

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

PRIVATE ADOPTION FILING REQUIREMENTS

Deposit \$151.00 per application (Cash, Check or Money Order) - Balance of court costs due day of hearing.

<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			Supplemental Adoption Form
Initial Filing			Statement of Adopted Person
Initial Filing	HEA 2757		Ohio Department of Health Certificate of Adoption (Completed down to certification)
Initial Filing	R.C. 3107.05(B)		Certified Copy of Birth Certificate <i>*Certified within 30 days of filing</i>
Initial Filing	R.C. 3107.10(B)	SPF 18.9	Preliminary Accounting
Initial Filing	Local Rule 75.4(m)		Ohio Putative Father Certification
Initial Filing			If needed, affidavit of due diligence, motion and order for notice by publication
Initial Filing			Certified Entry granting an adoptive placement or granting a legal status that exempts the Petitioner(s) from obtaining an adoptive placement.
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
Prior to Hrg.	R.C. 3107.05(B)	SPF 18.3	Consent to Adopt (*Birth parents) <i>*May need to have birth parents come before the Court to consent.</i>
<i>*Possible requirements, if consent of birth parents are involved:</i>			
Prior to Hrg.	R.C. 3107.09(E)	ODHS 1616	* Social and Medical History of Parent(s) (filed by agency)
Prior to Hrg.	R.C. 3101.083	OHDS 1693	* Ohio Law and Adoption Materials (If applies, filed by agency)
Prior to Hrg.	R.C. 3107.064	ODHS 1697	In putative father situation: Certified copy of putative father registry search results dated at least 16 days after birth.
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	ODHS 1673	Home Study by Assessor (Filed by agency at least 10 days prior to hearing)

****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:

_____.

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)

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)

Mailing Address (Number, Street, City, County, State, Zip Code)

Registrar's Name

Date Filed by Registrar (Month, Day, Year)

Foreign Adoptions Only (from the Original Birth Certificate)

Time of Birth

Hospital/Birthing Facility

Registrar's Name & 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 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

Ohio Department of Job and Family Services
APPLICATION FOR SEARCH OF OHIO PUTATIVE FATHER REGISTRY

Ohio Putative Father Registry
P.O. Box 183204
Columbus, Ohio 43218
Phone: 1-888-313-3100 / Fax (614) 728-6726
OhioPFR@jfs.ohio.gov

Please perform a search of the Ohio Putative Father Registry and advise if a putative father has registered timely with respect to the mother, child or father identified below.

SECTION I: IDENTIFYING INFORMATION ABOUT THE MOTHER		
Mother's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YY)	Race	
Other names by which mother may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Mother's Mailing Address/Apt. (If different than above)		
City, State, Zip		
SECTION II: IDENTIFYING INFORMATION ABOUT THE FATHER		
Father's LAST Name	FIRST Name	MIDDLE Name
Social Security Number	Phone Number	
Date of Birth (MM/DD/YY)	Race	
Other names by which father may be known 1.	3.	
2.	4.	
Home Address		
City, State, Zip		
Father's Mailing Address/Apt. (If different than above)		
City, State, Zip		

