INDEPENDENT ADOPTIONS

PURSUANT TO LUCAS CO. LOCIAL RULE 57.1

EVERY FILING SHALL BE TYPEWRITTEN OR COMPUTER GENERATED. THE COURT MY REFUSE ALL FILINGS NOT SO PREPAIRED OR CERTIFIED. NO PLEADINGS SHALL BE FILED SIGNED IN PENCIL.

I. PRE-PLACEMENT APPLICATION filed by atty for Adoptive Parents

- **A. Atty brings in completed application (Form 20.1) using full, legal names, no initials and pays court costs.**
- **B. Court orders home study (Form 20.2)**
- **C. Record Check – A list of locations will be provided by your social worker after the appointment has been made. Prints need to be done yearly for the duration of the case.**

II(a) APPLICATION FOR PLACEMENT BY BIRTH PARENTS -filed by atty for birth parents OR SEE II(b)

- **A. Filed any time prior to birth by legal birth parents (Form 20.3A) or if the birth parents are cooperating with the adoption and after Pre-Placement Application above**
- **B. Court orders appointment of birth parent assessor (Form 20.4)**
- **C. Assessor duties:**
  - *** Provide birth parents with JFS materials about adoption and birth parents rights (no less than 72 hrs. before consent is signed by legal birth parents**
  - *** Complete Ohio Law & Adoption Materials (JFS Form 1693 includes 5 components)**
  - *** Complete Social/Medical History (JFS Form 1616)**
  - *** Complete Lucas County assessment report**

II(b) APPLICATION FOR PLACEMENT BY LEGAL CUSTODIANS (Form 20.3C)-filed by atty for legal custodians

- **A. Filed when the allegations of birth parents are they have either abandoned or are deceased and after Pre-Placement Application above**
- **B. Should provide proof of placement paperwork from Juvenile Court is applicable**
- **C. A hearing will be scheduled on the Petition, Application for Placement & Best Interest and birth parents will be notified by personal service.**

III. PERMANENT SURRENDER HEARING-if birth parents have filed by placement

- **A. More than 72 hours after child's birth or discussion of JFS materials, whichever is LATER**
- **B. Assessors report is provided, and 2 assessments have been held (one pre-birth and one post birth)**
- **C. Birth mother appears in court (as well as legal birth father), hearing includes**
  - **1. Testimony regarding identity of birth father & contact**
  - **2. Court provides:**
    - ***Statement of Natural Parents (Form 20.5)**
    - ***Consent (Form 18.3)**
    - *** Placement Order to Petitioners (Form 20.8) after receipt of Putative Father Registry Certification, if applicable and filing of Pre-Placement home study (form 1673)**

IV. PROOF OF LEGAL FATHER OR PUTATIVE FATHER

A. Legal Father must be proved by a Court document (divorce, child support, Juvenile Court order naming him as legal father- being on the birth certificate is not adequate as legal father unless they were married at the time the child was conceived.)

B. Putative Father Registry

*** Putative Father Registry Certification dated 16 or more days after the minor's birth**

*** Affidavit setting forth the circumstances surrounding the service of a pre-birth notice to be submitted to court if applicable**

*** If a pre-birth notice is served to putative father the court will not accept the Putative Father Certification unless the date on the document is 16 days or more after the date the pre-birth notice was served**

C. Request for Info RE: Paternity Establishment Form Completed by Central Paternity Registry dated 15 or more days after the minor's birth. E-Mailed information must be legible or a certification from the attorney will be required. Corresponding document required.

V. PETITION FOR ADOPTION

A. Atty Provides:

***Petition for Adoption can be filed with initial filing, on date of Placement Order or no later than 90 days after placement (Form 18.0) using full, legal names, no initials**

***Preliminary Estimate Account (Form 18.9)**

B. Court Provides:

***Order setting hearing on petition 33-45 days after placement (Form 20.11A)**

***If notice of hearing on petition is required by law on birth father, then he must be served by personal service (Form 18.2NOH)**

***Notice of hearing on petition to any non-consenting parent described above must be completed at least 30 days prior to hearing.**

VI. PLACEMENT HEARING –

A. Court schedules Placement Hearing and serves notice on non-applying legal parent by personal service.

B. Home study must be completed and approved by Court, including criminal background check done within the last year.

C. After your child is placed, a social worker will need to visit you in your home and write a report that is sent to the court to report your child's progress. Each visit requires a report and has a $250.00 fee.

