in County Local Probate Rule 73.3
- III. Guardian of Veteran
  - Compensation as a guardian of a veteran who receives benefits from the Veterans Administration are provided for under R.C. 5905.13 based on the services rendered, not exceeding 5% of the money received during the accounting period.
- IV. Limitations on Compensation
  - A. Compensation shall not be allowed for:
    - 1. Balances carried forward from one accounting period to another.
    - 2. Investment of funds and reinvestments of assets shall not be considered money or property originally received or income or expenditures.
    - 3. Final distribution of unexpended balances to a ward at the closing of a guardianship or to a successor guardian.

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

IN THE MATTER OF

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

\_\_\_\_\_  
**A Minor, An Incompetent**

**COMPUTATION OF GUARDIAN'S COMPENSATION**

I. Income during Period Beginning \_\_\_\_\_ and Ending \_\_\_\_\_  
0 to \$1,000 @ 3% \_\_\_\_\_  
\$1,001 to \_\_\_\_\_ @ 2% \_\_\_\_\_  
Total . . . . . \$ \_\_\_\_\_

II. Expenditures during Period Beginning \_\_\_\_\_ and Ending \_\_\_\_\_  
0 to \$1,000 @ 3% \_\_\_\_\_  
\$1,001 to \_\_\_\_\_ @ 2% \_\_\_\_\_  
Total . . . . . \$ \_\_\_\_\_

III. Summary  
A. Total compensation requested (Per I & II). . . . . \$ \_\_\_\_\_  
B. Less compensation previously approved by the Court . . . . . \$ \_\_\_\_\_  
C. Balance of compensation requested from Guardianship . . . . . \$ \_\_\_\_\_

IV. Note  
A. Limitations on compensation in Appendix F.  
B. Compensation will not be allowed when there is a delinquency in filing an account.  
C. Compensation will be shared equally between co-guardians.  
D. Compensation may be reduced when citations have been issued and when extraordinary attorney fees have been granted.  
E. Compensation shall not be paid until allowed by judgment entry.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiduciary Signature

\_\_\_\_\_  
Type or Print Name

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

TRUSTEE'S COMPENSATION

I. Ordinary compensation of Testamentary Trustee

A. Distribution Fee

1% of the fair market value of any distribution or payment from the principal of the trust property. This amount shall be charged against and deducted from the distribution or payment.

B. Annual Principal Fee

1.25% of Total Market Value of principal

For the purpose of computing a trustee's compensation, the fair market value of the principal of the trust property shall be determined by the trustee as of the date of the trustee's appointment and as of each anniversary date thereafter. The compensation so determined may be charged during the ensuing year. The annual principal valuation shall be adjusted from time to time to reflect additions to and withdrawals from the principal of the estate, and the compensation for the remaining portion of the annual period shall be similarly adjusted to reflect such revised valuation.

C. Corporate Trustee Investment Service

A Corporate Trustee that provides a service that invests all available income and/or principal cash on a daily basis may be allowed an amount equal to one-half of one percent (0.5%), on an annual basis, of the amount invested, but not in excess of \$100.00 per month.

D. Minimum Compensation

\$750.00 per year for actual services rendered .

E. Compensation may be paid quarterly.

II. Extraordinary Compensation

By application as provided in County Local Probate Rule 74.3.

III. Limitations on Compensation

A. Compensation shall not be allowed for:

1. Balances carried forward from one accounting period to another;
2. Investment of funds and reinvestment of assets shall be not considered money or property originally received, or income, or expenditures;
3. Final distribution of unexpended balances to a beneficiary at the closing of a trust, or to a successor trustee.





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

ESTATE OF \_\_\_\_\_, DECEASED

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

APPLICATION FOR SHORT FORM RELEASE FROM ADMINISTRATION

Now comes \_\_\_\_\_, who resides at \_\_\_\_\_  
\_\_\_\_\_ and whose telephone number is \_\_\_\_\_,  
having been first duly sworn, states:

1. Applicant's relationship to the Decedent is \_\_\_\_\_.
2. The Decedent's legal residence at the time of death was \_\_\_\_\_  
\_\_\_\_\_, and the Decedent's date of death was \_\_\_\_\_.
3. The Decedent \_\_\_ had a will \_\_\_ did not have a will (File Form 2.0 and the will if they did)
4. The Decedent's assets consist of the following assets (assets and probable value):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. The Decedent's unpaid debts consist of the following (list of creditors and amount of debt):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Amount of Decedent's funeral expenses: \$ \_\_\_\_\_ and burial expenses: \$ \_\_\_\_\_
7. \_\_\_\_\_ paid \$ \_\_\_\_\_ toward the Decedent's funeral and burial expenses.
8. \$ \_\_\_\_\_ is still owed toward the Decedent's funeral and burial expenses. That amount is  
owed to \_\_\_\_\_.
9. Attached is a list of surviving spouse, next of kin, legatees, and devisees, known to the Applicant (Standard Probate Form 1.0).
10. The Applicant requests that the Court issue an order directing and authorizing the Applicant to collect the assets of the decedent and to distribute them as directed by the Court.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me and signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

**COUNSEL FEES**

- I. Ordinary Legal Services in a Decedent's Estate
- A. Probate Assets According to Inventory or Actual Value
1. Personal Property  
4% of first \$200,000.  
3% of next \$300,000.  
2% of the balance.
- Not including the proceeds from the sale of real estate as provided below.
2. Real Estate – transferred by certificate  
2% of first \$25,000.  
1% of the balance.
  3. Real Estate sold to Surviving Spouse or per Statutory or Testamentary Power  
3% of first \$25,000.  
2% of the balance.
  4. Real Estate sold per Land Sale Proceedings  
4% of first \$25,000.  
3% of the balance.
  5. Non-Probate Assets – Attach separate itemization of legal services rendered relative to non-probate assets. (*Identify service, date, specific non-probate asset, time spent, rate per hour, and total*)
- II. Ordinary Legal Services In Relieving Estate From Administration
- A. Counsel fees for legal services performed that are found reasonable and necessary by the Court may be considered when itemized and submitted as provided in County Local Probate Rule 71.2(B) and allowed by judgment entry.
- B. Non-Probate Assets
1. Counsel fees on non-probate assets shall not be paid, except for good cause shown, and only after an application has been heard by the Court and allowed by judgment entry.

- III. Ordinary Legal Services in Guardianships of Estates and Testamentary Trusts
- A. Counsel fees up to \$500.00 for representing a guardian of the estate or testamentary trustee who has been appointed, filed a bond and inventory, and whose inventory has been approved by judgment entry may be allowed without an itemized statement of legal services performed.
  - B. Counsel fees up to \$300.00 for preparing and filing a guardian's or trustee's annual account or trustee's annual account may be allowed without an itemized statement of legal services performed after the account has been approved by judgment entry.
  - C. When counsel fees exceed the above amount, an itemized statement of legal services performed shall be filed as provided by County Local Probate Rule 71.2 (B).
- IV. Legal Services in Adoption Proceedings
- A. Counsel fees up to \$500.00 for representing petitioners who are subsequently granted a final decree of adoption may be approved without an itemized statement of legal services performed. Counsel fees shall be listed on the petitioner's account form. No fee or retainer shall be taken without prior approval of the Court
- V. Legal Services in Name Changes, Birth Corrections, Birth Registrations, Placements and Legitimation Proceedings
- A. Counsel fees up to \$300.00 for representing applicants may be approved without an itemized statement of legal services performed.
- VI. Itemized Statement for Legal Services
- A. Counsel fees for legal services performed that are found reasonable and necessary by the Court may be considered when submitted as provided in County Local Probate Rule 71.2(B) and allowed by judgment entry.