VII. INTERLOCUTORY HEARING

A. Father files objection

***Interlocutory hearing is vacated and hearing on petition is continued (Form 20.12)**

***Petitioner has burden of proving allegations in petition**

***If father's consent is found necessary, petition is dismissed**

***If father's consent is found not required, (Form 18.4) best interest hearing is scheduled by the court.**

B. No objection is filed.

***Interlocutory hearing proceeds**

C. Paper hearing

***If father is putative, must have on file the Certification from Ohio Putative Father Registry, having been provided by atty for the birth mother.**

***Updated home study is required before order is signed**

***Even if no objection is filed by legal father, sign form 18.4 (JE Finding Consent Not Required)**

D. If consent is not an issue (having been deemed unnecessary or having been obtained) and granting of the petition is in the best interests of the child, then an Interlocutory Order of Adoption (Form 18.5) is entered, and final hearing is scheduled for 6 months after date of placement.

E. Effect of Interlocutory Order

*** Birth parents can no longer object unless showing of fraud etc.**

*** Birth parents can no longer withdraw their consent**

VIII. <u>FINAL HEARING</u>

A. Petitioners and child MUST appear.

B. Prefinalization Adoption Assessment Report (JFS Form 1699) is reviewed, and had been filed at least 10 days prior to final hearing

C. Atty provides:

*** Petitioners Final Account (Form 18.9) filed at least 10 days prior to final hearing**

***ODH Vital Statistics Certificate of Adoption (Form HEA 2757) filed at least 10 days prior to final hearing, with original or certified copy of child's existing birth certificate**

D. Court provides:

***Request For Notification (Form 20.16)**

***Entry Approving Report and Finalizing Adoption (Form 18.6)**

***Adoption Certificate for Parents (Form 18.8)**

E. Court forwards documents to State BVS for new birth certificate.

F. Petitioner to wait at least 30 days after the final hearing to order the new birth certificate, following the instructions provided in the packet at the final hearing.

PROBATE COURT OF LUCAS COUNTY, OHIO
JUDGE JACK R. PUFFENBERGER

IN THE MATTER OF THE ADOPTION OF

_____

CASE NO._____

APPLICATION FOR PLACEMENT BY LEGAL CUSTODIAN(S)
[R.C. 5103.16]

Applicant(s) reside at _____ in_____County, and are the legal custodian(s) to the above child. The child was born at _____ Hospital at _____ o'clock __.m. on the ____ day of _____, 20___.

Applicant(s) state that the birth parents are _____ and _____ and are either deceased or have abandoned the child as determined under Section 3107.07(A) of the Ohio Revised Code.

Applicant(s) request the Court to place captioned child with them for purposes of adoption. Applicant(s) further state that this placement will be in the best interest of the child. Wherefore, said applicant(s) ask(s) the Court to set a hearing on said proposed placement, and that said placement be approved in accordance with the provisions of law.

_____ _____

Date **Applicant**

_____

Applicant

_____
Attorney Name

_____
Address

_____

_____
Phone Number

LCPC FORM 20. 3-C

Reset Form Print Form

PROBATE COURT OF LUCAS COUNTY, OHIO
JUDGE JACK R. PUFFENBERGER

Pre-Placement Application

Case No.: _____

Applicant_____ (Last, First, Middle)

_____
Birthdate Place of Birth

_____
Race/Ethnic Background

_____
Occupation

_____
Address

_____
City State Zip

_____
E-Mail Address

Applicant_____ (Last, First, Middle)

_____
Birthdate Place of Birth

_____
Race/Ethnic Background

_____
Occupation

_____
Phone #

_____
County

_____
E-Mail Address

Directions for reaching the residence:

_____

_____
Date of Marriage Licensed Obtained (City, County, State)

Other Members of Household

Name	Birthdate	Sex	Relation to Applicant
Name	Birthdate	Sex	Relation to Applicant
Name	Birthdate	Sex	Relation to Applicant
Name	Birthdate	Sex	Relation to Applicant

Has either applicant been married before? ☐ Yes ☐ No If divorced, when and where was the divorce obtained and identify which applicant:

_____

Have you ever applied to or adopted a child from any other source? ☐ Yes ☐ No If yes, what source, when and where? _____

Case No.: _____

Has either applicant been convicted of a criminal offense? ☐ Yes ☐ No If yes, what was the offense? _____

Have you had treatment for a serious or chronic illness? ☐ Yes ☐ No Explain:

_____

Have you ever received, or been advised to seek, mental health services? ☐ Yes ☐ No Explain: _____