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

**ESTATE OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_**

**RELEASE FROM ADMINISTRATION: REAL PROPERTY ONLY  
[O.R.C. 2113.61(D)]**

Now comes \_\_\_\_\_, who resides at \_\_\_\_\_  
\_\_\_\_\_ and whose telephone number  
is \_\_\_\_\_, having been first duly sworn, states:

1. Applicant's relationship to the Decedent is \_\_\_\_\_.
2. The Decedent's legal residence at the time of death was \_\_\_\_\_  
\_\_\_\_\_.
3. The Decedent's date of death was \_\_\_\_\_.
4. The Decedent \_\_\_\_\_ had a will \_\_\_\_\_ did not have a will (File Form 2.0 and the will if  
the Decedent died with a will)
5. The decedent's sole asset was a \_\_\_\_\_ percent interest in real property located in  
\_\_\_\_\_ County, Ohio and known as Permanent Parcel Number  
\_\_\_\_\_.
6. The value of the Decedent's interest in the real property at the time of death was  
\$\_\_\_\_\_ (attach SPF 3.0 Appointment of Appraiser and a copy of either the  
appraisal or the county auditor's valuation).
7. The Decedent is not subject to Medicaid estate recovery.
8. The Decedent's funeral bill has been paid in full. Documentation showing that the  
funeral bill has been paid in full is attached.
9. Attached is a list of surviving spouse, next of kin, legatees, and devisees of the Decedent  
(SPF 1.0).
10. It has been more than 6 months since the Decedent's death.
11. No administration has been had on an estate for the decedent and no administration is  
contemplated.
12. Attached is an Application for Certificate of Transfer.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

**ESTATE OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_**

**WAIVER OF NOTICE OF RELEASE FROM ADMINISTRATION:  
REAL PROPERTY ONLY**

The undersigned surviving spouse, heirs at law, legatees, devisees, and other person entitled to notice of the filing of the Release from Administration: Real Property Only, hereby waive such notice.


[Type text]

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

IN RE: Paralegal Registration of: \_\_\_\_\_

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

**PARALEGAL REGISTRATION: EMPLOYEE**  
[FOR USE BY A PARALEGAL EMPLOYED EXCLUSIVELY BY ONE LAW FIRM]  
[LOCAL RULE 75.6]

The Law Firm of \_\_\_\_\_,  
registers \_\_\_\_\_ a paralegal employed by the Firm, who will be  
assisting on matters filed in this Court.

The Law Firm and the paralegal certify that:

1. The paralegal is qualified through education, training, or employment experience to assist the Firm in legal matters in this Court.
2. The attorney from the Firm will supervise and be responsible for all services of the paralegal,
3. Paralegal services and fees shall be itemized separately in fee statements filed with the Court,  
and;
4. The Firm shall notify the Court when the registered paralegal leaves the exclusive employment of the Firm.

\_\_\_\_\_  
Signature of attorney

\_\_\_\_\_  
Signature of Paralegal

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Address of attorney

\_\_\_\_\_  
Employment address of paralegal

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Attorney registration number

\_\_\_\_\_  
Paralegal registration number

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

IN RE: Paralegal Registration of: \_\_\_\_\_

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

**PARALEGAL REGISTRATION: INDEPENDENT**  
[FOR USE BY AN INDEPENDENT PARALEGAL]  
[LOCAL RULE 75.6]

The undersigned attorney of record registers \_\_\_\_\_,  
a paralegal who will be assisting in the matter of \_\_\_\_\_  
\_\_\_\_\_, Case No. \_\_\_\_\_, in this Court.

The attorney and the paralegal certify that:

1. The paralegal is qualified through education, training, or employment experience to assist the attorney in legal matters in this Court.
2. The attorney will supervise and be responsible for all services of the paralegal, and;
3. Paralegal services and fees shall be itemized separately in both fee statements and accountings filed with the Court.

\_\_\_\_\_  
Signature of attorney

\_\_\_\_\_  
Signature of Paralegal

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Address of attorney

\_\_\_\_\_  
Employment address of paralegal

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Attorney registration number

\_\_\_\_\_  
Paralegal registration number



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

**ELECTRONIC MAIL CONSENT FORM**

I, the undersigned, hereby authorize the Trumbull County Probate Court to send all notices and citations issued by the Court pursuant to Statute, Civil Rule, Rule of Superintendence, or the Local Rules of the Trumbull County Probate Court via electronic mail pursuant to Local Rule 78.7.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Trumbull County Probate Court Local Rules Appendix M