Have you ever received, or been advised to seek, treatment for alcohol/substance abuse? ☐ Yes ☐ No Explain: _____

Education

High School	High School
Other:	Other:

Present Employment

Employer Phone #	Employer Phone #
Length Employed Salary	Length Employed Salary

Insurance

Total Life Face Value	Total Life Face Value
Household Face Value	Household Face Value
Medical	Medical
Other:	Other:

Case No.: _____

List four references who have known you well **(include some who know your home life)**

Name	Address	Telephone #	Relationship
Name	Address	Telephone #	Relationship
Name	Address	Telephone #	Relationship
Name	Address	Telephone #	Relationship

How long has the child lived in this home _____

Is the father legal or putative _____

FOR RELATIVE ADOPTION ONLY:

Relationship of Applicant(s) to Adoptee(s): _____

Adoptee(s) name(s) as it now appears on birth certificate:

_____

Adoptee(s) name(s) ☐ will remain the same ☐ will be changed to:

_____

Adoptee(s) date(s) of birth: _____

Applicant(s) understand that this document is only an application and that additional information and documentation will be required. Applicant(s) understand that this Court will require further investigation for purposes of conducting a Homestudy.

_____ _____

Applicant Applicant

_____

Attorney of Record

_____

Address

_____

City State Zip

_____

Phone #

_____

Ohio Supreme Court Number

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, 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 _____.

CASE NO. _____

☐ The guardian ad litem during the permanent custody case was _____

whose address is _____.

☐ The attorney representing the minor during the permanent custody case was _____

whose address is _____.

☐ A child support order exists and is administered by the _____ County Child Support Agency.

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 registered with Ohio's putative father registry within 15 days of the minor's birth. See verification attached.

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 have more than de minimis contact with the minor for a period of one year immediately preceding the filing of the petition.

☐ ☐ The parent has failed without justifiable cause to provide meaningful and regular maintenance and support of the minor as required by law or judicial decree for a period of one year immediately preceding the filing of the petition.

☐ ☐ The person meets criteria set forth under subsection _____ of R.C. 3107.07 and therefore the person's consent is not required.

CASE NO. _____

Attorney for Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Telephone Number (include area code)

Email Address

Attorney Registration No. _____

Petitioner

Typed or Printed Name

Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Telephone Number (include area code)

Email Address

Reset Form **Print Form**

CASE NO. _____

_____
Attorney for Petitioner

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip Code

_____
Telephone Number (include area code)

_____
Email Address

Attorney Registration No. _____

_____
Petitioner

_____
Typed or Printed Name

_____
Petitioner

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip Code

_____
Telephone Number (include area code)

_____
Email Address

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

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 agency 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	**0.00**	**0.00**

CASE NO.: _____

[Reverse of Form 18.9]

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 Code

_____
Telephone Number (include area code)

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

_____
Petitioner

_____
Petitioner

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**	**Relation to Child** ☐ **Adoptive** ☐ **Natural**	**Choose One** ☐ **Mother** ☐ **Father** ☐ **Parent**	**Relation to Child** ☐ **Adoptive** ☐ **Natural**
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)
				◯ Yes ◯ No

Foreign Adoptions Only (Information from Original Birth Record)

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

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 _____

Ohio Central Paternity Registry
P.O. Box 183206 Columbus, OH 43218-3206 PHONE: 888-810-6446

REQUEST FOR INFORMATION RE: PATERNITY ESTABLISHMENT

Instructions:

Complete the top portion of the forma and email to: kandacebillingsley@maximus.com. Use a separate form for each child. We require 72 hours from the date of email to return search results. Search res ults will be based upon the data provided *exactly* as it is on the form.

Utilizing the electronic form filled version of the form is preferred, however, clearly printed copies will be accepted.

Person/Agency requesting information:_____

Contact Phone Number: _____Return Email Address:_____

CHILD FIRST NAME:_____MIDDLE:_____LAST:_____

D.O.B._____

MOTHER FIRST NAME:_____MIDDLE:_____LAST:_____

D.O.B._____

FATHER FIRST NAME:_____MIDDLE:_____LAST:_____

D.O.B._____

CPR SEARCH RESULTS:

☐ No paternity records on file

☐ Paternity establish by Affidavit_____ CPR #_____
Received from: ☐ Hospital ☐ CSEA ☐ Vital Statistics Mail

☐ Paternity established by Administrative Order
Case Number #_____
Date_____

☐ Paternity established by Court Order CPR#_____
Case Number #_____
Date_____

Additional Notes:

Reset Print