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

_____	)	Case No. _____
_____	)	
Plaintiff	)	
	)	
vs.	)	
_____	)	<b><u>Report of Parties' Planning Meeting</u></b>
_____	)	
Defendant	)	

1. A meeting was held on \_\_\_\_\_ and was attended by:
  - a. \_\_\_\_\_ counsel for Plaintiff(s)
  - b. \_\_\_\_\_ counsel for Plaintiff(s)
  - c. \_\_\_\_\_ counsel for Plaintiff(s)
  - d. \_\_\_\_\_ counsel for Defendant(s)
  - e. \_\_\_\_\_ counsel for Defendant(s)
  - f. \_\_\_\_\_ counsel for Defendant(s)
  - g. The following unrepresented parties:  
\_\_\_\_\_  
\_\_\_\_\_
  
2. The parties agree that the litigation should be:
  - a. \_\_\_\_\_ Expedited
  - b. \_\_\_\_\_ Standard
  - c. \_\_\_\_\_ Other: \_\_\_\_\_
  
3. This case \_\_\_\_\_ is \_\_\_\_\_ is not suitable for mediation.
  
4. Plaintiff(s) made initial disclosures as required by the Ohio Rule of Civil Procedure 26 on \_\_\_\_\_ and all other parties made initial disclosures as follows:  
\_\_\_\_\_  
\_\_\_\_\_.

5. Objections to the initial disclosures \_\_\_\_\_ are \_\_\_\_\_ are not being made. If there are objections, they are specified along with the identity of the objecting party in an appendix to this plan.
6. A discovery plan as required by the Local Rules of the Trumbull County Probate Court \_\_\_\_\_ is \_\_\_\_\_ is not being completed simultaneously with this. If not, explain the reasons why a discovery plan cannot be formulated

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7. The following are other matters that must be addressed by the Court:

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Counsel for Plaintiff

---

Counsel for Plaintiff

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Counsel for Defendant

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Counsel for Defendant

---

Counsel for Defendant

---

Unrepresented Party

Trumbull County Probate Court Local Rules Appendix N

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

\_\_\_\_\_) Case No. \_\_\_\_\_  
\_\_\_\_\_)  
Plaintiff \_\_\_\_\_)  
\_\_\_\_\_)  
vs. \_\_\_\_\_)  
\_\_\_\_\_) **Discovery Plan**  
\_\_\_\_\_)  
\_\_\_\_\_)  
Defendant \_\_\_\_\_)

1. The parties agree to address the preservation of electronically stored information and other information held by the parties or third parties as follows:

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

2. The following issues remain as to the preservation of electronically stored information and other information held by the parties or third parties:

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

3. The parties agree to utilize the following methods of search for the discovery of documents and electronically stored information:

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

4. The parties agree to the following limitations for the discovery of documents and electronically stored information:

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

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5. The following agreements have been made by the parties for how claims of privilege or the protection of designated materials after production will be addressed:

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6. The parties have agreed to the following timeline and procedure for obtaining disclosure of known and reasonably available non-privileged, non-work product documents and things that support or contradict the specifically pleaded claims and defenses:

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7. The parties have agreed to the following timetable and procedure for exchanging lists of lay witnesses, expert witnesses and exhibits for trial:

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8. The parties have agreed to the following procedure for scheduling depositions:

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9. If medical records are expected to be discovered, the parties have reached the following agreements as to how they will be exchanged and handled:

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10. The following additional agreements as to discovery have been reached:

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11. The following concerns about discovery in this matter continue to exist:

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Counsel for Plaintiff  
Printed Name: \_\_\_\_\_

---

Counsel for Plaintiff  
Printed Name: \_\_\_\_\_

---

Counsel for Defendant  
Printed Name: \_\_\_\_\_

---

Counsel for Defendant  
Printed Name: \_\_\_\_\_

---

Counsel for Defendant  
Printed Name: \_\_\_\_\_

---

Unrepresented Party  
Printed 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**

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

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

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

\_\_\_\_\_  
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:** \_\_\_\_\_

**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: \_\_\_\_\_

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Attorney Signature

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Attorney Name

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Petitioner Signature

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Petitioner Name

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Petitioner Signature

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Petitioner 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:** \_\_\_\_\_

**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